Department of Health and Human Services
Division of Children and Family Services
11.15.2018

Legislative Report:
Pursuant to Neb. Rev. Stat. 28-7123 (3)

Submitted To:
Nebraska Legislature
Health and Human Services Committee

This report serves as the Division of Children and Family Services' report on the status of alternative response implementation pursuant to Nebraska Revised Statute 28-712 (1). The Department of Health and Human Services (DHHS), Division of Children and Family Services (DCFS) implemented an Alternative Response (AR) pilot project on October 1, 2014 in five counties across Nebraska (Scotts Bluff, Hall, Lancaster, Dodge and Sarpy) and has expanded the practice statewide. Alternative Response is one intervention DCFS implemented as part of the Title IV-E Wavier Demonstration Project awarded by the U.S. Department of Health and Human Services, Administration on Children Youth and Families (ACF) in 2013. As part of the terms and conditions of the demonstration project, DHHS was required to secure a third party independent evaluator to assess the process, outcomes and costs of the project. The University of Nebraska at Lincoln, Center on Children, Families and the Law (CCFL) was awarded the contract for the program evaluation and the interim evaluation report was completed in March, 2017. The final report will be submitted by December 31, 2019.

I. Alternative Response Evaluation

A. CCFL Evaluation

The AR evaluation will consist of three components: Process evaluation, outcome evaluation and a cost study as agreed upon between ACF and DHHS. DHHS will receive two formal evaluative reports from CCFL in March 2017 (Interim Report) and in December 2019 (Final Report). The three components are described below:

1. Process Evaluation: Description of how the program was implemented
    - The planning process
    - Organization aspects: Staff structure, funding committed, administrative structures, oversight
    - The number and type of staff involved, including training, education and experience
    - The service delivery system
    - Role of courts
    - Contextual factors
    - The degree of implementation with fidelity
    - Barriers encountered
2. Outcome Evaluation: Differences between the experimental and control group in the following outcomes:
    - The screening process used to determine which cases shall be assigned to alternative response

- The number and proportion of repeat maltreatment allegations within a specified period of time following initial intake
- The number and proportion of substantiated child abuse and neglect allegations within a specified period of time following initial intake
- The number and proportion of families with any child entering out of home care within a specified period of time following initial intake
- Changes in child and family wellbeing in the domains of behavioral and emotional functioning and physical health and development as measured by a standardized assessment instrument
- The number and proportion of families assigned AR who are re-assigned to traditional response due to an allegation of maltreatment (For experimental group only).

3. Cost Study: Examine the costs of key elements of services designated for the intervention and compare these costs to services available prior to the start of the demonstration.

In addition to the two formal evaluative reports provided by CCFL, DCFS receives the following process evaluation/interim reports from CCFL:

i. The Nebraska Protective Factor and Wellbeing Questionnaire (PFWQ): A semiannual report assessing the implementation of the PFWQ tool and data analysis on wellbeing and protective factors
ii. AR Family Experience Survey: Summarizing data collected from AR eligible families
iii. Worker End-of-Case Survey: Summarizing data collected from case managers who were assigned a family eligible for AR

While DCFS regularly collaborates with the evaluators, it is important to DCFS to have the capacity to regularly review program data. Therefore, DCFS utilizes a Continuous Quality Improvement (CQI) framework to compliment the CCFL evaluation, to monitor implementation, AR model fidelity, demographic and outcome data and to provide opportunities for formal feedback from internal and external partners.

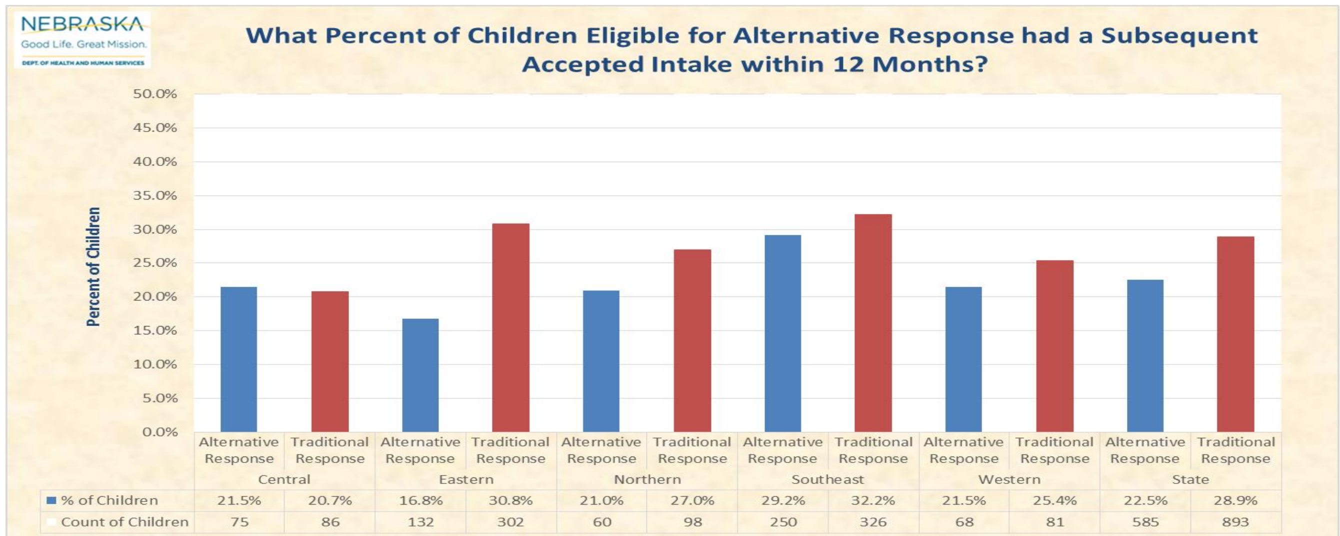
B. DCFS Continuous Quality Improvement:

The monthly CQI data report is directly related to AR outcomes. This data is used to continually analyze aspects of programmatic performance. Examples of data in the CQI report include: The number of children and families eligible for AR, the number of children and families served, child demographics (age, gender and ethnicity), types of allegations associated with intakes eligible for AR, response reassignment data, the number of children removed from their family home, the number of children

involved in a second accepted intake, the number of families who become court involved, the number of substantiated reports of abuse and neglect and the average length of time a family receives AR.

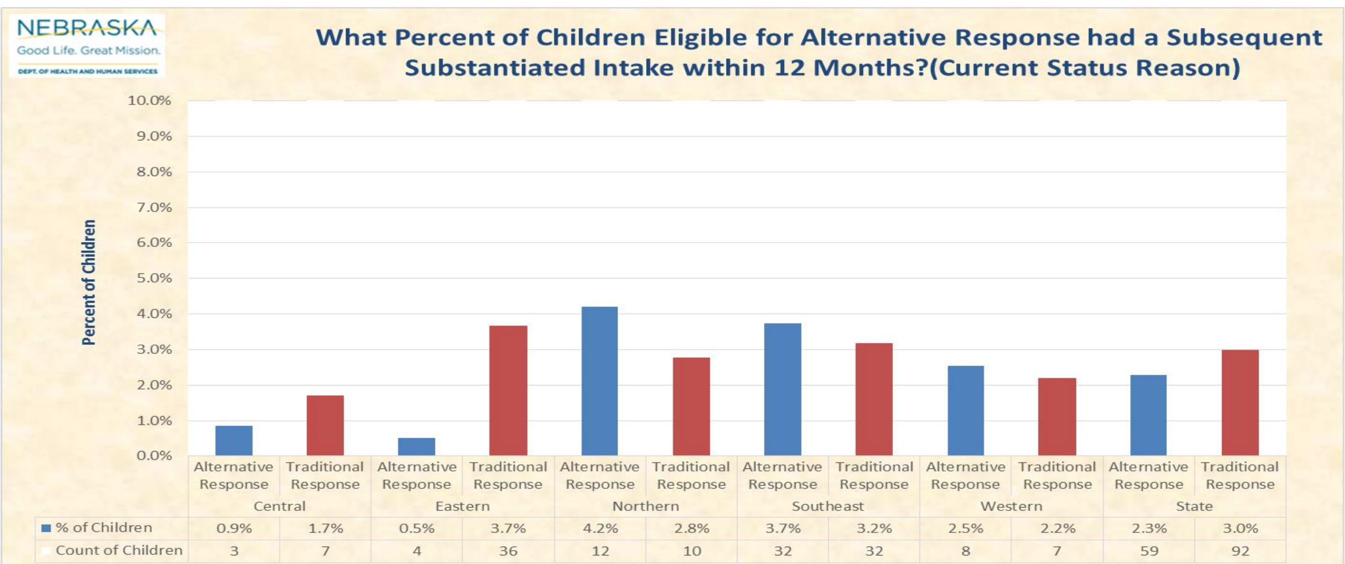
The CQI monthly data report is shared with, and analyzed by, the AR director's steering committee, the AR statewide advisory committee and the AR internal work group; these team members played a significant role in identifying the priority data elements to be analyzed each month.

Monitoring the outcome data through CQI enables DCFS to assess real time data. For example, assessing the data in the following diagrams aids DCFS to make practice improvements and to gauge program performance.



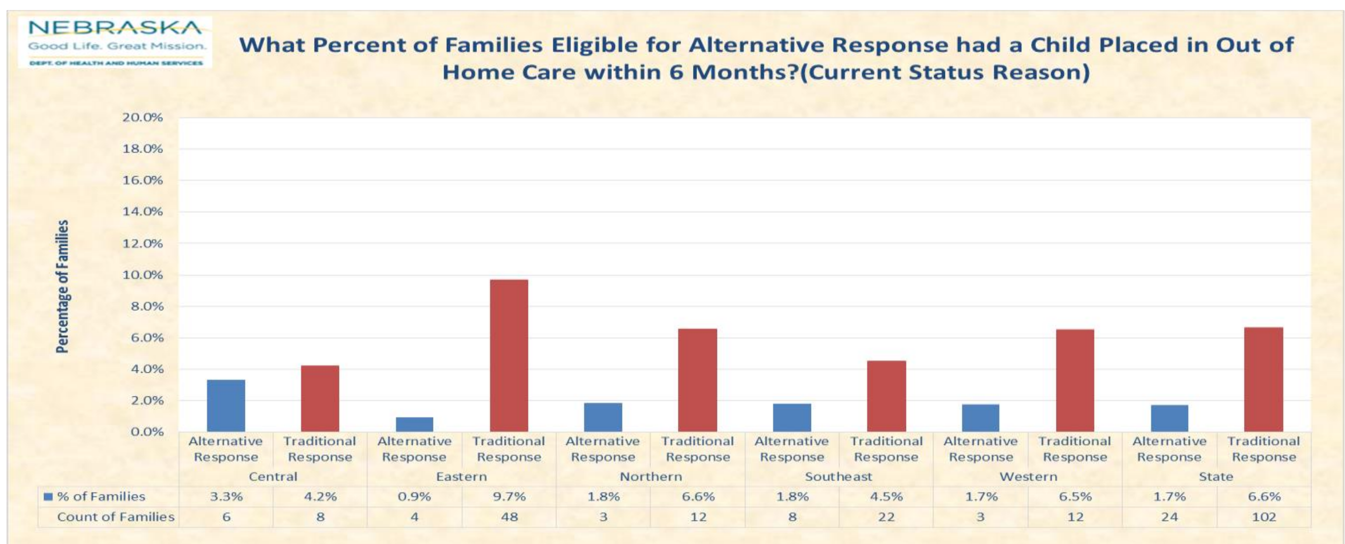
	Central		Eastern		Northern		Southeast		Western		State	
	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response
% of Children	21.5%	20.7%	16.8%	30.8%	21.0%	27.0%	29.2%	32.2%	21.5%	25.4%	22.5%	28.9%
Count of Children	75	86	132	302	60	98	250	326	68	81	585	893

* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**



	Central		Eastern		Northern		Southeast		Western		State	
	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response
% of Children	0.9%	1.7%	0.5%	3.7%	4.2%	2.8%	3.7%	3.2%	2.5%	2.2%	2.3%	3.0%
Count of Children	3	7	4	36	12	10	32	32	8	7	59	92

* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**



	Central		Eastern		Northern		Southeast		Western		State	
	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response	Alternative Response	Traditional Response
% of Families	3.3%	4.2%	0.9%	9.7%	1.8%	6.6%	1.8%	4.5%	1.7%	6.5%	1.7%	6.6%
Count of Families	6	8	4	48	3	12	8	22	3	12	24	102

* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**

The data reported in the first two diagrams are related to AR eligible intakes where at least 12 months have passed since the initial AR eligible intake was received (Intakes accepted 10/1/14 through 08/31/2017). Data in the third diagram reflects intakes where at least six months have passed since

the initial AR eligible intake was received (Intakes accepted 10/1/14 through 12/28/2018). It is pertinent to note the parameters of this data, as it reflects practice since program inception.

II. Alternative Response Program

Alternative Response was developed collaboratively with internal and external stakeholders. To obtain feedback on the planning and implementation of AR, various committees and workgroups were created and continue to operate:

- The Alternative Response Internal Work Group is comprised of DCFS field staff and administrators. Model and practice recommendations from this work group are shared with the Director's Steering Committee and the Alternative Response Statewide Advisory Committee. In the past year, this group has focused on:
  - Preparation and planning as the program expands – identify barriers and brainstorm how to overcome challenges; share success with each other, build upon what is working well
  - CQI – review AR data – discuss trends, opportunities for growth and strengths, identify strategies to integrate into practice
  - Program updates – provide feedback and suggestions; what is working well and what needs to be modified.
  - Sustainability Planning
- The Alternative Response Director's Steering Committee includes representatives from the Foster Care Review Office, Office of Inspector General, Region V Behavioral Health, Lancaster County Attorney's Office, Nebraska Children and Families Foundation, a Child Advocacy Center, Voices for Children and internal DCFS Administrators. This meeting is convened to:
  - Provide feedback and advice on the implementation and expansion of AR
  - Review CQI data, obtain feedback and brainstorm opportunities for improvement
  - Provide feedback and suggestions to build program sustainability.
- The Alternative Response Statewide Advisory Committee is comprised of the Director's Steering Committee members along with community and family partnering organizations. The purpose of this meeting is to:
  - Solicit input and feedback from stakeholders
  - Share updates on the AR program
  - Have evaluators present on formal AR evaluation
  - Review CQI data, discuss strengths and development opportunities, brainstorm strategies

DCFS utilizes the expertise of the members within each work group to obtain feedback and generate ideas on Alternative Response. DCFS continues to meet regularly with each of these committees to

share information on implementation, program strengths, challenges and modifications in order to continually improve how DCFS delivers AR.

Screening Criteria

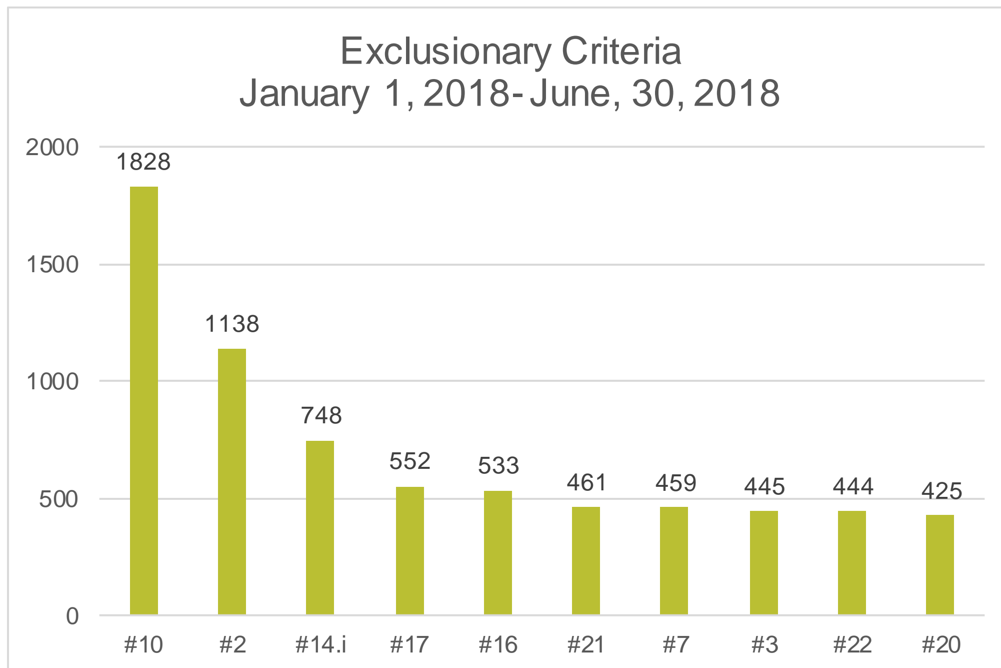
The AR ineligibility criteria, known as the exclusionary criteria, were developed in collaboration with internal and external statewide stakeholders to ensure the families eligible for AR involved low level reports of abuse and or neglect. There are 22 exclusionary criteria applied to intakes accepted at the hotline that are used to determine AR eligibility.

Exclusionary Criteria means criteria which, if alleged or otherwise learned by the Department, automatically excludes an Intake Accepted for Assessment from eligibility for AR. Exclusionary Criteria include:

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. Domestic violence involving a caretaker AND the alleged perpetrator has access to the child or caretaker;
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;
9. 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;
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 or (iii) an individual or family who is involved in juvenile court petition pursuant to Neb. Rev. Stat. § 43-247(3)(a);
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 or is a sex offender;
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 the current maltreatment concerns are the same as prior maltreatment concerns included in an Intake Accepted for Assessment;
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;
21. The Department is made aware by law enforcement of an ongoing law enforcement investigation involving a household member; and
22. A safety concern is otherwise identified which requires Department intervention within 24 hours.

The following graph illuminates top ten reasons and the number of intakes excluded from Alternative Response. This data reflects intakes accepted at the child abuse and neglect hotline from January 1, 2018-June 30, 2018.



*Source, RED Team Data, 07.15.2018

- #10 – A household member uses or manufactures methamphetamine or other controlled substances as defined in Neb. Rev. Stat. 28-401, 28-405
- # 2 – Domestic violence involving a caretaker AND the alleged perpetrator has access to the child or caretaker
- #14 i. – Abuse or neglect of a child who resides with (i.) the subject of an active traditional response
- #17 – A household member appears on the central registry of child protection cases under Neb. Rev. Stat. 28-720
- #16 – A household member has a prior court substantiated report of child abuse or neglect or is a sex offender
- #21 – The Department is made aware by law enforcement of an ongoing law enforcement investigation involving a household member
- #7 – Allegations require Child Advocacy Center, Law Enforcement and Department coordination (Neb. Ref. Stat 28-728(3)(d)(iii))
- #3 – Sexual assault of a child as defined in Neb. Rev. Stat 28-319.01, 28-320.01
- #22 – A safety concern is otherwise identified which requires Department intervention within 24 hours
- #20 – Law enforcement has cited a caretaker for the child abuse or neglect alleged in the Intake Accepted for Assessment

In addition to the 22 exclusionary criteria, the intake screening process also includes a supplementary set of criteria that, if alleged in the intake, will require a Review, Evaluate and Decide (RED) Team review. These criteria are not an automatic exclusion from AR, but trigger a secondary focused review by the RED Team members. These reviews focus on the severity of the allegation, vulnerability of child(ren) involved and family history to determine appropriate track assignment.

Review, Evaluate and Decide (RED) Team Criteria: Any Intake Accepted for Assessment that does not meet the exclusionary criteria described above requires further review. The RED Team criteria are applied to intakes accepted at the hotline to determine eligibility for AR, which includes intakes that have the following circumstances:

1. Report by a physician, mental health or other health care provider alleging significant parental mental health diagnosis.
2. Report alleges symptoms related to a parental significant mental illness, including but not limited to psychotic behaviors, delusional behaviors and/or danger to self of others.
3. Biological parent(s) of alleged victim is a current or former state ward.
4. Family has had a prior accepted report within the past six months and there are two or more children under the age of five years old or a single child under the age of two years old.
5. Current open Alternative Response case.
6. Report alleges abuse or neglect AND alcohol/or other substance abusing issues AND there are two or more children under five years old or a single child under two years old.
7. Intake Accepted for Assessment includes an allegation of physical abuse that does not rise to the level of physical abuse identified in the Exclusionary Criteria.
8. A household member or alternate caregiver noted on the Intake Accepted for Assessment has a history of using or manufacturing methamphetamine or other controlled substances as defined in Neb. Rev. Stat 28-401, 28-405.

The number of intakes eligible for Alternative Response has been lower than originally predicted. In the planning stages, DCFS anticipated approximately 30% of the accepted intakes would be eligible for AR while only 11-12% of accepted intakes have actually been eligible for the program. In planning for program sustainability, assessing the goals of AR, reviewing program data and planning for the implementation of the Family First Services and Prevention Act, DCFS has drafted regulations to modify the Exclusionary and RED Team criteria. The proposed Exclusionary and RED Team criteria are:

1. **Physical abuse** of a child
   (i) which resulted in serious bodily injury to a child as defined in Neb. Rev. Stat. § 28- 109(20); or
   (ii) is likely to cause death or severe injury to a child;
2. **Sexual assault** of a child as defined in Neb. Rev. Stat. §§ 28-319.01, 28-320.01;
3. **Sex trafficking** of a minor as defined in Neb. Rev. Stat. §§ 28-830(14), 28-831(3);
4. **Sexual exploitation** of a child as defined in Neb. Rev. Stat. § 28-707(d);
5. **Neglect of a child resulting in serious bodily injury** as defined in Neb. Rev. Stat. § 28-109(20);
6. Allegations require Child Advocacy Center, Law Enforcement and Department **coordination** (Neb. Rev. Stat. § 28-728(3)(d)(iii));
7. A household member has been convicted of a crime that resulted in the death of a child or has criminal charges pending for a crime that resulted in the **death of a child**;
8. A household member has been convicted of or has criminal charges pending for manufacturing **methamphetamine or other controlled substances** as defined in Neb. Rev. Stat. §§ 28-401, 28-405;
9. A child who resides with a household member whose **parental rights have been terminated** during a court-involved case;
10. 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; or
    (iii) an individual or family who is involved in a **juvenile court petition** pursuant to Neb. Rev. Stat. § 43- 247(3)(a);
11. Child abuse or neglect has occurred in an **out-of-home setting**;
12. A household member has a prior **court substantiated** report of child abuse or neglect OR is a **sex offender who is on the sex offender registry**; <u>and</u>
13. Law enforcement has **cited** a caretaker for the child abuse or neglect alleged in the Intake Accepted for Assessment.

<u>**RED Team Criteria & Definitions:**</u>

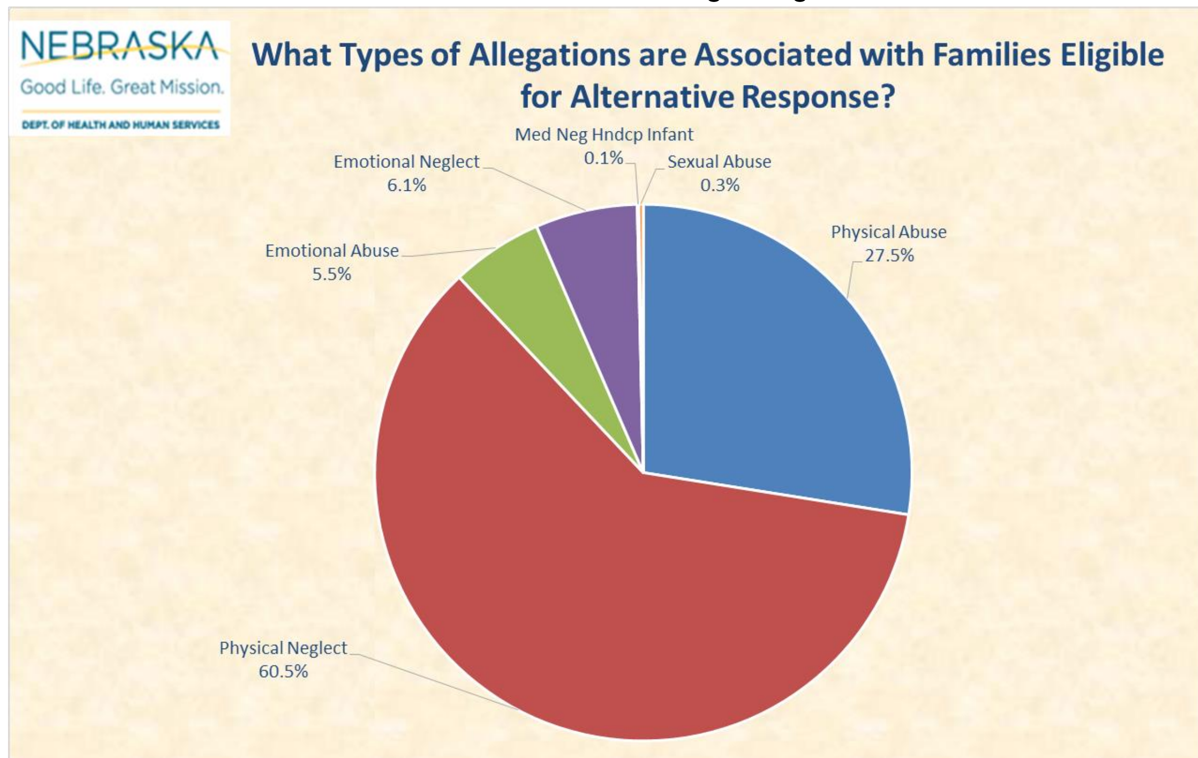
1. A caretaker **exhibits symptoms related to significant mental illness,** including but not limited to psychotic behaviors, delusional behaviors and danger to self or others;

2. 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 years old or one child under the age of two;
3. The family currently receives an **Alternative Response**;
4. A household member or alternate caregiver noted on the Intake Accepted for Assessment has a **history of using or manufacturing methamphetamine or other controlled substances** as defined in Neb. Rev. Stat. §§ 28-401, 28-405.
5. Domestic violence involving a caretaker AND the alleged perpetrator lives in the home with access to the child or caretaker

Based upon these proposed changes, the target population eligible for Alterative Response will be aligned with other states who implement the program. Therefore, DCFS anticipates 3,000 intakes that would have received a traditional response would be eligible for AR.

Program Data:

Data reported in this section is from October 1, 2014 through August 31, 2018 unless otherwise noted.



*Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**

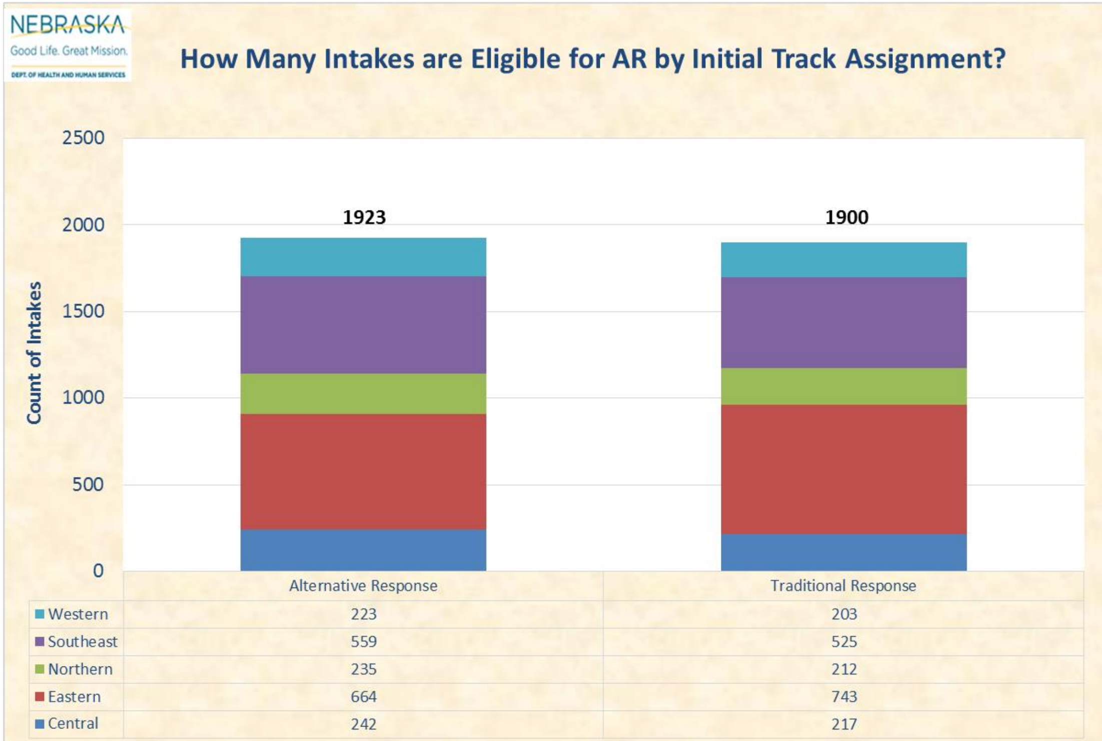
Physical Neglect is the most common allegation of an intake eligible for Alternative Response. This data is consistent with DCFS' goal to deliver an AR to families with physical neglect allegations driven by stressors related to poverty and minimal supervision with low or moderate future risk of maltreatment.

The below table illustrates the number of accepted child abuse and neglect intakes and the number and percent of intakes eligible for Alternative Response. From October 1, 2014 through August 31, 2018, 11.7% of child abuse and neglect intakes were eligible for Alternative Response. However, of the 11.7% of intakes eligible for AR, only 50% are randomized to AR by virtue of the random control trial evaluation design. This data suggests that Nebraska is taking a very conservative approach with AR implementation. Moreover, the limited number of families eligible for Alternative Response has become one of the programs biggest barriers.

What Percent of Statewide Intakes are Eligible for Alternative Response?
(October 1, 2014 through August 31, 2018)

	AR County Intakes
Total Accepted Intakes	32,654
AR Eligible Intakes	3,823
% AR Eligible Intakes/Children	11.7%

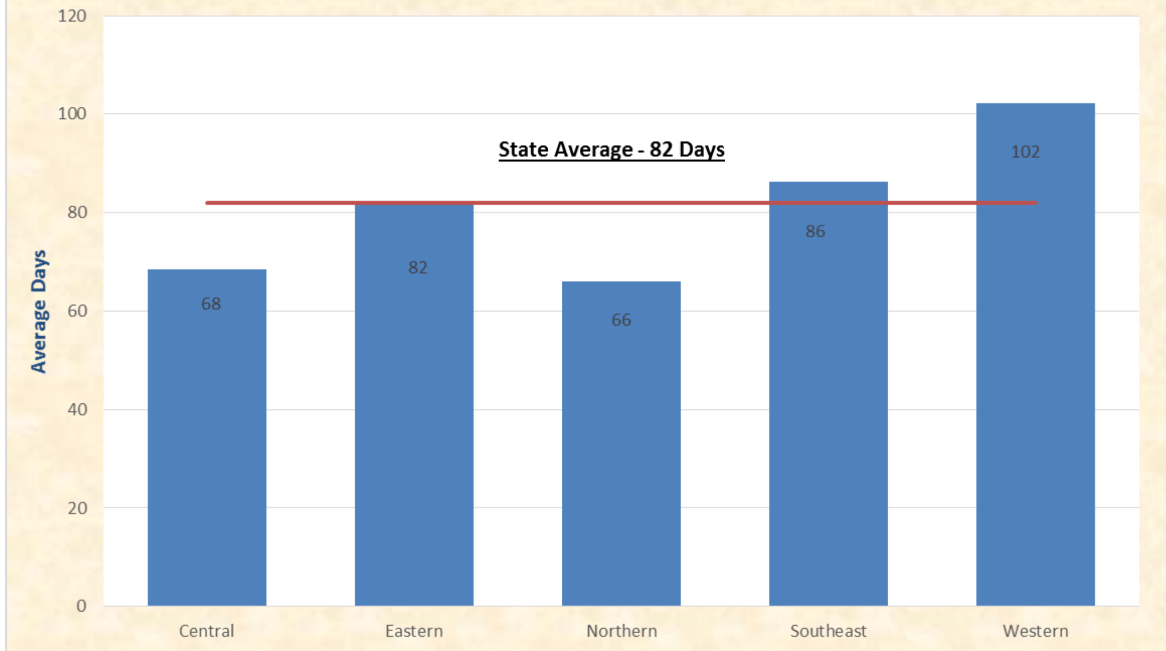
* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**



	Alternative Response	Traditional Response
Western	223	203
Southeast	559	525
Northern	235	212
Eastern	664	743
Central	242	217

* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**

Of the 1923 intakes randomized to AR, the average number of days a family is actively involved in AR varies by service area.



* Data Source, **Alternative Response IV-E Pilot Project Statistics 09.14.2018**

Since the development of the CQI data, the average number of days a family participates in Alternative Response has varied across service areas. Distance and travel time, engaging with families and specialized caseloads all have an impact on the number of days a family receives AR. The goal is to meet a family's needs in 60 to 90 days.

III. Service Array

A family's ability to access timely services within their community is a vital component of AR. In an effort to expand service capacity, DCFS continues to collaborate with local endeavors aimed at minimizing poverty, homelessness and child abuse/neglect within communities. Expanding the Community Response Initiative is one strategy specifically designed to achieve this goal. Community Response utilizes the parental protective factor framework to link families to evidence based, evidence informed and promising practice services available in their community to enhance protective factors and promote family stability and sustainability. Integrating AR efforts with community response efforts

enhances the likelihood of family success and reduces the likelihood a family will need future DCFS intervention.

Building service capacity is only one aspect of the overall service array component. The access to flexible funding is another critical component. Purchase cards are available in each office to purchase the concrete supports that are often needed by families. The most prevalent services utilized include housing related assistance (rent, cleaning, utilities and deposits), transportation (motor vehicle repairs, gas, tires and windshield), food and clothing.

IV. Conclusion

Alternative Response is implemented across the State of Nebraska. While statistically significant outcomes are premature, data reported through CQI and the CCFL evaluation reports indicate AR has the capacity to achieve the intended goals of enhanced child and family wellbeing, having children remaining in their homes when it is safe to do so and families having access to timely services.

As previously noted, the biggest program barrier is the number of families eligible for Alternative Response. Nebraska intended to take a conservative approach to AR, however, the original anticipated number of families eligible for the program was approximately 30% of accepted intakes. Per the data on page 12, only 11.7% of intakes are eligible for Alternative Response. Not only does this inhibit the ability to draw statistically significant differences between AR and TR, it also limits the front line team's ability to diversify their skills within this program.

An opportunity for DCFS is to align the Alternative Response program with the Family First Prevention Services Act. This federal legislation paves the way for programs like AR to achieve sustainability over time. Therefore, DCFS is exploring how to modify the Alternative Response program align it with the Family Assessment Response identified on the California Clearinghouse as an evidence based practice. DCFS needs the flexibility to modify the AR model to reflect the requirements outlined in both the evidence based practice expectations for AR and the Family First Prevention Services Act to ensure federal funding is available for program sustainability.