#### Nebraska Children's Commission

Thirty-first Meeting
March 17, 2015
9:00 AM – 3:00 PM
Country Inn and Suites, Lincoln Room
5353 North 27<sup>th</sup> Street, Lincoln, NE

#### Call to Order

Karen Authier called the meeting to order at 9:03 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 (9:07), Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Kim Hawekotte, Gene Klein, Norman Langemach, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab.

Commission Members absent: Teresa Anderson, Candy Kennedy Goergen, Deb O'Brien, Diana Tedrow.

Ex Officio Members present: Ellen Brokofsky, Judge Linda Porter, and Julie Rogers.

Ex Officio Members absent: Dr. Joseph Acierno, Senator Kate Bolz, Senator Kathy Campbell, Tony Green, and Senator Patty Pansing-Brooks.

Also in attendance: Bethany Connor, Joselyn Luedtke, Carolyn Rooker, Melissa Schaefer, Juliet Summers, and Chrissy Tonkinson.

#### **Consent Agenda Items**

Gene Klein made a motion to approve the consent agenda items, the January 22, 2015 Nebraska Children's Commission Meeting Minutes and the Children's Commission Suggested 2015 Meeting Dates. The motion was seconded by Mary Jo Pankoke. Voting yes: Karen Authier, Beth Baxter, Jennifer Clark, Kim Hawekotte, Gene Klein, Norman Langemach, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab. Voting no: none. Pam Allen, Teresa Anderson, Candy Kennedy-Goergen, Deb O'Brien, and Diana Tedrow were absent. None abstained. Motion carried.

#### Approval of Agenda

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

#### Chairperson's Report

Karen Authier gave a brief chairperson's report. She noted the resignation of Commission staff and noted that the position would be posted soon. She also noted that Pam Allen would be leaving the Commission as her family is moving out of state. Karen thanked Pam for her service to the Commission. Karen also updated the Commission on the progress of the Child Welfare Financial Primer. Karen noted that Bethany Connor would send out a survey regarding issues that need Commission attention on Wednesday as a follow up to the January Commission meeting and retreat.

#### **Kid's Count Report**

Chrissy Tonkinson gave a brief overview of the Voices for Children's Kids Count Report. She highlighted some child welfare and juvenile justice data of interest to the Commission. One important change to the report this year was that juvenile justice information was given its own section, to highlight the importance of the juvenile justice system. She also noted that she was able to provide more detailed data upon request, and encouraged the Commission to contact her with data requests.

#### Legislative Update and Action Item

Kim Hawekotte, Juliet Summers, Joselyn Luedtke and Bethany Connor provided the Commission with a Legislative update. The panel gave an update on bills identified as areas of focus and interest to the Commission. The panel identified the bills that were designated as priority bills or had been placed on the General File.

#### Legal Parties Taskforce Update and Action Item.

Kim Hawekotte provided an update on the Legal Parties task force. She noted that the Legal Parties' report on Guardian ad Litem Legislation had been forwarded to the legislature, and Bethany Connor had testified in a neutral capacity on behalf of the group at the hearing for LB15. She noted that Senator Krist had introduced a LB502 proposing a family court pilot project that will be changed to a Legislative Resolution. The Legal Parties task force will look at family and juvenile court models to ultimately create a product of substance in the form of recommendations or a resource tool. Kim encouraged any members with any input on the issue to connect with her.

#### Lead Agency Taskforce Update and Action Item

Beth Baxter provided an update from the Lead Agency Taskforce. She noted that the taskforce had met once and established values and key areas of focus. The taskforce is dedicated to creating recommendations in an expeditious manner. The Commission had been given an opportunity to review the Taskforce's written update and purpose statement in advance of the meeting. The Commission came to an informal consensus that based on the written update, the taskforce should move forward as identified in the purpose statement.

#### Workforce Work Group Report and Action Item

Susan Staab led a discussion on the Workforce Work Group's report. The Commission supported the areas identified in the report and also identified the external work environment, external stakeholders such as universities, and determining the causes of retention and turnover as additional areas for the workforce to consider. The Commission also supported adding a

clarification of the definitions of "compassion fatigue" and "vicarious trauma." Discussion also led the Commission to consider the use of a third party to conduct a comprehensive workforce study to examine these issues. Many potential recommendations can be implemented through policy or practice change and may not need legislative intervention. Representatives from the Department of Health and Human Services and Nebraska Families Collaborative were requested to give presentations in response to the recommendations of the Workforce Workgroup. Gene Klein made a motion to receive the report with the recommendations that DHHS and NFC respond, and that the recommendations for a legislative study or interim study be changed to recommend a comprehensive evaluation. Dale Shotkoski seconded the motion. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Kim Hawekotte, Gene Klein, Norman Langemach, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski and Susan Staab. Voting no: none. Teresa Anderson, Candy Kennedy Goergen, Deb O'Brien, and Diana Tedrow were absent. None abstained. Motion carried.

#### **Next Meeting Planning**

Gene Klein indicated he needed to leave the meeting, and requested that the next meeting be discussed. He noted that his organization, Project Harmony, has trained workers on Alternative Response and would like to host the next meeting at his organization to provide information about the training onsite. He noted that Project Harmony could hold the meeting in their conference room and provide lunch. The Commission came to the consensus that the next meeting would be held at Project Harmony.

#### Juvenile Services (OJS) Committee Report and Action Item

Kim Hawekotte and Bethany Connor provided an update of the Juvenile Services (OJS) Committee. The Committee's last meeting covered the subject of community services and services available at the YRTC's and included presentations by the staff psychologists. Kim Hawekotte noted that the Structure Committee report contained the recommendation that all Committees be chaired by at least one member of the Commission. Kim has accepted a nomination of Co-Chair for the OJS Committee, and been approved by the Committee. David Newell made a motion for the Commission to appoint Kim Hawekotte as Co-Chair of the OJS Committee, seconded by Andrea Miller. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jenny Clark, Gene Klein, Norman Langemach, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Stabb. Voting no: none. Teresa Anderson, Candy Kennedy Goergen, Deb O'Brien, and Diana Tedrow were absent. Kim Hawekotte abstained. Motion carried.

#### System of Care Grant Update and Action Item

Beth Baxter updated the Commission on the status of the System of Care Grant. She noted that the grant is a wonderful opportunity to enhance available services and supports. Mary jo Pankoke made a motion for the Commission to support the Department of Health and Human Services and the Governor's office in moving forward with the System of Care Grant, seconded by Pam Allen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Holly Brandt, Jennifer Clark, Kim Hawekotte, Norman Langemach, David Newell, Mary Jo Pankoke, Dale Shotkoski, and Susan Staab. Voting no: none. Teresa Anderson, Candy Kennedy Goergen, Gene Klein, Andrea Miller, Deb O'Brien, and Diana Tedrow were absent. None abstained. Motion carried.

#### Data Technology Workgroup

David Newell provided an update on the Data, technology, accountability and reporting workgroup. He noted that the next meeting with be a three hour meeting at the Foster Care Review Office on April 29<sup>th</sup> to follow up on the Chapin Hall presentations from the January Children's Commission meeting and retreat.

#### **Barriers to Permanency Report**

Kim Hawekotte led a discussion on the Barriers to Permanency Report. She provided copies of the report to the Commission. She noted that because the report recently came out, many members have not had time to read it. She asked that the members read the report and at the next meeting the stakeholders involved in the creation of the report will hold an informative panel on the Barriers to Permanency project.

#### **DHHS Operations Update**

Vicki Maca provided an update on DHHS operations. She noted that the Department is very busy and Tony Green, acting Director of CFS, is testifying before the Appropriations Committee and could not attend the meeting. Alternative Response is implemented at five pilot sites, and 142 families have been served. The first formal report will be released in December. Many of the families served have experienced chronic neglect with poverty related stressors. DHHS is working with Federal partners on the new CFSR measures and preparing for the Federal Review to ensure that the measures are met.

#### **Probation Report**

Ellen Brokofsky gave a Probation update. She noted that JDAI has been making a difference in some areas, including reducing the numbers in the YRTCs in Kearney and Geneva. Probation is working with CSG to improve court process and services.

#### **Next Meeting Planning**

The Commission members discussed topics to be covered during the March meeting. It was decided that the Barriers to Permanency Project would hold a panel. The Lead Agency taskforce will provide an update. The Department of Health and Human Services and Nebraska Families Collaborative will provide a response to the Workforce workgroup report. The Data, Technology, Accountability and Reporting workgroup will provide recommendations. Additional topics of focus will be alternative response and evidence based practices definitions.

#### **Next Meeting Date**

The next meeting is Tuesday, May 19, 2015, from 9:00am to 3:00pm.

#### Adjourn

A motion was made by Mary Jo Pankoke to adjourn the meeting, seconded by Norman Langemach. The meeting adjourned at 1:29 pm.

#### **Nominating Committee**

#### Report to the Nebraska Children's Commission April 28, 2015

The Nominating Committee after the review of qualifications and committee openings recommends the following five appointments to the Foster Care Reimbursement Rate Committee.

Representing Child Welfare agencies that contract directly with foster parents, from each of the service areas:

**South Eastern Region – Michaela Young** is the Director for Foster Care and Family Support/Parent Visitation at CEDARS. She is also the current Vice Chair of the Foster Family Treatment Association (FFTA). Michaela is a PS-MAPP trainer for foster families.

**Eastern Region** – Jodie **Austin** is the KVC Nebraska Director. She is President Elect for the national Foster Family Treatment Association (FFTA). Jodie has attended many of the Foster Care Reimbursement Rate Committee meetings and is up to speed on the work of the committee.

#### Representing a Foster and Adoptive Parent Association

**Felicia Nelsen** is an employee of the Nebraska Foster & Adoptive Parent Association (NFAPA) since 2004 and has worked on behalf of foster, adoptive and kinship families across the state. She is a former foster parent and now an adoptive parent.

Representing an Advocacy Organization with a singular focus of which is issues impacting children

Julia Tse works for Voices for Children in Nebraska. Voices for Children is a statewide advocacy organization dedicated to building pathways to opportunity for children and families through research, policy and community engagement.

**Stephen Bauer** is a Program Manager for Nebraska Family Support Network. Over the past 10 years he has worked for children being served in the Child Welfare system including private agency foster care and DHHS. Today Stephen represents the family voice.

#### **NEBRASKA CHILDREN'S COMMISSION**

521 S. 14th, Suite 401 Lincoln, NE 68508

April 29, 2015

Dear Friends of Nebraska's Children,

The Nebraska Children's Commission is pleased to release the Nebraska Child Welfare Financing Primer. A primer is a book that covers the basic elements of a subject. This Primer covers basic elements of funding for Nebraska child welfare services. It is a conversation starter, a reference point, an invitation to dig deeper. The Primer summarizes key findings and organizes those findings into summary observations but is not intended to be read as a position paper. It is a factual report intended to serve as a foundation for continuing discussion.

Thank you to The Sherwood Foundation for providing funding for production of the Primer, to ChildFocus associates Jennifer Miller and Rebecca Robuck for their work to produce the Primer and to Advisory Committee members, who are listed in the Primer, for their assistance in developing the plan for the Primer and providing input on content.

Many of you who will read the Primer already have been engaged in discussions on the state of child welfare in Nebraska. Funding is only one focal point for those discussions. However, the profile of child welfare funding does provide a structure and framework for discussion of priorities, commitment and intent. The Primer reviews basic data on the status of child welfare in Nebraska, outlines principles that should guide effective child welfare financing and answers specific questions:

- 1. How does Nebraska use federal funding for child welfare?
- 2. How does Nebraska use state funding for child welfare?
- 3. How is funding from other systems integrated with child welfare in Nebraska?

The Nebraska Children's Commission has strong interest in the information presented in the Primer and will look forward to using the Primer to inform and elevate the analysis and discussion regarding needed child welfare reform. We invite you to join us in that discussion.

Sincerely,

Karen Authier, Chairperson

Daven Duthie

Nebraska Children's Commission

Phone: 402-451-0787 E-mail: kauthier@nchs.org

#### Nebraska Child Welfare Financing Primer Executive Summary April 2015

The Nebraska Child Welfare Financing Primer provides a comprehensive picture of how the state uses federal and state funds to support children and families involved in the child welfare system. Child welfare funding is complex, and the primer is designed to explain the major sources of funding available, the extent to which Nebraska leverages those funding streams, and how federal and state dollars work together to achieve core child welfare outcomes. The primer was written and researched by ChildFocus, Inc., in collaboration with an advisory board of Nebraska child welfare experts. It was funded through the generous support of the Sherwood Foundation.

### Nebraska has made some significant gains in child welfare outcomes in recent years, including improvements to how it finances the system:

The state has successfully reduced the number of children entering foster care, reduced the number of children placed in group settings as a first placement, and increased adoptions — all of which point to better use of taxpayer dollars. These efforts have paid off: as of February 2015, Nebraska is now in compliance with all six measures assessed through the most recent federal Child and Family Services Review (CFSR).

Nebraska has also improved the way it uses available funding to support child welfare outcomes. In the fall of 2014, the state began a federal child welfare waiver demonstration program that allows it to use federal funding more flexibly to prevent further involvement in the child welfare system. Nebraska has also taken steps to connect financing to better outcomes for children in foster care. In 2013, it enacted LB 216, which provides funding to improve outcomes for youth aging out of foster care. In 2012, it made efforts to improve accountability in state child welfare spending by redirecting funding into its own budgetary category, called Program 354.

## Despite these gains, the state continues to lag behind in key child welfare outcomes, which is due in part to challenges with the financing system:

Nebraska falls short on some key child welfare measures, including: children being removed from their families at a rate that consistently exceeds than the national average; children staying in foster care too long; and too many children re-entering foster care after they have been reunified with their parents.

The struggle to achieve positive child welfare outcomes is, in part, a function of how the system is funded. A more effective and accountable child welfare financing system would ensure that there is adequate funding to support a full continuum of child welfare services.

The child welfare field has long recognized that the federal child welfare financing system creates disincentives to helping children stay in their own homes and communities. As a result, all states struggle to find the most effective blend of available federal funding, and they must fill in the gaps with state investments. Additionally, because the issues that bring children and families to the attention of the child welfare system vary, Nebraska and other states must seek all available opportunities to integrate funding from other systems that serve vulnerable populations.

#### **Key findings:**

- 1. Nebraska can do more to take full advantage of the array of federal funding sources available. Nebraska's use of federal Title IV-E foster care funding the largest source of federal funding available for child welfare is one of the lowest in the country. Recent efforts in the state have helped to increase the use of Title IV-E, but many agree that more can be done to maximize the use of Title IV-E in the future. Additionally, compared to other states, Nebraska is a relatively low user of TANF and Medicaid as a proportion of its overall child welfare spending. These are flexible funding sources that can support the full range of child and family needs and prevent further child welfare involvement.
- 2. 71 percent of Nebraska's state child welfare funding is in a subprogram called "child welfare services" within Program 354 of the state budget, and publicly available documents do not clearly articulate how this source of funding is used. The proportion of total spending on child welfare services that comes from state sources is one of the highest in the country. More accountability for the specific contents of this subprogram will enable the state to better understand how its considerable investments in child welfare are working to support a full continuum of child welfare services.
- 3. Nebraska dedicates some discrete funding from other systems to serve vulnerable children and families, but lacks a comprehensive plan for how this funding works to meet the full range of family needs. A more intentional and comprehensive plan would articulate how child welfare funding is combined with funding from other systems to support a continuum of child welfare services. This continuum includes services and supports to prevent the need for children to become involved with the child welfare system, keep families together whenever possible, provide safe and temporary care for children when they can't safely live with their parents, and promote permanent families for children through reunification, adoption or guardianship. It would also ensure that public-private partnerships are adequately funded to achieve better outcomes for children and families, and that private sector contributions to child welfare financing in the state are understood.

The Nebraska Child Welfare Financing Primer documents the status of child welfare financing today. Nebraska leaders can also use it to inform decisions about how the State uses funding to support vulnerable children and families in the future.

#### Lead Agency Taskforce Report to the Nebraska Children's Commission

#### May 19, 2015

The Lead Agency Taskforce (Taskforce) continues to meet and has held meetings on March 24, April 15, and May 4, 2015. Given the charge to look broadly at the options for the management of the child welfare system and services across the state with lead agency contracting as one of the options, the Taskforce has identified the components of a healthy child welfare system as a framework to creating recommendations. The Taskforce has also identified issues that should be considered in creating recommendations.

#### I. Components of a Seamless System of Care

The first substantive step toward creating recommendations was identifying the core components of a healthy child welfare system. The taskforce came to the consensus that the goal is to create a seamless system of care at the practice, program, and system levels. The taskforce identified seven key components of a seamless system of care and made an action plan to analyze the strengths and challenges of both public and private management of each component.

#### 1. Outcomes and Accountability

A seamless system of care must identify and agree upon clearly defined outcomes. This includes mechanisms to hold stakeholders accountable for achieving or not achieving the identified outcomes.

#### 2. Clarification of Roles and Responsibilities

The roles and responsibilities of specific positions must be clearly defined. For instance, caseworkers may be expected to take the role of adversary in the courtroom, and then the role of champion to engage the family in positive interactions. Caseworkers may be service brokers or social workers, depending on the model, and their role is not currently clear.

#### 3. Quality Case Management Workforce

This includes quality oversight of caseworker and case managers who serve as representatives to other systems, including the court.

#### 4. Trust

Families, judges, attorneys, providers, caseworkers, and all stakeholders must trust each other and the system. A seamless system of care must include follow through, consistency, and champions for the child and family.

#### 5. Adaptive and Individualized to Children, Families, and Communities

Each child, family, and community in Nebraska has different strengths and needs. A seamless system of care is able to effectively address the unique needs and enhance existing strengths.

#### 6. Coordinated and Flexible Service Delivery Model

The case manager should be the primary representative to the family and assist the family in accessing needed services. Service providers need the flexibility to provide the services to families without interruption or delay. The system as a whole needs the ability to modulate the services within it.

#### 7. Singular Data Repository/Warehouse

Decisions throughout all levels of the child welfare system must be made based on timely and accurate information. The system needs mechanisms that allow for the gathering, tracking, analyzing and sharing of essential information in a timely manner. Children and families in the child welfare system are often involved in other systems that have knowledge of and responsibility for other aspects of the child and family's life. A single data repository or warehouse allows for coordination of services through increased information and would allow providers to access the information and determine eligibility and need for services. Shared data repositories may also allow for better decision making at the public policy level because more comprehensive information is available.

#### II. Issues in Need of Further Consideration

The taskforce identified issues not encompassed in the components of a seamless system of care that should be addressed or considered in their final recommendations. Specific issues to consider in final recommendations are listed below:

#### 1. Federal Financing/Funding

The money that flows to the agencies from the federal government should be considered in creating recommendations.

#### 2. Geography and Districts (Service Areas, Behavioral Health Regions, etc.)

Child and family serving systems in Nebraska have different ways of geographically dividing the state into service, districts, areas or regions. The differences of geographical divisions can create barriers to a seamless system of care for families, service providers, and case managers if effective lines of communication are not created.

#### 3. Role and Responsibility of State

The roles and responsibilities between public and private agencies must be clarified and understood by all stakeholders. The inherent responsibility of the state must be made clear at all points of the case, including beginning (hotline,

initial assessment), middle (assessments, quality oversight), and end (permanency, TPR, case closure).

#### 4. Duplication of Roles Between Public and Private Agencies

The duplication of roles should be examined, including the extent to which private agency management requires duplication. Role duplication is not intended but does occur either out of necessity or lack of communication or clarity of roles between public and private agencies.

#### 5. Non-Party Status of Private Agency

The lead agency is not a legal party to the case in Nebraska's current model. The child is in the legal custody of the state agency, not the lead agency. The caseworker who has the closest contact with the child and family is unable to make legal decisions, such as consent to medical treatment. The lead agency is also unable to file any motions or petitions on behalf of itself in the court case. The final report should include an analysis of this issue and possible resolutions to this challenge.

#### 6. Data System Compatibility Between Public and Private Agencies

The data systems utilized by the public and private agencies must be compatible and able to provide comparable data to a singular data repository/warehouse.

#### 7. Juvenile Court Model – Adversarial or Rehabilitative

Lead agency utilization is just one component of child welfare reform. Courts play a major role in the system, and the juvenile court model should be considered in creating recommendations for potential lead agency utilization.

#### 8. Payor of Last Resort Model

Determine if the current payor of last resort model is a barrier to timely provision of effective services or has a punitive effect on families who maintain private insurance.

#### III. DHHS-CFS and NFC Input and Information

The Taskforce recognized that it is necessary and important to receive information and input from the state agency, Department of Health and Human Services — Division of Children and Family Services (DHHS-CFS) and the lead agency, Nebraska Families Collaborative (NFC). Although the purpose of the Taskforce is not to evaluate NFC, both agencies have useful information to share regarding their experiences of the current lead agency model in Nebraska. Representatives from each agency presented at the May 4, 2015 meeting and provided the Taskforce with valuable information and perspective.

#### IV. Next Steps

The Taskforce will meet next on May 27, 2015. The Taskforce will begin to create its final report with the intent that the recommendations will be presented at the July meeting of the Nebraska Children's Commission.

## DCFS | Child Protection & Safety Outline of CCFL Offered In-Services



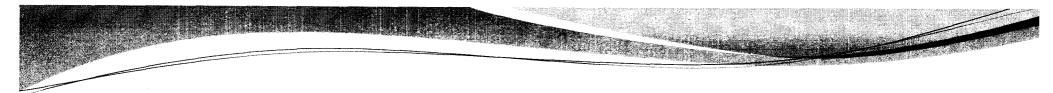
	N E B R A S K A			
Course Number	Course Title	Hours *	Method	Audience
25PSJS65	SDM Refresher - Effective Safety Planning	3	Webinar and Self Study or Classroom	CFS Specialist & Supervisors
25PSJS98	SDM Refresher - Family Strengths and Needs Assessment	2	Webinar	CFS Specialists
25PSJS70	Case Management Refresher: Case Plan Training	3	Classroom	CFS Specialists & Trainees
25CFSS101A 25PSJS92	SDM Refresher - Assessment of Placement Safety and Suitability Training (APSS) and Organization Related Investigations	3	Classroom	CFS Specialists & Supervisors
25PSJS82	SDM Refresher - Reunification Assessment	2	Webinar	CFS Specialists & Supervisors
25PSJS71	SDM Quality Narratives	1.5	Classroom	CFS Specialists & Supervisors
25PSJS63	SDM Overview	10	Classroom	DHHS Legal, Program Specialists & Administrators, other training staff and other support staff
25PSJS72	Approved Informal Living Arrangement	1	Webinar	CFS Specialists & Supervisors
25PSJS68	Case Status Determination	3	Classroom	CFS Specialists & Supervisors
25PSJS57	Engaging Families -Sensitive Subjects	6	Classroom	CFS Specialists & Supervisors
25PSJS60	Engaging Families - Initial Safety & Risk Assessment Application (Also in NWT)	9	Classroom	CFS Specialists
TBD	Engaging Families – Family Team Meeting	6	Classroom	CFS Specialists & Supervisors, Tribal workers
25PSJS76	Interviewing Children - Application (Also in NWT)	6	Classroom	CFS Speicalist & Supervisors
25PSJS67	Domestice Violence Interviewing	6	Classroom	CFS Specialists & Supervisors
25PSJS78	Alternative Response Overview	2	Webinar with recording	CFS staff not in pilot areas, stakeholders and partners in community and courts
25PSJS78P	Alternative Response Primer	18	Classroom	CFS Staff in pilot sites
25PSJS74	Alternative Response - All Staff Meetings	3	Classroom or Webinar	CFS Staff in pilot sites
25PSJS95	Alternative Response - Intake	3	Classroom	
25PSJS96	Alternative Response - RED Team	3	Classroom	
25PSJS101	Alternative Response for Resource Development	3	Classroom	
25PSJS36	Transitioning Youth to Independent Living and Self-Sufficiency	6	Classroom	CFS Specialists & Supervisors

25PSJS001	Adoption: All Topics: Processes and Forms	10	Classroom or	CFS Specialists & Supervisors,
		1	Webinar	especially those in Permanency
		1		Units
25PSJS66	Advanced Testifying	3+1 (indiv.)	Classroom	CFS Specialist & Supervisors
25PSJS66s	Advanced Testifying and Using SDM in the	3+1 (indiv.)	Classroom	
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	Car Seat Safety	3	Classroom	CFS Speicalists, Case Aides
	(also in NWT)			2. 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
25PSJS83	Kinship Care Walk Through Checklist	0.5	Classroom	1
25PSJS80	Mandt Recertification and Worker Safety	9	Classroom	
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25PSJS88	Multiple Reporter Assessments	1 1	Classroom	
25PSJS99	Organizational Skill Building	3	Classroom	<del> </del>
25PSJS62	OJS Refresher Overview	3	Classroom	
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	Trauma Informed Care	6	Classroom	CFS Specialists & Supervisors
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25CWJS65	Mentoring	6	Classroom	Identified CFS Specialists
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25PSJS59	Critical Thinking for Supervisors	6	Classroom	CFS Supervisors
25PSJS81	Mentoring Overview	9	Classroom	CFS Supervisors &
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TBD	Motivational Interviewing	12	TBD	CFS Specialists & Supervisors
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TBD	Human Trafficking	6	TBD	CFS Specialists & Supervisors
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TBD		6	TBD	CFS Specialists & Supervisor
	Effects of Methamphetamine	<u> </u>		
TBD	Cultural Humility in Case Management	6	TBD	CFS Specialists & Supervisors
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TBD	Families Experiencing Poverty	6	TBD	CFS Specialists & Supervisors
		1		

## **Division of Children and Family Services**

## Response to NE Children's Commission Workforce Workgroup Recommendations May 19, 2015

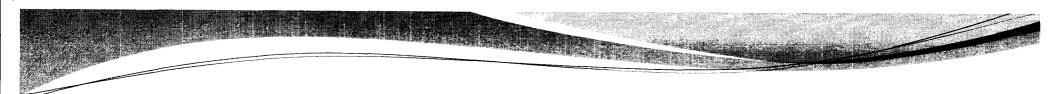




## Salary and Compensation Recommendations

#### **RECOMMENDATIONS:**

- 1. Caseworker salaries should be brought in line with regional averages, taking into account variations in caseworker education, experience and caseload.
- 2. A loan forgiveness program for attainment of higher education be established, with higher loan forgiveness for employment in underserved areas and rural areas.
- 3. A comprehensive Interim Study regarding child welfare caseworker professionals should be undertaken by the Legislature and include the issue of caseworker salary in Nebraska.



## **DHHS** Response

- State employee salary ranges, including those of Child and Family Services Workers are established through comparability surveys of similar job classifications of surrounding states conducted by the Department of Administrative Services. Classification increases are negotiated by the state and employee labor unions on a biennial basis.
- While the classification survey establishes a salary range, new workers are hired at the starting wage, and there is currently no departmental mechanism to move workers further into salary ranges based on education, experience, or caseload size. New CEO has interest in looking into this further.

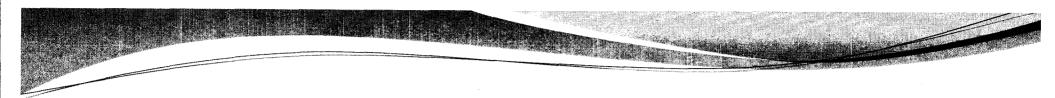


- The only loan forgiveness program available to state employees is under the Public Service Loan Forgiveness Program administered through the William D. Ford Federal Direct Loan Program. Employees who make 120 on-time payments can have the balance of their loans forgiven if they are employed full time in a qualifying public service organization.
- CFS work within DHHS **is considered** qualifying employment for the federal loan forgiveness program; DHHS will work to improve promotion of this with future recruitment efforts.
- LB199 introduced by Senator Howard would establish a IV-E reimbursable stipend for undergraduate and graduate social work students who are committed to working in the field of child welfare services.

## Education and Professionalism Recommendations

#### **RECOMMEDATION:**

A comprehensive Interim Study regarding child welfare caseworker professionals should be undertaken by the legislature and include the issue of incentive to encourage the attainment of advanced degrees, including through loan forgiveness programs.



## **DHHS** Response

- Tuition reimbursement is offered to all DHHS employees. DHHS employees must indicate that the course is related to the expectations of the current position. There is a limit to the funds available and provided on a first come and first serve basis. DHHS employees can be reimbursed up to 75% of the cost of the tuition, not to exceed 9 hours per year. The DHHS Tuition Reimbursement Program is funded for \$105,000 per fiscal year. Since July 1, 2014, 108 employees (33 from CFS) have submitted applications for reimbursement. Requests received since December 2014 have been waitlisted for re-evaluation pending fund availability; this includes 5 from CFS.
- DHHS and University of NE-CPACS-Grace Abbott School of Social Work have had conversations regarding the need for a specialized Master's degree track in Child Welfare. Providing graduate opportunities for students to develop knowledge and skills in child welfare would be a tremendous resource and would strengthen the workforce serving children and families.
- Representatives from DHHS, Project Harmony, NFC and the Grace Abbott School of Social Work have had recent
  discussions regarding the development of a specialized Certificate Program, where an employee from one of the
  three child-serving agencies listed above would receive a certificate upon completion of a predetermined
  number of trainings/classes on topics directly related to child welfare.
- These same agencies have also had preliminary conversations regarding a proposed program for the Foundation MSW program providing a flexible opportunity for employees to obtain MSW while working. While these discussions are in the infancy stages, they are all strategies designed to support the professional workforce serving children and families.



#### **RECOMMENDATIONS:**

- 1. Career steps should be identified with accompanying salary differentials for:
- a. Achieving specialized competencies (expertise with specific populations; high risk caseloads; cultural competency; multiple language proficiency);
- b. When moving from frontline casework to mentor to supervisor roles; and
- c. Education achievement beyond bachelor's degree.
- 2. Encourage and support the continued efforts of the DHHS and NFC.

## **DHHS Response**

- DHHS offers two salary differentials for the CFS Specialist. CFS Specialist Trainee starting salary is \$30,736.16. Upon successful completion of the initial CFS Training and the Competency Development Tool (CDT), the CFS Specialist Trainee will be promoted to a CFS Specialist at the base salary rate of \$35,518.08.
- DHHS does offer an increase in salary for CFS Specialist that are identified to be a Mentor and Supervisor.
- A Mentor's salary is \$37,293.98; not to exceed 6 months/12 months total period of time.
- A CFS Specialist Supervisor salary is \$47,727.68.
- DHHS does not have a career step or salary differential for specialized competencies or educational achievement beyond a bachelor's degree.
- DHHS has interest with exploring salary differentials.



## Response Cont'd

- DCFS initiated a Workforce Development Focus Group in December 2014. This Focus Group is comprised of approximately 12 DCFS case managers from across the state who meet every other month with the Field Operations Administrator, the Deputy Director and the CFS-HR Administrator.
- The purpose of these meetings are to elicit direct feedback from CFS case managers as to why case managers leave DCFS. CFS case managers have been very open and these meetings have been extremely valuable.
- This team is now in the process of identifying strategies that can be implemented to mitigate or reduce the factors associated with employee turnover; the top themes identified: Lack of support during the first year of employment, lack of differential within CFS classification (CFS I & II), Caseload size within a culture of increased level of accountability.



- 1. Clarify definitions of "urban" and "rural" for purposes of calculating caseloads.
- 2. Create a technological solution to the complexity of calculating mixed-caseloads.
- 3. Increase oversight to ensure that statutory caseload limits are followed, and that the caseload limit is reviewed for appropriateness.
- 4. Utilize legislative oversight to ensure that compliance with the caseloads is maintained.

## **DHHS** Response

- LB961 required the Department to utilize the workload criteria of the standards established by the Child Welfare League of America (CWLA) as of January 1, 2012 and provided definitions for calculating in-home families and children placed out-of-home.
- NE has experienced implementation challenges that have included:
  - NE's size prohibits the specialization of units who are solely devoted to serving "in-home families" or "out-of-home families"
  - The case management responsibilities for "in-home families" are virtually the same as they are for "out-of-home families" with the statewide implementation of Structured Decision Making ®(SDM), July 2013
  - > Identifying urban and rural counties doesn't adequately account for travel for the purposes of calculating caseloads
  - > Throughout NE, caseloads often consist of "in-home" and "out-of-home" families. This is done to minimize changes with case managers as well as to manage caseload assignments



## Response Cont'd

- DHHS developed a CQI caseload size report that was calculated per the CWLA guidelines and consistent with LB961, however these efforts were unsuccessful with accounting for the complicating array of variables involved with calculating the workload and caseload size methodology.
- In February 2015, DHHS made a formal request to Casey Family Program to convene a team to work on developing a revised caseload size methodology capable of effectively differentiating the caseload and workload measures and considering the strategies identified in the Child Welfare Information Gateway Issue Brief "Caseload and Workload Management," April 2010 as well as the Structured Decision Making® model requirements.
- The Inspector General and the Foster Care Review Office have agreed to assist with developing this proposal. When the revised caseload size methodology proposal is drafted, DHHS will seek the input of the Children's Commission.
- Casey Family Program anticipates this work to begin late summer/early Fall 2015.

## Vicarious Trauma and Compassion Fatigue Recommendations

#### **RECOMMENDATIONS:**

- 1. Make counseling services available to case workers experiencing vicarious trauma or compassion fatigue.
- 2. Ensure caseworkers are aware of resources to help with vicarious trauma and fatigue, and encourage the utilization of these resources.
- 3. Encourage the continued efforts of the DHHS and pilot project NFC in this area.



## **DHHS** Response

#### System Response to Acute Trauma:

- DCFS has historically offered staff counseling through the local Employee Assistance Program (EAP) when staff have experienced an acute traumatic event such as the death of a child or serious injury to a child they have worked with. Feedback from staff regarding this resource has strongly suggested that alternative resources should be identified.
- Approximately two years ago, DCFS reached out to a local expert in Critical Incident Stress
  Management (CISM) and used federal funds to provide support to CFS staff experiencing acute stress
  related to the death or serious injury of a child. Staff feedback has been extremely positive about this
  response. Moving forward, this CISM expert will only be available on a very limited basis.
- DCFS is in the planning process of developing a system response to incidents of acute trauma in partnership with the Division of Behavioral Health (DBH) and the local Behavioral Health Regions. The DCFS Service Area Administrators and the Behavioral Health Regional Administrators will soon begin developing local plans that identify how the Region's knowledge and expertise in trauma can be used to support the local DCFS staff when acute trauma is being experienced. Federal funds are available to support these local system responses. During the July 2015 meeting, Service Area Administrators and Regional Administrators will report on progress made with developing their plans.

## Response Cont'd

System Response to Vicarious Trauma/Secondary Traumatic Stress (STS):

- Planning is underway for this to be addressed in the Trauma Informed Strategic Plan collaborative effort described below. The Center for Advanced Studies in Child Welfare CW360 Secondary Trauma and the Child Welfare Workforce, spring 2012; is an excellent resource from the School of Social Work, University of Minnesota.
- September 2014: DCFS reached out to system partners in order to begin the development of a 3-5 year Trauma Informed Care Strategic Plan. The Trauma Informed Care Workgroup is facilitated by DCFS and composed of the following representatives: NE Foster and Adoptive Parent Association (NFAPA), Nebraska Families Collaborative (NFC), Omaha Home for Boys, KVC, Christian Heritage, Jenda Family Services, Building Blocks Foster Care, the Center for Children, Families and the Law-UNL, the Division of Behavioral Health, the Division of Public Health and the Division of Medicaid and Long Term Care.
- The goals of the Trauma Informed Strategic Plan are focused on developing and sustaining a culture that is trauma informed, the strategies focus on training and partnerships and the target populations include: foster care families and agencies; service providers, schools, tribes, early childhood providers, child advocacy centers, law enforcement, medical and mental health professionals and child welfare professionals.
- March 2015: DHHS/Behavioral Health Education Center of NE (BHECN) form Steering Committee, members include: Divisions of Behavioral Health, Public Health and Children and Family Services, BHECN and National Center for Trauma Informed Care (NCTIC)Local trauma expert (Kim Carpenter) conducting focus groups with frontline staff from each of the three Divisions to identify areas of training needs.
- Information from focus groups will be integrated into trauma informed curriculum to be used to train staff within the Divisions

## Training and Work Support Recommendations

- 1. Training programs for new caseworkers should include professional development in areas such as time management and workload management.
- 2. Develop and utilize a program to ensure effective communication between judges and caseworkers.
- 3. Develop and utilize a training program that enhances critical thinking skills.
- 4. Perform a thorough and comprehensive review of caseworker training and curriculum to ensure that it reflects best practices in the field.
- 5. Encourage and support the continued efforts of the DHHS and NFC in this area.



- DHHS will strongly consider integrating a time management and workload management training unit into the on-going training units that are available to all DCFS staff upon completion of year one training. DCFS will encourage CCFL to build this curriculum with feedback from those CFS Specialists who have experience with demonstrating strong time management skills. Supervisors are expected to continually assist and support workers with developing strong time management skills/establishing priorities.
- While there is no specific training offered on how to ensure effective communication between judges and caseworkers the following training is offered to new workers: "Testifying Techniques" (4 hours); "Testifying at Adjudication" (12 hours); Testifying at Review Hearing (12 hours); "Communicating with County Attorney (3 hours); and "NE Juvenile Court Process Overview" (9 hours). On-Going Training available to all workers includes: "Advanced Testifying" (4 hours) and "Advanced Testifying and Using SDM in the Courtroom" (4 hours).



## Response Cont'd

- DHHS New Worker Training includes "Critical Thinking in Case Analysis" (12 hours).
- Beginning January 2015, all new or revised training curriculum developed by CCFL is reviewed and approved by DCFS. This new collaborative process was developed in order to ensure that training curricula is consistent with DCFS priorities and best practices, addresses concerns identified by DCFS Continuous Quality Improvement, and integrates feedback from the DCFS Workforce Development Focus Group and the training evaluation survey results.

## **Alternative Response**

A Presentation to the NE Children's Commission 5-19-15



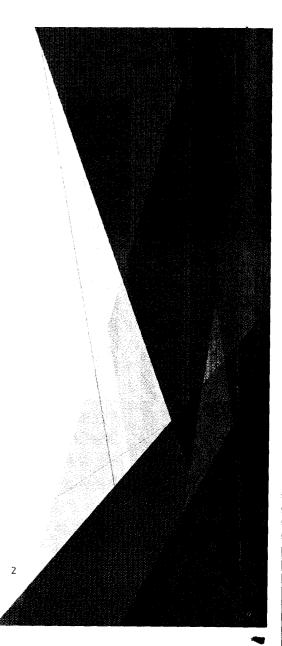




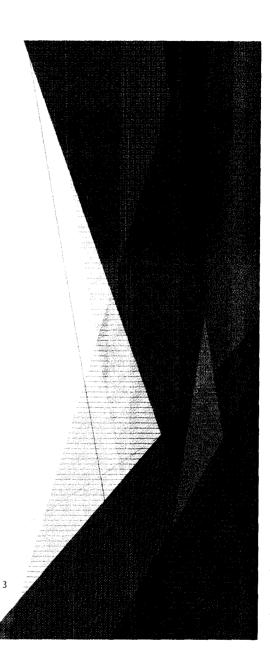
## LB 853 (2014)

The Department shall provide to the Nebraska Children's Commission regular updates on:

- 1. The alternative response implementation plan, including the development of the alternative response interview protocols,
- 2. The status of alternative response implementation,
- 3. Inclusion of child welfare stakeholders, service providers, and other community partners, including families, for feedback and recommendations on the alternative response implementation plan;
- 4. Any finding or recommendations made by the independent evaluator, including costs;
- 5. Any alternative response programmatic modifications; and
- 6. The status of the adoption and promulgation of rules and regulations.

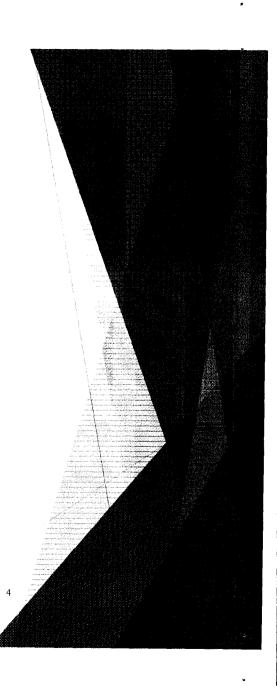


# WHY ALTERNATIVE RESPONSE?



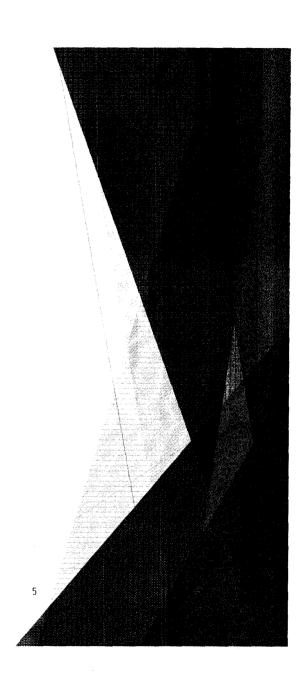
### The Number of Unfounded Child Abuse and Neglect Reports by Calendar Year

Calendar Year	Number of Unfounded Child Abuse and Neglect Reports
2007	7,412
2008	9,071
2009	9,522
2010	9,640
2011	10,032
2012	7,695
2013	7,878



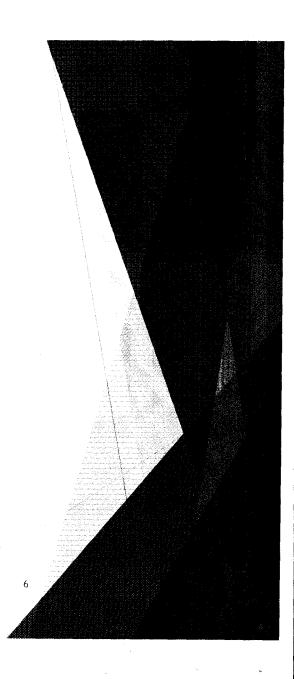
### **UNFOUNDED REPORTS**

- > INVESTIGATED; USING STAFF RESOURCES
- > NO PERPETRATOR OR VICTIM IDENTIFIED
- > NO ABUSE OR NEGLECT OCCURRED
- > RISK FACTORS WERE PRESENT
- CASES CLOSED, PARENTS NOT OFFERED OR INTERESTED IN SERVICES
- > FAMILIES RETURNED



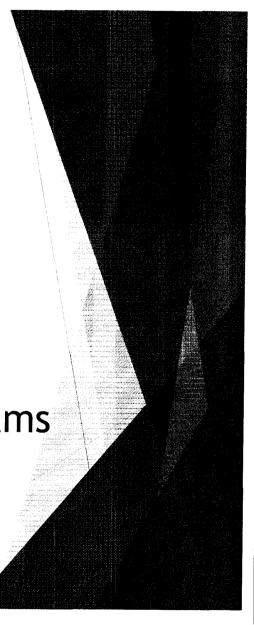
# **IV-E Demonstration Waiver**

- 2 Primary Initiatives:
- 1. Alternative Response (AR)
- 2. Results Based Accountability (RBA)



# DHHS UPDATE ALTERNATIVE RESPONSE COLLABORATION CONTINUES:

- ► Statewide Advisory Committee
- **▶** Director's Steering Committee
- ► Internal AR Workgroup
- ► DHHS AR Champion and Supervisor Teams
- ► Local AR Community Teams

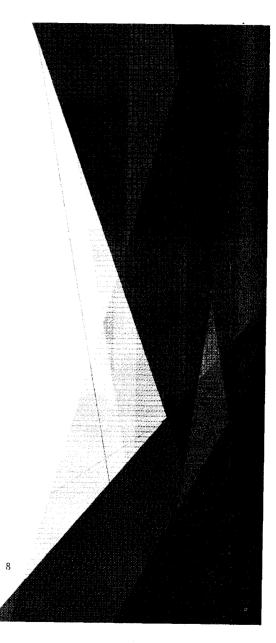


# Developed AR Vision

Partnering with families to safely care for children in their own homes and communities

# **Guiding Principles**

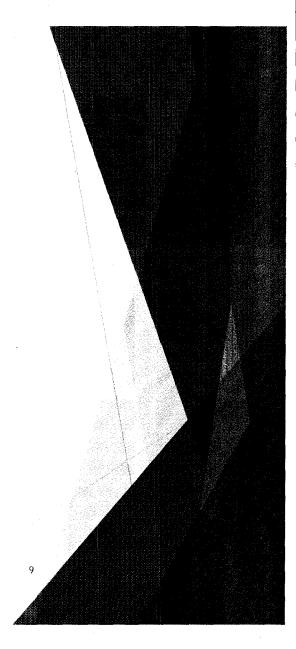
- 1. Children are our #1 priority
- 2. We respect and value parents and families
- 3. We value partnerships
- 4. We are child welfare professionals



### Overview of the Model

### NE's Alternative Response Model:

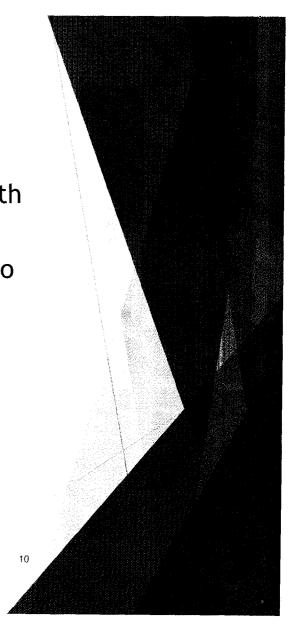
- Assess child safety, risk and parental protective factors
- ► Identify formal and informal supports
- ▶ Identify the services to enhance the parental protective factors
- ► SDM Assessments: Safety Assessment, Prevention Assessment, Family Strengths and Needs Assessment are completed with every family
- ▶ Non SDM Assessments include: Parental Protective Factors, UNCOPE
- ▶ Development of a Family Plan and facilitating Family Team Meetings is required
- Genograms and Ecomaps are utilized with every family
- ► Interview protocol includes private face to face with child(ren)
- ▶ AR case may change tracks to TR, TR will never change to AR
- Response time is 5 calendar days
- Engagement with every family member is critical



# The Target Population Served

Families/Parents who have been called into the hotline with accepted reports of:

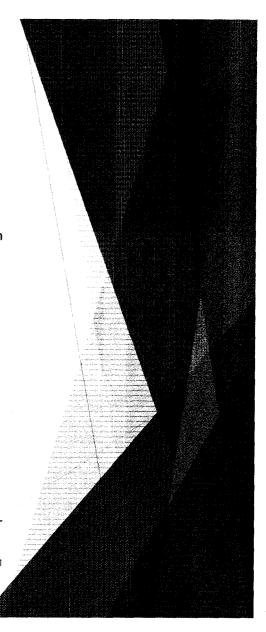
- Physical neglect allegations driven by stressors related to poverty
- Physical neglect due to lack of supervision
- Compromised or limited (healthy) coping skills
- Conditions with low or moderate future risk of maltreatment, children are safe



# Exclusionary Criteria Being Utilized

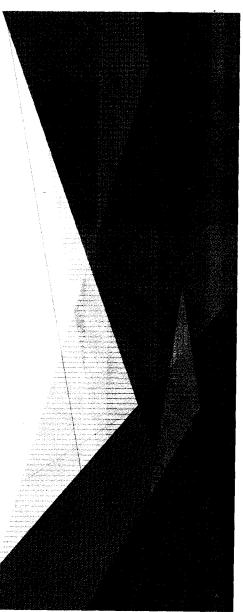
Are criteria which, if alleged or otherwise learned by the Department, automatically excludes an Intake Accepted for Assessment from eligibility for Alternative Response. There are currently 21 Exclusionary Criteria:

- 1. Physical abuse of a child (i) under the age of six involving an injury to the head or torso; or (ii) with a disability; or (iii) which resulted in serious bodily injury to a child as defined in Neb. Rev. Stat. § 28-109(20); or (iv) is likely to cause death or severe injury to a child;
- 2. Ongoing or a recent history of domestic violence involving a Household member;
- 3. Sexual assault of a child as defined in Neb. Rev. Stat. §§ 28-319.01, 28-320.01;
- 4. Sex trafficking of a minor as defined in Neb. Rev. Stat. §§ 28-830(14), 28-831(3);
- 5. Sexual exploitation of a child as defined in Neb. Rev. Stat. § 28-707(d);
- 6. Neglect of a child resulting in serious bodily injury as defined in Neb. Rev. Stat. § 28-109(20);
- 7. Allegations require Child Advocacy Center, Law Enforcement, and Department coordination (Neb. Rev. Stat. § 28-728(3)(d)(iii));
- 8. A Household member allegedly caused the death of a child;
- A newborn whose urine or meconium has tested positive for alcohol AND whose caretaker (i) has an alcohol addiction; or (ii) previously delivered a drug-exposed infant and did not successfully complete drug treatment; or (iii) did not prepare for the newborn's birth; or (iv) currently uses controlled substances as defined by Neb. Rev. Stat. § 28-401 or alcohol and breastfeeds or expresses intent to breastfeed; or (v) has no in-home support system or alternative primary care arrangements;



# Exclusionary Criteria, Continued

- 10. A household member uses or manufactures methamphetamine or other controlled substances as defined in Neb. Rev. Stat. §§ 28-401, 28-405;
- 11. A pregnant woman tested positive for methamphetamine or other controlled substance as defined in Neb. Rev. Stat. §§ 28-401, 28-405;
- 12. A child has had contact with methamphetamine or other controlled substance as defined in Neb. Rev. Stat. §§ 28-401, 28-405, including a positive meconium or hair follicle screen or test;
- 13. A child resides with a Household member whose parental rights have been terminated or relinquished during a court-involved case;
- 14. Abuse or neglect of a child who resides with (i) the subject of an active Traditional Response or (ii) an individual or family that is receiving services through the DCFS Protection and Safety section;
- 15. Child abuse or neglect has occurred in an out-of-home setting;
- 16. A Household member has a prior court substantiated report of child abuse or neglect;
- 17. A Household member appears on the central registry of child protection cases under Neb. Rev. Stat. § 28-720;
- 18. A child under the age of two or at least two children under the age of five reside(s) with a Household member where past maltreatment concerns were unresolved at case closure;
- 19. A child whose Caretaker's identity or whereabouts are unknown;
- 20. Law enforcement has cited a caretaker for the child abuse or neglect alleged in the Intake Accepted for Assessment; and,
- 21. The Department is made aware by law enforcement of an ongoing law enforcement investigation involving a Household member.

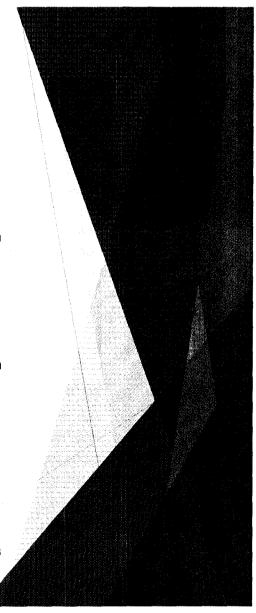


# Review Evaluate and Decide RED TEAM CRITERIA

RED Team Criteria, means a criteria which, if alleged or otherwise learned by the Department, requires RED Team review and evaluation to determine eligibility for Alternative Response. RED Team Criteria include:

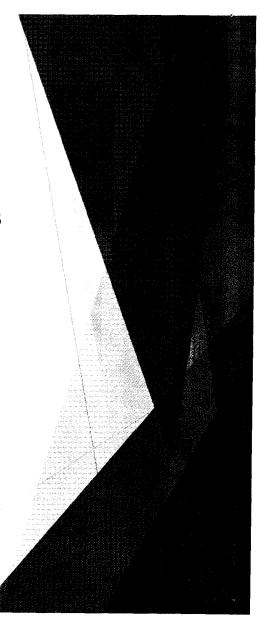
- (1) A caretaker has a significant mental health diagnosis AND the reporting party is a physician, mental health or other health care provider:
- (2) A caretaker exhibits symptoms related to significant mental illness including but not limited to psychotic behaviors, delusional behaviors and danger to self or others:
- (3) A caretaker is a current or former state ward:
- (4) The family has had another Intake Accepted for Assessment within the past six months AND includes two or more children under the age of five or one child under the age of two;
- (5) The family currently receives an Alternative Response;
- (6) Child abuse or neglect AND alcohol or other mood altering substance use by a Household member AND there are two or more children under the age of five or one child under the age of two;
- (7) Physical abuse that does not rise to the level of physical abuse identified in the Exclusionary Criteria.

Ladded over last few months
families accepted for AR - physical
dese not vising to level exclusion



# REVIEW EVALUATE AND DECIDE RED TEAM

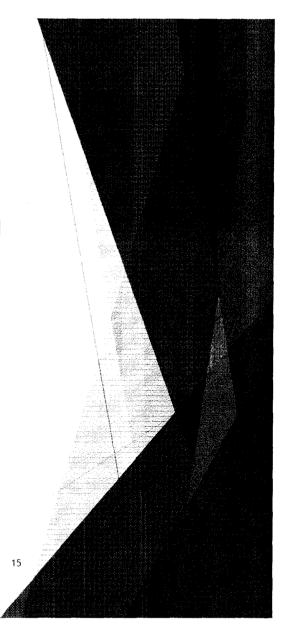
- ▶ RED Team conducts reviews of reports/intakes containing information that has been flagged as needing further review
- ▶ No exclusionary criteria is present
- ► Initial model identified 6 Criteria, when if one present, required RED Team Review
- ▶ RED Team facilitates meetings that occur at Project Harmony/DHHS site, members include: 2 Supervisors and 2 Staff Members
- ► RED Team meets within 1 regular business day when a report has 1/6 RED Team Criteria
- ▶ Unanimous decision for family to receive AR is required
- Currently utilizing Child Vulnerability Tool for each Review



# Alternative Response is Piloted in 5 Jurisdictions

Alternative Response continues to be piloted in the following counties

- ► Scotts Bluff County
- ► Hall County
- **▶**Lancaster County
- **▶** Dodge County
- ► Sarpy County

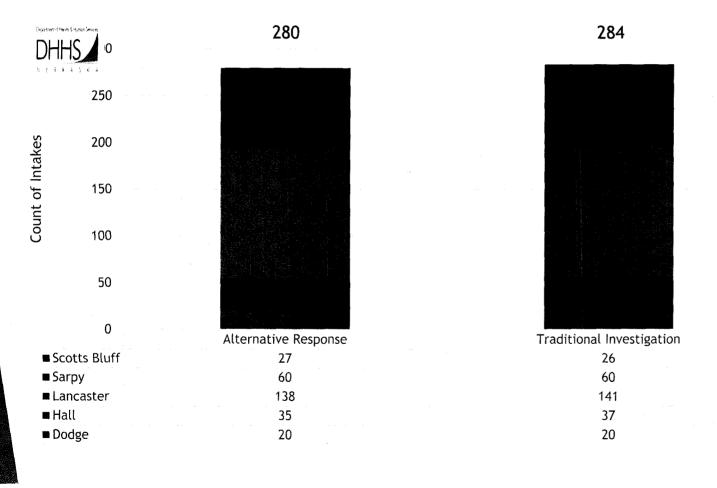


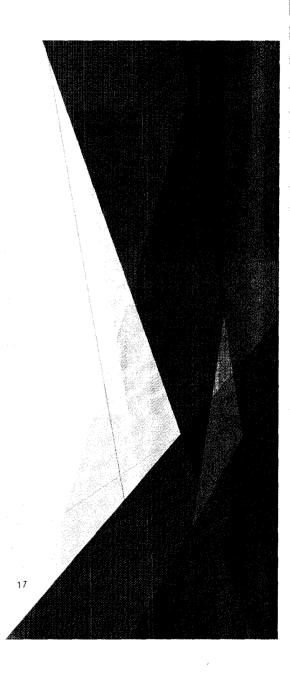
The Number of Projected Families
Compared to the Number of Actual Families
Served

Pilot Sites	Monthly Projected Number of AR Families (Average/Post Randomizer)	Monthly Number of AR Families (Average/Post Randomizer)			
Scotts Bluff County	3.5	4.4			
Hall County	5	6			
Lancaster County	23.5	22.8			
Dodge County	3.5	3.2			
Sarpy County	9.5	9.6			
Total	45	46			

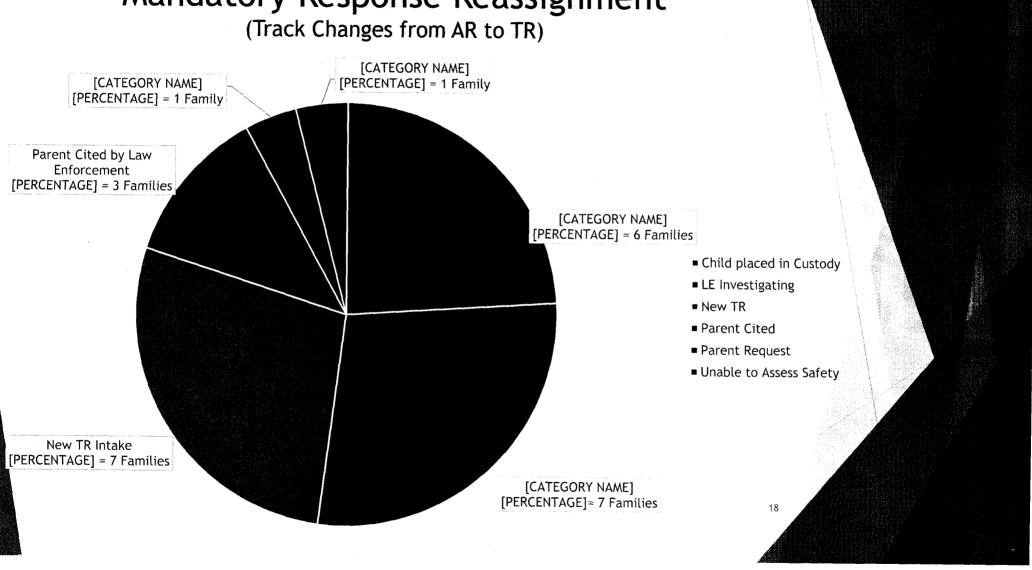


# Of those Families Eligible for AR, How Many Were Assigned AR and How Many Were Assigned TR? (Cumulative Oct. 2014 - Apr. 2015)



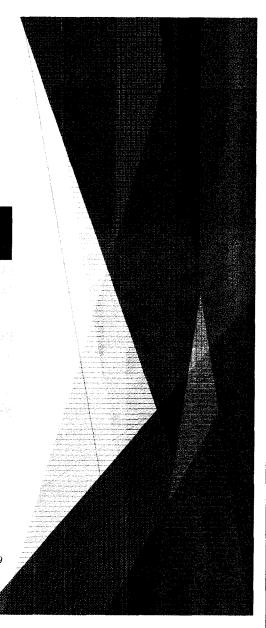


# Mandatory Response Reassignment



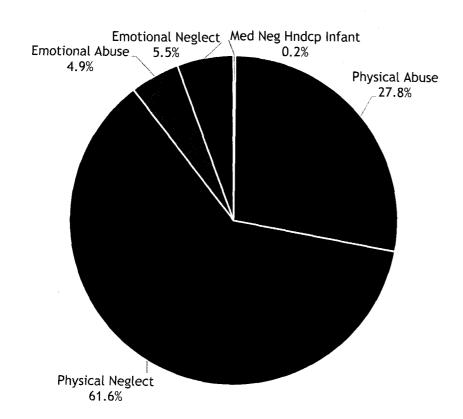
# Response Reassignment by Pilot Site

Pilot Site	Total Number of Response Reassignment
Scotts Bluff County	6
Hall County	4
Lancaster County	. <b>12</b>
Dodge County	0
Sarpy County	
Total	30

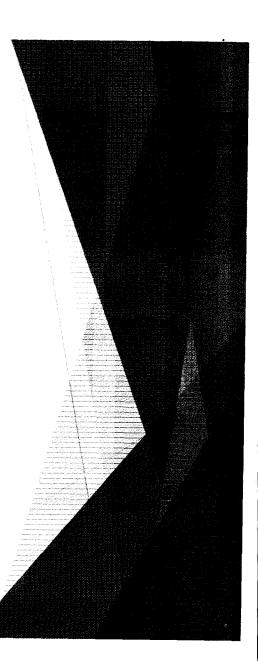


# What Types of Allegations Are Associated with Families Eligible for AR?

(Cumulative Oct. 2014 - Mar. 2015)



- Physical Abuse
- Physical Neglect
- Emotional Abuse
- Emotional Neglect
- Med Neg Hndcp Infant



# Oversight and Accountability 4 Pillars

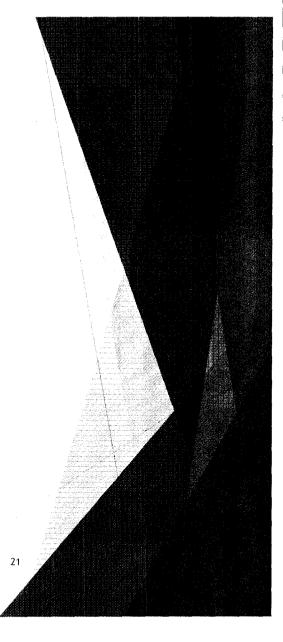
# Alternative Response Oversight and Accountability OVERIGHT EVALUATION Performance Accountability Performance Accountability Performance Accountability Process Evaluation Recommendations Status of Implementation

Cost Study

Improve Operations

Family Stability

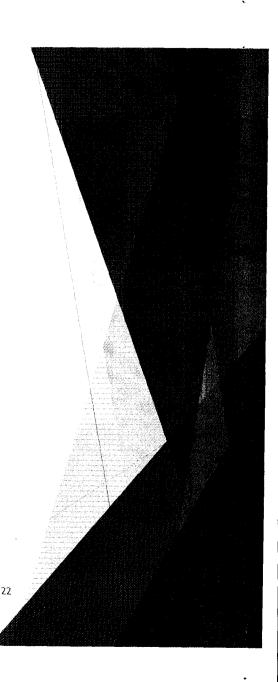
Federal Measures



# Continuous Quality Improvement (CQI)

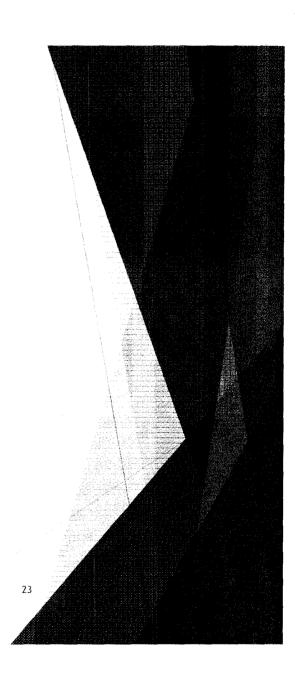
### Real Time Data Used to:

- A. Informs Practice
- B. Identify Challenges
- C. Evaluate Progress Toward Identified Outcomes (CFSR and Federal Measures)
- D. Performance Accountability
- E. Developed in Partnership with the Statewide Advisory Team and Director's Steering Committee



## **CASE REVIEWS**

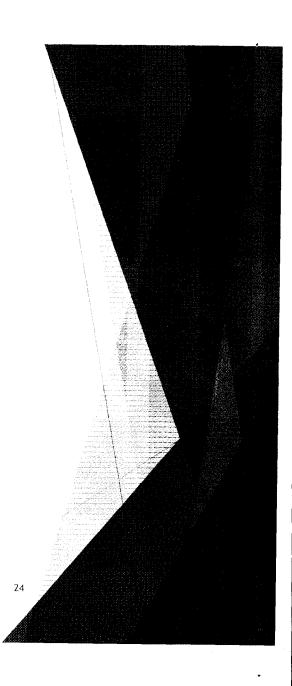
- > The case review process is in the development stages
- > Collaborative project with FCRO and CCFL Evaluators
- > CCFL is creating the case review tool in consultation with DCFS and FCRO
- > The case reviews will be completed by FCRO (anticipated)
- > CCFL will aggregate and analyze the data



# CCFL Program Evaluation Title IV-E Demonstration Project Evaluation (AR and RBA)

The Evaluation is Comprised of 3 Components:

- 1. Process Evaluation: Analyses of how the demonstration was implemented
- 2. Outcome Evaluation: Analyses of the differences between the experimental (families assigned Alternative Response) and control (families assigned Traditional Response) groups in the identified outcomes.
- 3. Cost Study: Compare the costs of services available through the demonstration with those services traditionally provided to children and families.



# Outcome Evaluation (AR)

- 1. The Number and Proportion of Repeat Maltreatment Allegations
- 2. The Number and Proportion of Substantiated Maltreatment Allegations
- 3. The Number and Proportion of Families with a Child Entering Out-of-Home Care
- 4. Changes in Child and Family Well-being
- 5. The Number and Proportion of Families Assigned to AR who are Re-assigned to TR
  Due to an Allegation of Maltreatment



# **CCFL Evaluation Reports**

### 2 Official Reports:

Title IV-E Demonstration Project Evaluation:

• 1st Report Due: July 2017 to Children's Bureau

• 2<sup>nd</sup> Report Due: February 2020 to Children's Bureau



# LB 853 Report

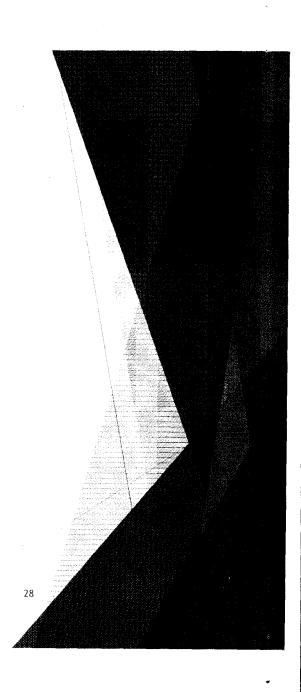
DHHS shall provide a report of an evaluation on the status of AR implementation on the following points to the commission and the legislature by November 15, 2015:

- a. The screening process used to determine what cases shall be assigned to alternative response
- b. The number and proportion of repeat child abuse and neglect allegations within a specified period of time following initial intake
- c. The number and proportion of substantiated child abuse and neglect allegations within a specified period of time following initial intake
- d. The number and proportion of families of any child entering out of home care within a specified period of time following initial intake
- e. Changes in child and family well-being in the domains of behavioral and emotional functioning and physical health and development as measured by a standardized assessment instrument to be selected by the department
- f. The number and proportion of families assigned to alternative response track who are reassigned to a traditional response

g. A cost analysis that will examine, at a minimum, the costs of the key elements of services received.

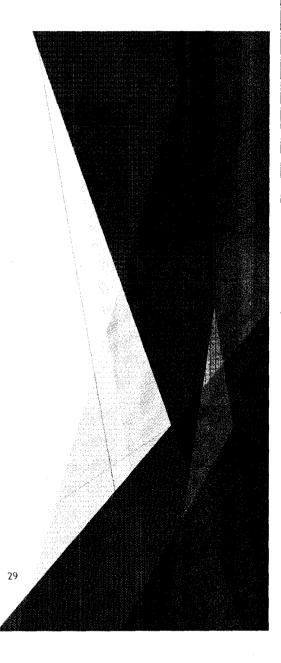
# Feedback Loop-Communication

- Statewide Advisory Committee meets every other month
- Director's Steering Committee-monthly
- Internal AR Workgroup meets monthly
- ► AR All Staff Conference Call occur every other week
- ► AR Champion and Supervisor monthly face to face meeting
- AR-Statewide All Staff meeting occurs quarterly
- ► Local AR Community Teams



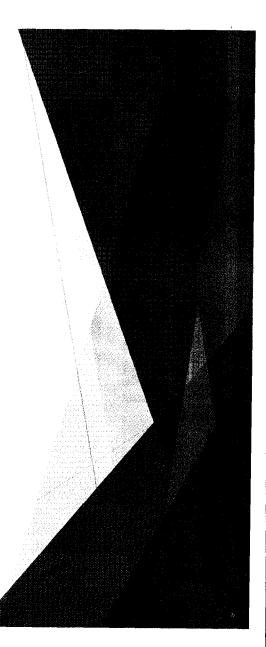
# What Families Are Teaching Us:

- ➤ The 3 Most Prevalent Diminished Parental Protective Factors Identified with Families Receiving AR:
  - a. Lack of Concrete Supports for Parents
  - b. Knowledge of Parenting and Child/Youth Development
  - c. Social and Emotional Competence of Children
- > To date, the most common services/supports provided to families:
  - Housing Assistance
  - Transportation
  - Food
  - Clothing
  - Utilities
- > The more local communities have ownership with AR, the more likely families are to have sustainable access to the services they need to keep their children safe.



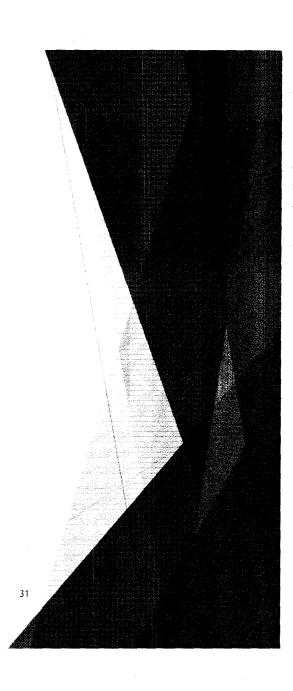
# Lessons Learned and Learning

- Underestimated the degree of challenge the hotline would have with integrating the exclusionary and RED Team Criteria with 5 counties
- You must be nimble and flexible, modify practice as you learn what is working and not working or you will keep doing what isn't working
- > You must consistently message the "WHY" behind AR; it's easy to drift back
- You can't policy or train your way to a culture shift...Mac was right!
- Those doing the work and those making decisions about the work must be constantly communicating
- Language is critical...i.e. law enforcement rural practice: 'going out on an intake' versus 'investigating an intake'
- Sustaining momentum is challenging when the volume of AR families is limited
- > TS Staff want to integrate the new practices of AR into their work
- Operationalizing and training great concepts/theories takes time i.e. Parental Protective Factors, Engagement
- Fig. Training is not an isolated event, and everyone has a different way of learning





Questions??



### Community Ownership of Child Well-Being Workgroup Report to the Nebraska Children's Commission May 19, 2015

The Community Ownership of Child Well-Being Workgroup is bringing the following two recommendations to the Commission for consideration and, hopefully, approval.

1) One of the action items our workgroup has been addressing is the establishment of a state level collective impact group. We are recommending that the Commission recognize the Prevention Partnership as a state level collective impact group focused on improving the well being of children. Following are excerpts from the Prevention Partnership's Team Charter.

**Vision:** Children, youth and families in Nebraska are safe; healthy; supported in quality environments; ready for and succeed in school; and successfully transition into adulthood.

*Mission:* State leaders work across systems and support community collaboration to promote child well being, and provide safe, stable, nurturing relationships and environments for children and families in Nebraska.

**Common Agenda:** Improve the well being of children, youth and families in Nebraska.

Stakeholders defined well being as five selected outcomes for children and families with the following related indicators.

- Children are safe.
  - Rate of substantiated maltreatment reports and child abuse per 1,000 children
  - o Rate of unintentional injury and death
  - o Rate of children experiencing bullying
- Children are healthy.
  - o Infant mortality rates (Infancy)
  - Low birth weights (Infancy)
  - o Obesity (Children)
  - o Rate of youth substance abuse/use (Youth)
  - o Depression rates (Youth)
  - o Access to health care (Life span)
  - o Health insurance coverage rates (Life span)
- Children are supported in quality environments.
  - o Poverty rate
  - o Areas of concentrated disadvantage
  - o Permanency and mobility of foster children
- Children are ready for and succeed in school and beyond
  - o 4th, 8th, 11th grade proficiency
  - o Quality early childhood education enrollment and access

- o Mother's education level at birth
- o Truancy/suspension/expulsion and absenteeism rates
- Youth successfully transitioning into adulthood.
  - o High school graduation rates
  - o Juvenile violent crimes/arrest per 1,000 juveniles
  - o Employed or enrolled in post-secondary education

### **Objectives and Actions:**

- Use shared measurement and continuous review of progress.
  - o Determine desired key outcomes for children, youth and families. (Stakeholder meeting December 17, 2013)
  - Determine key uniform indicators that align with the desired outcomes across system partners. (Stakeholder meeting May 2, 2014)
  - Promote and align measurable key outcomes over time, at the state, regional, and community level
  - Periodic and collective review of indicators and progress toward improving key outcomes at state, regional, and community level.
     Population indicators will be reviewed annually or more frequently when reasonable.
  - Progress shall be measured through identifying benchmarks and periodic review of selected activities at intervals deemed necessary by the team to move the work forward.
- Use strategy teams to focus on activities of state, regional, and local partners which are mutually reinforcing and align with indicators that demonstrate progress toward achieving positive outcomes.
  - o Promote child well being and mitigate risk when possible for adverse childhood experiences (ACES/Bullying Team).
  - Support behavioral health with specific focus on population indicators involving substance use and depression. (Behavioral Health Team)
  - Promote permanency and reduce negative effects of frequent moves when children require out-of -home placement. (Permanency Team)
  - Strategy Teams will maintain working action plans. Goals, strategies, actions will be specific, measurable, attainable, realistic and timely (SMART). Strategy Teams may involve membership beyond those on the Collaborative.
- Include processes that support and enhance continuous communication among and between state, regional, and community level partners.
  - Quarterly meetings of the Collaborative shall provide an opportunity to check-in regarding progress made by Strategy Teams. Meeting agendas and summaries shall be shared with all members.

- Strategy Teams shall work between quarterly meetings, keep the work plan updated for their own team, and report out at quarterly meetings on activities, barriers encountered, and next steps.
- Members shall communicate the work of the Collaborative with their own organization, division, agency, or board.
- Members shall communicate efforts between the Collaborative with other related state, regional, and community teams such as the Children's Commission.
- The Backbone organization shall be the repository for collection and organization of shared information, send out meeting notices, meeting summaries, maintain a membership list, and provide other support activities.
- Support collaboration between and among state, regional, and community level partnership. This requires organization, time, resources, and commitment through "backbone support" of the effort at state and local levels.
  - o The Nebraska Children and Families Foundation shall provide the backbone support for the Collaborative.

Group Composition: The Prevention Partnership is comprised of representatives from the Nebraska Department of Health and Human Services (Divisions of Children and Family Services, Behavioral Health, Public Health), Nebraska Department of Education, the Nebraska Supreme Court Office of Probation Administration, Nebraska Crime Commission, Nebraska Child Abuse Prevention Fund Board, the Nebraska Children and Families Foundation, State Legislative representatives, and representation from private philanthropy.

The Community Ownership of Child Well-Being Workgroup believes the Prevention Partnership meets the intent of the Children's Commission recommendation that a state level collective impact group be established. One of the principles the Children's Commission established at an early meeting was that we would build on what already exists and not duplicate efforts. We recommend that the Children's Commission recognize the Prevention Partnership as a state level collective impact group. We further recommend that the Children's Commission ask the Prevention Partnership to address barriers that were identified by communities in moving collaborative initiatives forward, including the blending and braiding of funds.

2) Prevention is a focus of the Children's Commission's work. That term is frequently used during our meetings. The Community Ownership of Child Well-Being Workgroup believes it is important that the Commission and its workgroups and committees operate using common definitions. We offer the following definitions for a Prevention System and the three levels of Prevention for the Commission's consideration and, hopefully, adoption.

**Prevention System Definition:** A Prevention System includes coordinated services and supports to prevent children from entering higher end systems such as the child welfare, juvenile justice, behavioral health, homeless, and truancy systems and to promote protective factors and build connections and resources to build assets for sustainable family outcomes. We will work to understand and recognize families at risk for entering the child welfare and juvenile justice systems, failing in school, and coordinate a response to best serve children, youth and families, and have access to needed supports and services.

### THE PREVENTION SYSTEM includes three levels of prevention strategies:

Primary Prevention – Low Risk Universal Strategies: *Primary* prevention activities are directed at the general population and attempt to stop maltreatment and other problems before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment and other issues.

Secondary Prevention – "At High Risk" Targeted Strategies: Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

**Tertiary Prevention – High Need Individual Strategies:** *Tertiary* prevention activities focus on families where maltreatment and/or other problems have already occurred (above) systems to be involved and seek to reduce the negative consequences and to prevent its recurrence.

### Other Workgroup Activities

We would like to take this opportunity to update Commission members on other activities that are underway and/or planned.

Evidence-Based Practices – Our workgroup believes it is important to have common criteria for evidence-based and evidence-informed practices. Many of the communities we have talked to in our research about current prevention efforts underway across the state are using criteria developed by the federal Administration on Children, Youth and Families for Community-Based Child Abuse Prevention grantees. We are aware that Juvenile Justice professionals are using criteria developed in conjunction with faculty at UNL. Our workgroup did a crosswalk between the two sets of criteria and found that, although different terminology is used, the criteria are very similar.

**Inventory of Evidence-Based and Evidence Informed** - Our workgroup reviewed an inventory of evidence-based programs currently being implemented in the communities implementing Alternative Response. (See attached listings.)

Inventory of Existing Community Collaboration Efforts – Our workgroup plans to work with the Prevention Partnership to identify existing community collaboration efforts by community, county, system and outcomes. This is a first step in ensuring efforts are in alignment and not duplicating other efforts.

**Community Listening Sessions** – Our workgroup also plans to hold another round of community listening sessions. These sessions will include communities that are implementing Community Response to begin collecting data and information about the results of these prevention efforts and how they are being coordinated with Alternative Response efforts.

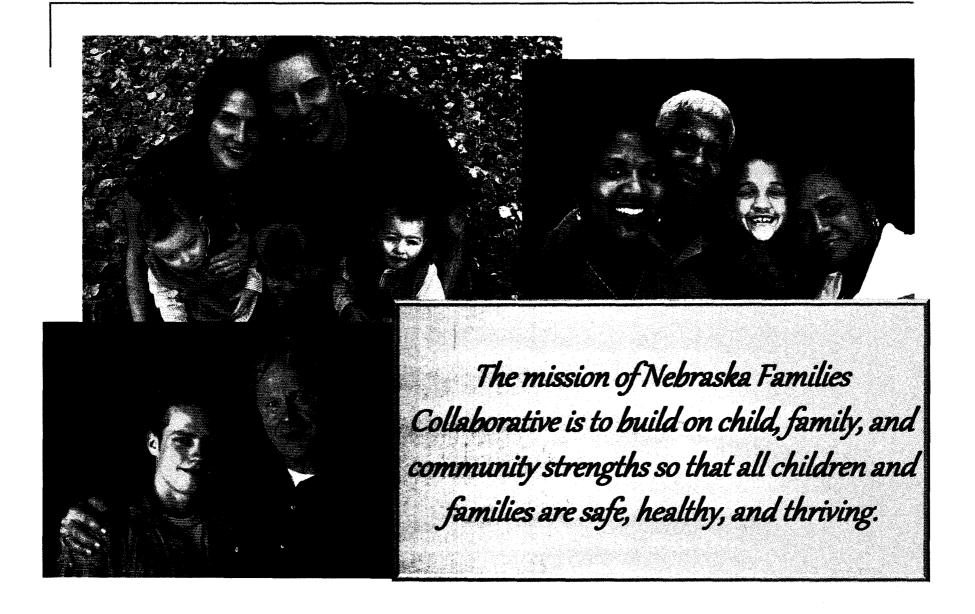
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EVI	Table 1 Committee of the Committee of th	r Prevention of Child Abuse and ed by Community and State Sys		-	<del></del>	+
	Primary Prevention -	Secondary Prevention -	Tertiary Prevention			
Age Range	Universal Strategies - low risk	"At Risk" Targeted Strategies	High Need Individual Strategies			
	and the second s	ied by community stakeholders during Service A	rray planning using the following resources:			
	<ul> <li>CEBC – California Evidence-Based Cli</li> <li>SAHMSA – Substance Abuse and Me</li> </ul>	* Control Section 2015 to the			Egr.	
	OJJDP - Office of Juvenile Justice and	d Delinquency Prevention				
	CBCAP - Community Based Child Ab					
Early Childhood						
0-2	Parents interacting with Infants (Dodge, Sarpy)	Nurse Family Partnership (Hall)			and the same of th	
	TomeBe' agibit	Sixpence (Lancaster, Hall, Dodge,		i –	<u> </u>	1
0-3	<del></del>	Scottsbluff)	Child Parent Psychoterapy (Lancaster, Sarpy, Hall,	ļ		<del> </del>
0-5	Circle of Security Parenting (all)	Circle of Security Parenting (all)	Scottsbluff)			
0-5	Parents as Teachers - Early Head Start (Hall, Lancaster)	Healthy Families America/Growing Great Kids Curriculum (Scottsbluff)				
3 to 5	Start (nail, Lancaster)	Head Start (all)				+
		Parent Child Interaction Therapy				
0+7 0-8	Postive Behavioral Supports and/or	(Lancaster, Sarpy, Dodge) r Pyramid (all)			<del> </del>	,
Middle Years						
6 to 11		Strengthening Families (Hall) Families and Schools Together (Hall,				
4 to 12		Lancaster, Scottbluff)			engliss of faces	
* - **			Nurturing Parenting Program (Dodge, Lancaster,			
5 to 12  Adolescence			Hall, Sarpy)		<del> </del>	<del> </del>
	<del>                                     </del>		Aggression Replacement Training (Lancaster,			
12 to 17	<u> </u>	<del> </del>	Hall) Multisystemic Therapy (MST) - (Hall, Lancaster,		<u> </u>	<del> </del>
12 to 17			Sarpy)			
13 to 17 13 to 17		SANKOFA	Wyman's Teen Outreach Program (Hall)			ļ
13 to 17		Fourth R	(Lancaster)			
All Ages or Adults						
0 - 21 0 to 17		Kids for Keeps (Lancaster, Scottsbluff)	Professional Partners Program/Wraparound(all) Intensive Family Preservation Services (Hall)		<del> </del>	-
Adults		Motivational Intervi	ewing (Lancaster, Hall, Sarpy)			
5 to 17 4 to 18			re Behavioral Therapy (Omaha, Lincoln) havioral Therapy (Lancaster, Sarpy, Hall)		ļ	
		Madria Focused Cognitive De	Boys Town Integrated Continuum (In- Home		<del>                                     </del>	1
0 to 18	<u></u>	<del></del>	Family Services) - Hall, Dodge, Sarpy	<u> </u>		-
6 to 16	<u></u>	<u></u>	Trauma Systeams Therapy (Lancaster, Sarpy, Hall)			
					NAME OF THE PARTY	ni mangani man
6 to 16	Common Sense Parentir	ng (Lancaster, Sarpy, Dodge, Hall)				3
26 - 55	<del></del>		WRAP (Lancaster, Sarpy, Hall)	<u> </u>	<u> </u>	+
			Eye Movement Desensitization and Reprocessing		-	The state of the s
Adults		<u> </u>	(EMDR) (Lancaster, Sarpy)			
			Cognitive Behavioral Therapy (Lancaster, Sarpy,			
Adults		<u> </u>	Hall)			7
Adults			Prolonged Exposure Therapy (Lancaster)			
- Guaita	<del></del>	<del></del>	Is solouized exhaute theraph francaster)		<u> </u>	<u></u>



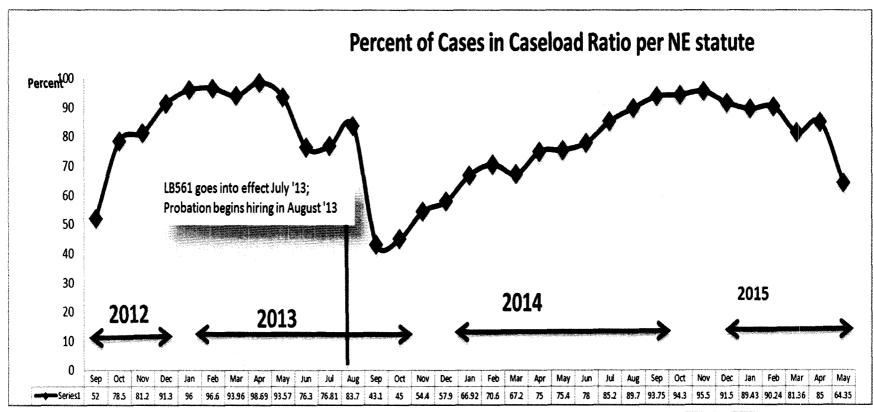
# NFC Workforce Development and Retention

Prepared for the Nebraska Children's Commission 5/19/15



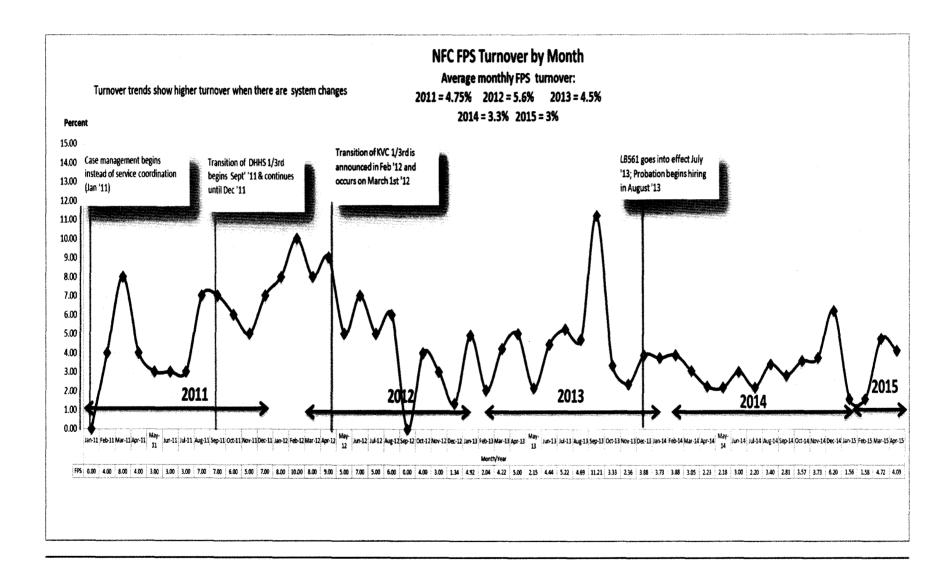


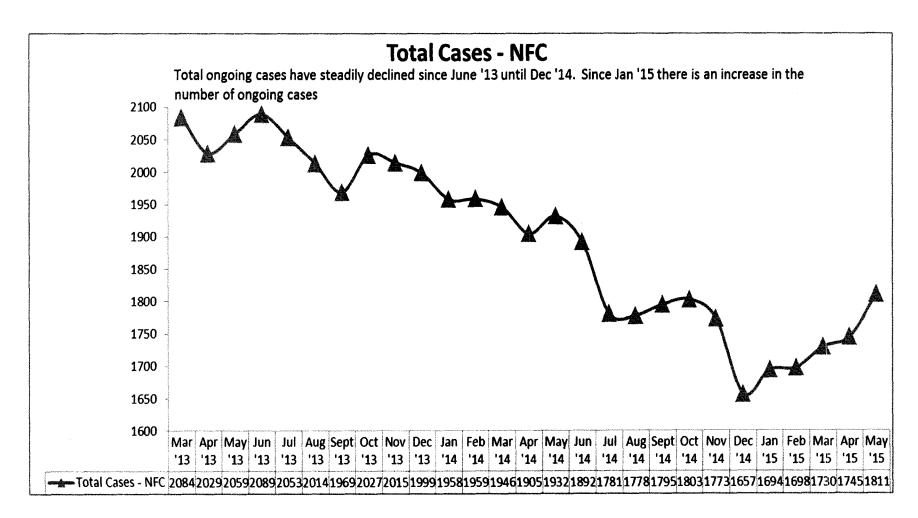
# Caseload Ratio



Number of FPSs Over Ratio as of 5/15/15 = 38

Over Ratio	
Over by 1 case 10	_
Over by 2 cases 14	
Over by 3 cases 5	
Over by 4 cases 5	
Over by 5 cases 2	
Over by 6 cases 2	





Number of cases as reported in the DHHS Caseload Report

## Recruitment

- National Recruitment Plan
- Employee Referral Program
- Social Media

# Retention Efforts

- EAP Bi-Monthly Trainings
- New Employee Orientation & Onboarding
- Quarterly Supervisor Trainings in 2014
- Resilient Leadership Development Program
- 6-Month check ins for new hires
- Quarterly check ins for all staff
- Quantum Exit Interviews Wyygo

## Retention Efforts continued:

Employee Engagement Survey 92% response rate

### Focus Areas

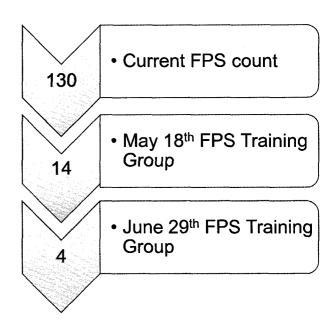
- Recognition GoalPost Recognition Platform
- Career Development Professional Growth Plans
- Salary Total Rewards, Loan Forgiveness

## Schools of Social Work focus

- MSW Program partnership with UNO
- UNO Lunch & Learns
- UNO, UNK, Creighton Practicum students
- Outreach efforts to Social Work departments throughout Midwest

# Strategies to Support Staff

- Team assignments
  - Judge
    - Jurisdiction
  - Adjudication
  - Complex Case Team
- Caseload ratios
  - Supervisor Ratios

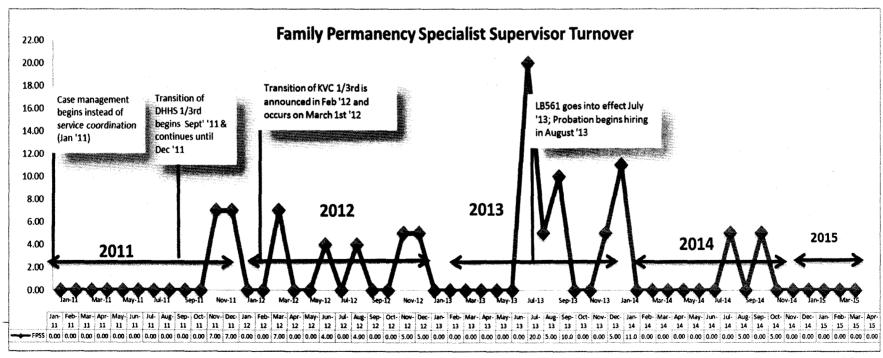


# **Programs to Support Staff**

- RED Team Safe and Connected Model
  - Case direction and support
  - Group Supervision and Education
- FPS Support
  - **¬FES**
  - Utilization Management
  - Family Finders

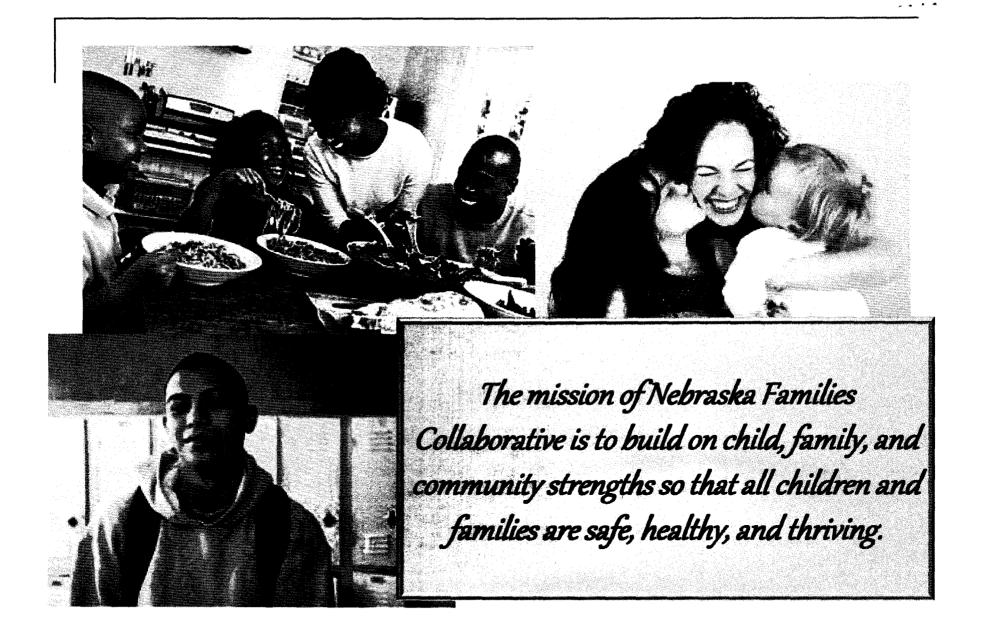
# **Staff Development**

- Leadership Development training
  - Low Supervisor Turnover (see graph below)
  - Staff Competencies
- Succession Planning



# **Questions and Answers**





Family Engagement: Handout 2

### The Elements of Family Engagement: Skill Summary

### **Introductions & Opening Statements**

There are four critical components of an opening statements which make a client feel understood and comfortable (Berg 1994)

- 1. Affirmation of the client experience "You might feel \_\_\_\_\_.
- 2. Speak to and normalize feelings "I understand why you would feel \_\_\_\_\_...
- 3. Instill hope "I am not here to judge you or take your children away, I'm here to help."
- 4. Invite a response "What are your concerns about me coming today?"

### **Empathic Responding**

Creating an empathic response involves reflection on the part of the worker. Consider the following five steps as a framework to create an empathic response:

- 1. Client disclosure: What is the client saying?
- 2. Action: What are the things that people are doing and saying contributing to this expression?
- 3. Processing: What are the client's beliefs, thoughts, and feelings that are important?
- 4. Tabling: Identify the client's critical concerns and create a response that acknowledges those concerns.
- 5. Exploration: Validate the client's concerns and ask for more information to invite a response.

### **Active Listening**

Active listening requires that we attend to what our clients are saying in order to *understand* first and foremost, and then to respond. This requires a great deal of patience and energy! The following are elements of active listening:

<u>Attending Behaviors</u>-Verbal and nonverbal cues that demonstrate you are listening and encourage your client to continue talking.

<u>Perception Checking</u>-This involves clarification for workers to check their understanding on certain subjects or topics. "Are you saying..." or "Are you telling me..." often are how perception checking questions begin. This also demonstrates active listening and allows clients to opportunities to clarify statements.

<u>Pacing the Client's Speech</u>-Pacing means pacing your own speech so in a way that facilitates more relaxed and comfortable conversation with clients. When people are nervous they make breath and speak more quickly or talk more loudly or softly. It is natural for people in conversations to adopt the speaking patterns of the other person. Keeping a cool, even tone with your clients can help them maintain a cool and even tone as well.

<u>Using Door Openers</u>-When working with clients, you will often get cues or clues that there is more going on than what they are saying or doing. When you hear or observe something that seems to have more underneath it, door openers invite further explanation toward your observation.

<u>Exploring Disguised Content</u>-Sometimes clients will talk about outside events or people that seem unrelated to what is going on with the current situation. This may be because they are testing how you will respond by talking about something a friend did or about something they read in the newspaper. Exploring this content involves matching the content of these stories to a parallel in their own lives and inviting them to explore that connection.

### **Reframing the Problem**

Reframing the client's problems can help him/her see the problem in a different way which can inspire hope and deepen engagement.

- 1. Listen and understand the client's definition of the problem. This involves active listening skills and focusing on the client's experience.
- 2. Identify the elements of the current understanding that interfere with problem solving. This step involves identifying the reasons why the client is stuck.
- 3. Identify the important themes, constructs, and language that the client identifies with the problem. In doing this, you help the client parse apart the different elements of the problem, breaking it down into smaller, separate parts.
- 4. Create an alternative definition. Use all of the themes, constructs, and language gathered in the previous step to create an alternate, similar definition with hope.

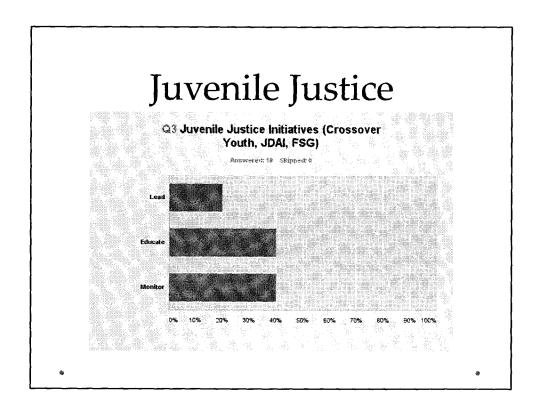
The key to engaging families is demonstrating empathy.

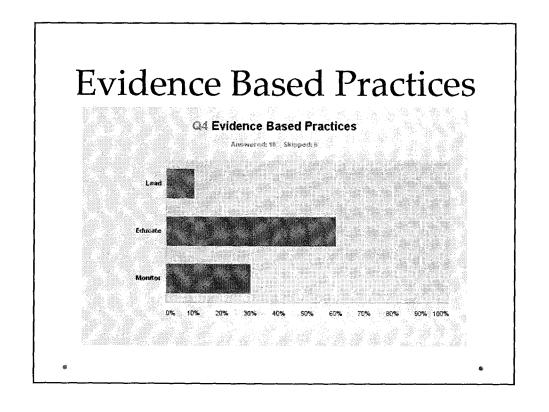
"Empathy is feeling **with** people. Empathy is a vulnerable choice because in order to connect with you, I have to connect with something inside myself that knows that feeling". — Brene Brown (2013).

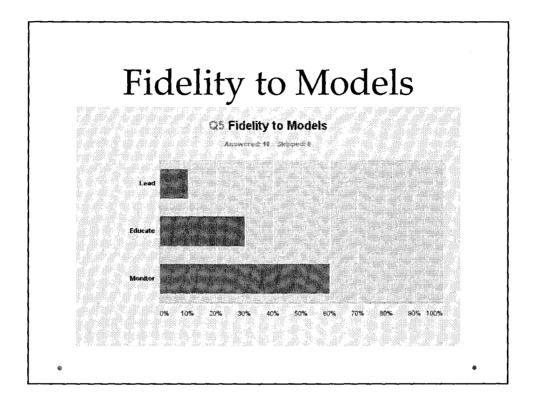
# Nebraska Children's Commission Action Item Planning

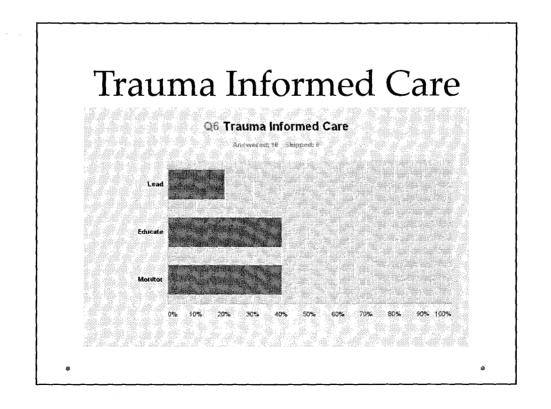
May 19, 2015

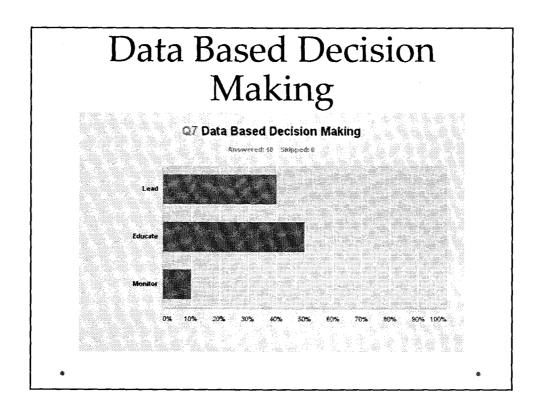
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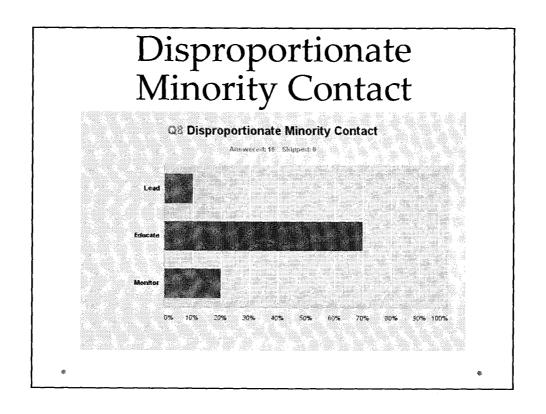


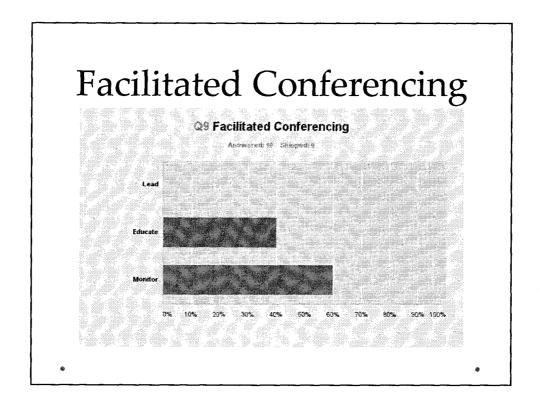


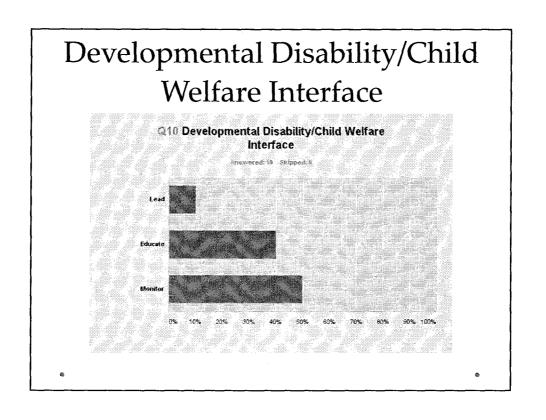


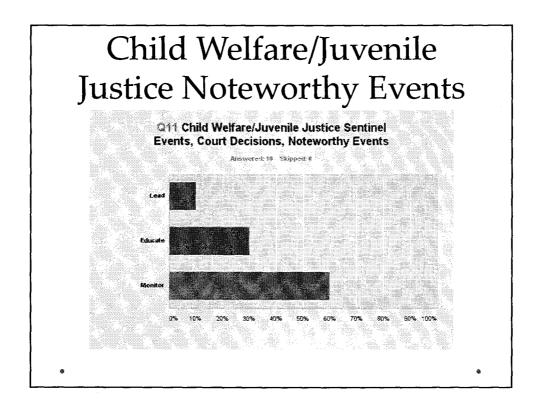


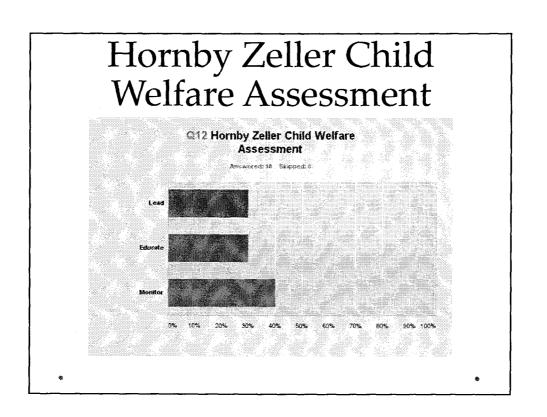


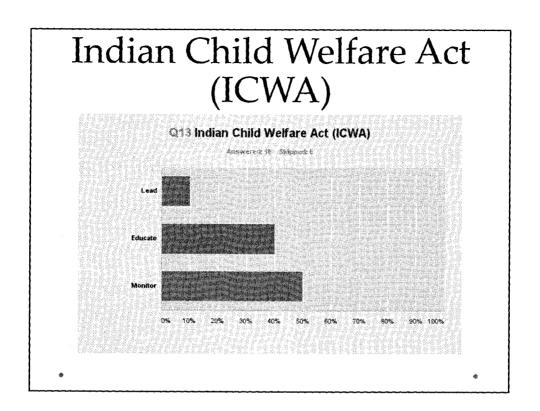


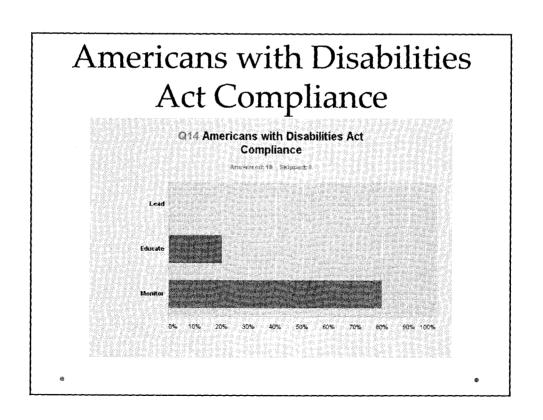












### Nebraska Children's Commission Bills of Focus Nebraska State Legislature

Nebraska State Legislature 104<sup>th</sup> Legislature, 1<sup>st</sup> Session

Bill#	Title	Introduced by	Committee Assignment	Public Hearin g Date	Legislativ e Action	Governor Action	Date Effect ive	Comments
LB15	Provide additional powers and duties for guardians ad litem	Krist	Judiciary	2-26-15 1:30pm Room 1113	Passed on Final Reading with Emergenc y Clause	Approved by Governor	4-29- 15	Krist Priority Bill
LB87	Change membership of the Nebraska Children's Commission	Campbell	Health and Human Services	1-21-15 1:30pm Room 1510	Passed on Final Reading President/ Speaker signed	Approved by Governor	9-5- 15	
LB199	Provide for stipends for social work students	Howard	Health and Human Services	2-19-15 1:30pm Room 1510	Final Reading			Howard Priority Bill
LB229	Appropriate funds to the Supreme Court for court appointed special advocate state aid	Watermeier	Appropriations	3-10-15 1:30pm Room 1524				
LB243	Create a pilot project relating to family finding services	Bolz	Health and Human Services	2-19-15 1:30pm Room 1510	Final Reading W/ ST21  (LB441 adopted as			Bolz Priority Bill

### Nebraska Children's Commission Bills of Focus Nebraska State Legislature

Nebraska State Legislature 104<sup>th</sup> Legislature, 1<sup>st</sup> Session

Bill #	Title	Introduced by	Committee Assignment	Public Hearin	Legislativ e Action	Governor Action	Date Effect	Comments
				g Date	AM1045)		ive	
<u>LB265</u>	Change provisions relating to juveniles and child welfare	Campbell	Judiciary	2-27-15 1:30pm Room 1510	Final Reading w/ ST26			Judiciary Priority Bill AM1629 Filed
LB292	Change provisions relating to the central registry of child protection cases	Coash	Judiciary	2-25-15 1:30pm Room 1113	Final Reading w/ ST29			Coash Priority Bill
LB294	Adopt the Human Trafficking Victims Civil Remedy Act and change and adopt provisions relating to service of process, sexual assault, crimes relating to morals, human trafficking, search warrants, juveniles, intercepted communications, and forfeiture of	Scheer	Judiciary	3-4-15 1:30pm Room 1113	Passed on Final Reading w/ Emergenc y Clause	Presented to Governor 5- 14-15		Scheer Priority Bill

### Nebraska Children's Commission Bills of Focus

Nebraska State Legislature 104<sup>th</sup> Legislature, 1<sup>st</sup> Session

Bill#	Title	Introduced	Commeitte -	·			1	T
DIII#	ritie	Introduced by	Committee Assignment	Public Hearin	Legislativ e Action	Governor Action	Date Effect	Comments
LB296	Require the Department of Health and Human Services to provide notification after removal of a child	Kolterman	Health and Human Services	g Date 2-19-15 1:30pm Room 1510	Final Reading		ive	
LB430	Change appropriation provisions	Nordquist	Appropriations	1-30-15 1:30pm Room 1524	Passed on Final Reading with emergenc y clause President/ Speaker signed	Approved by Governor	2-27-	
LB441	Change provisions relating to the bridge to independence program	Bolz	Health and Human Services	2-19-15 1:30pm Room 1510	General File (Adopted as AM1045 to LB243)			
<u>LB485</u>	State intent relating to appropriations for child welfare	Stinner	Appropriations	3-17-15 1:30pm Room 1524				
LB566	Change provisions of the Indian Child	Coash	Judiciary	2-26-15 1:30pm	Final Reading			State-Tribal Relations

### Nebraska Children's Commission Bills of Focus Nebraska State Legislature 104<sup>th</sup> Legislature, 1<sup>st</sup> Session

Bill #	Title	Introduced by	Committee Assignment	Public Hearin g Date	Legislativ e Action	Governor Action	Date Effect ive	Comments
	Welfare Act			Room				Priority Bill
L				1113				

Related juvenile justice bills monitored by the Juvenile Services (OJS) Committee include: <u>LB13</u>, <u>LB25</u>, <u>LB212</u>, and LB500.

### Nebraska Children's Commission Legislative Resolutions of Interest Nebraska State Legislature 104th Legislature, 1st Session

LR Number	R Number Introducer Committee Designation Title					
LR22	Gloor		<del></del>			
LNZZ	Glooi	Health and	d Human	,		
		Services		in Nebraska including the health care delivery process		
1.550				of patient-centered medical home		
<u>LR52</u>	Campbell	Health and	d Human	Interim study to examine the Child and Maternal		
		Services		Death Review Act		
<u>LR181</u>	Kolterman	Health and	d Human	Interim study to examine how to build Nebraska's		
		Services		workforce, especially in high need areas, and support		
				personal responsibility and professional growth for all		
				Nebraskans.		
LR185	Crawford	Health and	Human	Interim study to examine issues faced by Nebraska's		
		Services		licensed mental health practitioners, doctoral-level		
				graduate students, nurses, and psychiatrists		
LR186	Morfeld	Judiciary		Interim study to examine state services available to		
				victims of human trafficking in Nebraska		
LR222	Crawford	Business and	lahor	Interim study to examine issues relating to family and		
	o.a.v.o.a	Daomess and	Laboi	medical leave		
LR227	Harr	Business and	Labor	Interim study to examine opportunities to train		
	1 Idii	Dusiness and	Laboi			
			ı	Nebraska's youth for the workforce while addressing		
LR242	Coash	Lloolth one	J 11	both educational and workforce needs		
LNZ4Z	Coasii	Health and		Interim study to examine the interplay between		
		Services	and	developmental disability and child welfare services to		
		Developmenta		ensure proper treatment and protection of the rights of		
		1 -	Investigative	state wards.		
1 = 0 / 1		Committee	<u> </u>			
<u>LR248</u>	Campbell	Health and	Human	Interim Study to examine the federal Preventing Sex		
		Services	*	Trafficking and Strengthening Families Act and its		
				implementation in Nebraska		
LR249	Coash	Education		Interim Study to examine the use of seclusion in		
				public and private schools for children with behavioral		
			ļ	issues or special needs		
LR257	Kuehn	Appropriations		Interim study to examine how to create a sustainable		

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		10 101 209		
				and adequate stream of state funds to local public
				health departments to ensure the departments are
				able to meet their core responsibilities and functions
LR259	Mello	Health and	Human	Interim study to examine Nebraska's current
		Services		programming regarding home visitation for early
ļ				childhood education and development and assess the
				feasibility of expansion to universal statewide
				programming
LR265	Davis	Judiciary		Interim study to examine minor traffic violation, adult,
	Davio	dationary		and juvenile pretrial diversion programs authorized by
LR275	Mello	Llogish and	11	counties and municipalities
LIXZIS	IVIEIIO	Health and	Human	,
		Services		affordability, delivery, and taxation of child care in
1.0000				Nebraska
LR282	Mello	Appropriations		Interim study to examine the reasons for the higher
				cost of juvenile services under the Office of Probation
				Administration
LR296	Bolz	Appropriations		Interim study to examine the financing of Nebraska's
				child welfare system
LR299	Kolowski	Education		Interim study to examine the opportunity gap in third
				grade reading scores
LR300	Campbell	Health and	Human	<del></del>
	'	Services		of Nebraska children
LR304	Campbell	Health and	Human	
		Services	Harrian	health needs of children and youth in Nebraska and
		00111000		the resources available to meet those needs
LR312	Harr	Health and	Human	
<u> </u>	Tiall	Services	numan	
LR314	Kolowski	<del></del>		child behavioral health programming in Nebraska
LK314	NOIOWSKI	Education		Interim study to examine uses relating to the use of
				restraint and seclusion techniques in Nebraska
				schools

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### ONE HUNDRED FOURTH LEGISLATURE

### FIRST SESSION

### **LEGISLATIVE RESOLUTION 296**

Introduced by Bolz, 29.

PURPOSE: The purpose of this resolution is to examine the financing of Nebraska's child welfare system. This study shall include, but not be limited to, an examination of the following issues:

- (1) Nebraska's utilization of federal funding to support child welfare services such as medicaid, the federal Temporary Assistance for Needy Families (TANF) program, and Title IV-E of the federal Social Security Act;
- (2) How Nebraska can more effectively use federal funds to allow state child welfare dollars to fill in funding gaps and implement approaches to improve outcomes for children and families;
- (3) The status of funding within Nebraska's Title IV-E demonstration project;
- (4) The use of state funds appropriated for child welfare services as part of Budget Program 354 and how Nebraska can increase transparency and accountability in this program and others that utilize state dollars to fund child welfare;
- (5) The savings Nebraska has captured as a result of the federal government decoupling adoption assistance and aid to families with dependent children income standards as part of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008; and
- (6) How Nebraska is reinvesting those savings in post-adoption and post-guardianship services or reunification services required by federal law.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDRED FOURTH LEGISLATURE OF NEBRASKA, FIRST SESSION:

1. That the Appropriations Committee of the Legislature shall be designated to conduct an interim study to carry out the purposes of this

resolution.

2. That the committee shall upon the conclusion of its study make a report of its findings, together with its recommendations, to the Legislative Council or Legislature.

### ONE HUNDRED FOURTH LEGISLATURE

### FIRST SESSION

### **LEGISLATIVE RESOLUTION 304**

Introduced by Campbell, 25; Sullivan, 41.

PURPOSE: The purpose of this resolution is to study and assess the behavioral health needs of children and youth in Nebraska and the resources available to meet those needs. The study shall include, but not be limited to, an examination of the following issues:

- (1) Nebraska's system of care strategic plan;
- (2) Behavioral health programs and services available to children and youth through the State Department of Education, the Department of Health and Human Services, and the behavioral health regions;
  - (3) Funding sources for assessment, treatment, and community support; and
- (4) Model policies and programs used by school districts or other groups to ensure that children's behavioral health needs are met.

The study committee is encouraged to work with the Education Committee of the Legislature to examine the issues involved in this study.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDRED FOURTH LEGISLATURE OF NEBRASKA, FIRST SESSION:

- 1. That the Health and Human Services Committee of the Legislature shall be designated to conduct an interim study to carry out the purposes of this resolution.
- 2. That the committee shall upon the conclusion of its study make a report of its findings, together with its recommendations, to the Legislative Council or Legislature.