



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



Nebraska Children's Commission Phase I Strategic Plan

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

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

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

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

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

Introduction:

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

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

Commission Responsibilities:

The following is a summary of the responsibilities assigned to the Commission by the Legislature in LB 821 (see Appendix G for a copy of LB 821):

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

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

The Commission determined that creation of a strategic plan for reform of child welfare and juvenile justice system programs and services was a necessary first step to provide organizing principles, vision, values, goals and strategies that would set priorities and guide discussion and decision-making in respect to the broad tasks the Commission was undertaking. Each of the four committees referenced in LB 821 in regard to Commission responsibilities developed recommendations specific to its area of focus and those recommendations were approved as part of the strategic plan.

The Strategic Plan:

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

Strategic Focus Question

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

Vision Elements:

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

Vision Question, Goals and Strategic Recommendations:

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

Leadership:

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

Vision Question: What do we see in place by 2015 as a result of our collective action?

Consistent, stable, skilled workforce serving children and families	Family driven, child focused and flexible system of care	Transparent system collaboration with shared partnerships and ownership	Community ownership of child well being	Timely access to effective services	Technological solutions to information exchange	Measured results across systems of care
<p>Caseworker retention is highest in country</p> <p>Educated, experienced professionals in all parts of system</p> <p>Single and stable point of contact for families</p> <p>Caseworkers are social workers, not brokers</p> <p>Case leadership with accountability</p>	<p>System of care is family driven and child focused</p> <p>Kids in the home with services</p> <p>Flexible, creative and individual responses</p> <p>Family focus, not just child focus (both CW and JJ)</p> <p>Shared resources</p> <p>Build upon/link current infrastructures = focus children and families</p>	<p>Team approach, both with families and systems</p> <p>Shared vision by all elements of system</p> <p>Shared accountability</p> <p>Effective collaboration among all system stakeholders</p> <p>Systemic view of factors that lead to family challenges</p> <p>Shared decisions</p> <p>Quality and accountability in system</p> <p>Effective communication across all systems</p>	<p>Community ownership of child well-being (public private partnerships)</p> <p>Importance of communities in system of care</p> <p>Early intervention</p> <p>Importance of primary and secondary prevention services</p> <p>Prevention = priority for resources and services</p> <p>Husker-level awareness of child well-being</p>	<p>Timely and effective services</p> <p>Evidenced based practices/services match need</p> <p>Timely/consistent service array for families at risk</p> <p>Availability of services statewide</p> <p>No wrong door</p> <p>Immediate access to treatment services</p>	<p>Effective communication across all systems</p> <p>Open communication</p> <p>Shared information system</p> <p>Bring child/families resources together</p> <p>Fully-integrated database for services</p>	<p>Financial efficacy best in country (public and private \$ fully utilized)</p> <p>Children's well-being improved by involvement in system</p> <p>Data driven decision making</p> <p>Quality and accountability in whole system</p>
LEADERSHIP						

Goal Statements:

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

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

Strategic Recommendations:

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

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

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

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

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

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

- **Create an appropriations schedule utilizing system design**
Utilize system design and consultant input to create an appropriations schedule for the Legislature and talk to foundations for funding partnerships.
- **Explore University expertise for data analysis**
Explore utilization of university expertise to review, analyze and ensure data integrity to establish trend lines.

- **Reach agreement on population outcomes and indicators**
Agreement on whole-population outcomes - then specific indicators and strategies can be developed by the system of care across the state.
- **Develop common data systems and standards with external data mining**
Develop common data systems/standards across all state and private services and utilize an outside entity to mine data.
- **Design data system for integration, coordination and accessibility**
Data system should be designed to support integration, coordination and accessibility of all services provided by the state.
- **Develop action steps in cross-divisional programming (Data)**
DHHS develops action steps in cross-divisional programming.

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

- **Benchmark the state with lowest caseworker turnover**
Benchmark the state with the lowest caseworker turnover (or states' children with the fewest worker changes).
- **Develop plan for retention of frontline staff**
Ask Children and Family Services (CFS), the Administrative Office of the Courts and Probation, and any contracting entity to each develop a plan to increase retention of their respective frontline workers and lend Commission support to that effort.
- **Develop retention plan for caseworkers**
Develop (with current caseworkers) a retention plan for current and future workers that may include pay and career trajectory, administrative support, clarity of expectations, supervisor effectiveness.
- **Assess and address morale and culture**
Assess and address the morale, lack of trust/organizational culture and climate so that the frontline staff is working in an empowered and supported capacity.
- **Address education and training for staff**
Ask DHHS, the Administrative Office of the Courts and Probation, and any contracting entity to address education and training requirements (including trauma-informed care) for caseworkers and supervisors, including funding issues.
- **Clearly define point person and roles of all working with children and families**
Clearly define the point person and role of any person or entity working with children and families (juvenile probation officer, Office of Juvenile Services worker, Children and Family Services worker; any contracting entity).

- **Conduct comprehensive review of caseworker training and curriculum**
Conduct a comprehensive review of caseworker training and curriculum and change/update as needed to best equip those interacting directly with families. In addition, consider caseworker specialization to improve preparedness and efficacy.
- **Develop pilot project (urban and rural) for guardians ad litem**
Develop a pilot project for guardians ad litem (GAL) -1 rural, 1 urban-that carefully follows the GAL guidelines with appropriate supports.
- **Hire and adequately compensate well-trained professionals**
Develop a plan to hire competent, trained and adequately compensated professionals who investigate allegations of neglect and abuse, formulate and monitor reasonable and relevant case plans and recommend permanency plans for children and families.
 - NOT an entry level position into Child Welfare
 - Require and/or incentivize BSW and MSW for all caseworkers
 - Utilize apprenticeship/mentor program

Strategic Recommendations – Psychotropic Medication Committee:

- **Adopt the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody**
For monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the psychotropic medication committee members modified the AACAP (*American Academy of Child and Adolescent Psychiatry*) *Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* to benefit Nebraska’s children and families.
- **DHHS, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody**
The Nebraska Department of Health and Human Services (DHHS), which is empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. DHHS should:
 - Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion.
 - Establish a mechanism to obtain assent for psychotropic medication management from minors when possible.
 - Make available simply written psychoeducational materials and medication information sheets to facilitate the consent and assent process.
 - Establish training requirements for child welfare, and/or foster parents to help them become more effective advocates for children and adolescents in their custody. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication

effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written “Guide to Psychotropic Medications” that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

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

- DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:
 - Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
 - Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
 - Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies

empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

- DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.
- DHHS and Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations set forth in this document.

See Appendix C for the full committee report.

Strategic Recommendations – Juvenile Services (OJS) Committee Recommendations:

- **Continue developing collaborative recommendations that strengthen both child welfare and the juvenile justice systems**

The Juvenile Services (OJS) Committee supports the Nebraska Children’s Commission vision to develop collaborative recommendations that strengthens both child welfare and the juvenile justice systems by:

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

- **Postpone initial recommendations on the future responsibilities of the OJS administrator and the future role of the youth rehabilitation and treatment centers until July 1, 2013**

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

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

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

See Appendix D for the full committee report.

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

- **Increase required judicial findings and their identification by reviewers**

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

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

- **Increase the number of licensed kinship homes in Nebraska**

In order for states to receive IV-E reimbursement for services, children must reside in licensed foster homes. In 2010, 1,153 Nebraska children in foster care lived in homes with kin (relatives or others with emotionally significant relationships). Only 6% of relative foster homes were licensed in 2010, however, one of the lowest rates in the country. A July 2, 2012 report found that 52.7% of children ineligible for IV-E were ineligible due to their placement. While living with kin is beneficial to children, the low rate of licensed kin negatively impacts Nebraska's ability to claim IV-E funds. With more emphasis nationally and locally on notifying relatives and

placing children with their kin, Nebraska needs to increase its number of licensed kinship homes. The committee recommends the following steps:

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

- **Complete the Title IV-E Waiver application process**

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

See Appendix E for the full committee report.

Strategic Recommendations – Foster Care Reimbursement Rates Committee Recommendations:

- **Adopt the proposed Foster Care Reimbursement rate adjustments**

The following Foster Care Reimbursement rates were recommended by the committee:

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

- **Adopt the recommended Statewide standardized Level of Care assessments**

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

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

The Level of Care Assessment tool recommendations are:

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

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

See Appendix F for the full committee report.

Commitment to Action:

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

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

In addition to issues identified in LB 821, the Commission may also focus on specific issues that relate to the work of the Commission but were not delineated in that legislation, for example

challenges of youth aging out of foster care. The Commission may study and engage stakeholders to make recommendations to actively reduce the disproportionality of children of color in Nebraska's child welfare and juvenile justice systems.

The second phase of the planning process will begin in January 2013, and will include developing a work plan that addresses and prioritizes the strategic components identified above and may include other items referenced in LB 821. This process may involve establishing workgroups, reviewing external evaluations, considering fiscal impacts and funding implications, and providing recommendations to the Supreme Court, DHHS, and the legislature for implementation.

The Commission understands that if reform is to be effective and lasting it must happen at all levels including the system, program and practice levels. Not only must the three branches of government and the various system stakeholders invest in serving and supporting children and families and commit to system reform, there must be utilization of effective programs that help children and families reach positive outcomes. At the practice level the Commission knows that all front-line case managers and their supervisors must be prepared and supported in their efforts of serving children and families differently. Furthermore, the Commission believes that effective leadership is essential in successful reform efforts and also believes that there is a considerable amount of political will across Nebraska to address the challenges within the current child welfare and juvenile justice systems. This political will is supported by optimism and the belief that reform can and will happen.