

Alternative Response

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

Alternative Response Email:
DHHS.AlternativeResponse@Nebraska.gov

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What is Alternative Response?

- A response to allegations of abuse and neglect that focuses on partnering with families to safely care for children in their home.
- Safety, risk, and well-being are assessed.
- Services are provided through voluntary involvement.
- Services are voluntary but the assessments are not.
- No findings

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What is the goal?

- Partnering with families to safely care for children in their homes and communities.
- Link families to services and supports within their community.



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The Target Population Served

- Allegations driven by stressors related to poverty.
- Allegations due to lack of supervision.
- Compromised or limited (healthy) coping skills.
- Conditions with low or moderate future risk of maltreatment; children are safe.
- Intakes are excluded from Alternative Response if any information is provided that meets one or more of the 22 Exclusionary Criteria.



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Overview

- October 1st, 2014
 - Implemented in five pilot counties
- October 1st, 2018
 - Implemented statewide
- September 21st, 2020
 - LB 1061 passed
 - Removed Sunset date
 - Added Exclusionary and RED Team Criteria

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How does Alternative Response compare to Traditional Response?

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Law Enforcement Involvement

Traditional Response	Alternative Response
All intake reports are shared with law enforcement.	All intake reports are shared with law enforcement.
When applicable, Children and Family Services Specialists (CFSS) will contact law enforcement to coordinate interviews and assess families jointly.	Law enforcement may use limited resources on more serious cases of abuse and neglect.
If law enforcement issues a citation for child abuse or neglect, Child Advocacy Center coordination is required or law enforcement is conducting an ongoing investigation, the family will receive a traditional response.	



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Interviewing Household Members

Traditional Response	Alternative Response
Interview protocol: 1. Child victim(s) 2. Siblings 3. Non-offending parent/caregiver 4. Alleged perpetrator 5. Collaterals may be interviewed at any point during the investigation.	Interview protocol: 1. Parents/caregivers 2. Children (ideally completed with parental permission). 3. Collaterals may be interviewed at any point during the assessment.

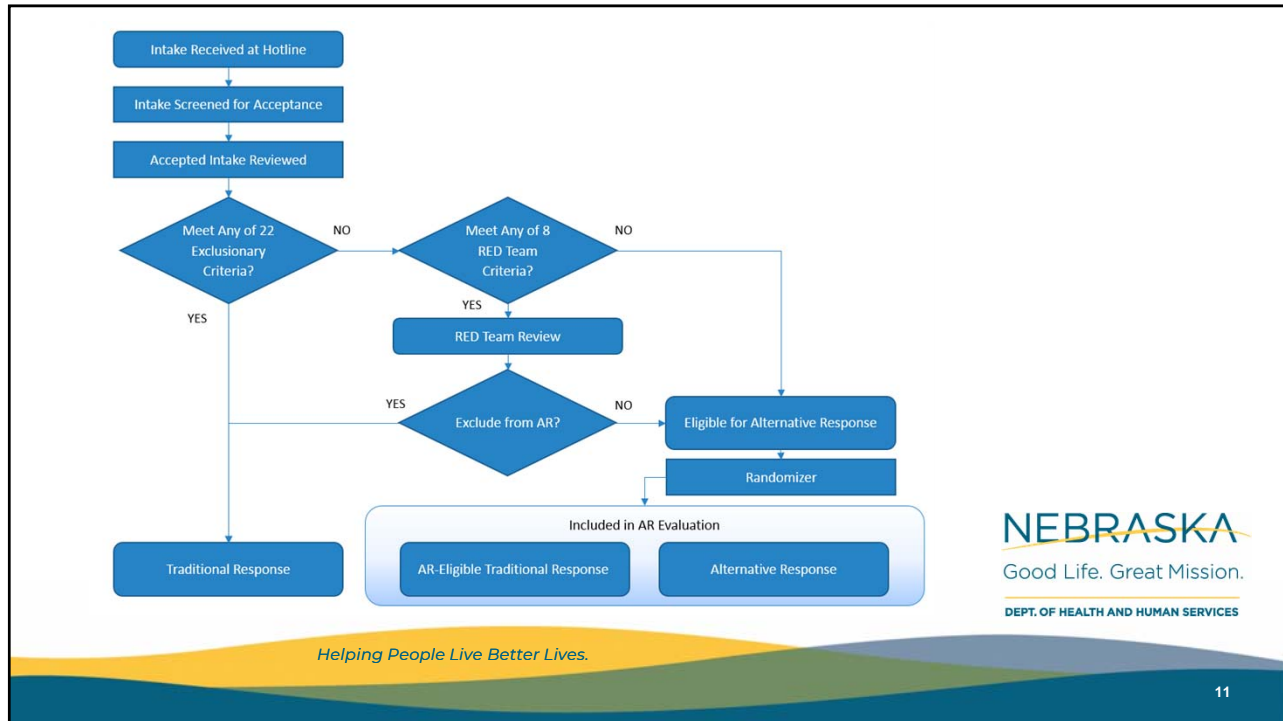


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Central Registry

Traditional Response	Alternative Response
Perpetrators and victims are labeled as such.	Reports do not label alleged perpetrators and victims.
Finding of abuse or neglect.	No finding of abuse or neglect.
Perpetrators name is entered on the Central Registry if child abuse or neglect is substantiated.	No names are entered on Central Registry.

How do families receive an ALTERNATIVE RESPONSE?



LB 1061 Exclusionary Criteria

- Murder in the first or second degree as defined in Neb. Rev. Stat. 28-303 or 28-304 or manslaughter as defined in Neb. Rev. Stat. 28-305
- Assault in the first, second, or third degree or assault by strangulation or suffocation as defined in Neb. Rev. Stat. 28-308, 28-309, 28-310, or 28-310.01
- Sexual abuse, including acts prohibited by Neb. Rev. Stat. 28-319, 28-319.01, 28-320, 28-320.02, 28-322.01, 28-322.02, 28-322.03, 28-322.04, 28-322.05, 28-703, or 28-707
- Labor trafficking of a minor or sex trafficking of a minor as defined in Neb. Rev. Stat. 28-830
- Neglect of a minor child that results in serious bodily injury as defined in Neb. Rev. Stat. 28-109, requires hospitalization of the child, or results in an injury to the child that requires ongoing medical care, behavioral health care, or physical or occupational therapy, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect
- An allegation that requires a forensic interview at a child advocacy center or coordination with the child abuse and neglect investigation team pursuant to Neb. Rev. Stat. 28-728
- A history of termination of parental rights
- Absence of a caretaker without having given an alternate caregiver authority to make decisions and grant consents for necessary care, treatment, and education of a child or without having made provision to be contacted to make such decisions or grant such consents
- A household member illegally manufactures methamphetamine or opioids
- A child has had contact with methamphetamine or other nonprescribed opioids, including a positive drug screening or test
- For a report involving an infant, a household member tests positive for methamphetamine or nonprescribed opioids at the birth of such infant.

LB 1061 RED Team Criteria

- Domestic assault as defined in Neb. Rev. Stat. 28-323 or domestic violence in the family home
- Use of alcohol or controlled substances as defined in Neb. Rev. Stat. 28-401 or 28-405 by a caregiver that impairs the caregiver's ability to care and provide safety for the child
- A family member residing in the home or a caregiver that has been the subject of a report accepted for traditional response or assigned to alternative response in the past six months

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Assessments Completed

- Safety Assessment
- Prevention Assessment
- Protective Factors Questionnaire

- Completed with the family
 - Consent Form
 - Family Plan

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Evaluation Findings

- 91% of intake were excluded from Alternative Response, only 9% of intakes were eligible for the program.
 - Only 4% of intakes had a RED Team Criteria; most frequently selected criteria was related to physical abuse
- AR families were nearly twice as likely to be found safe compared to AR-eligible TR families
- AR families were more than twice as likely to receive a service compared to TR families, also a greater variety of services
- AR families reported they were more satisfied with their experience with DCFS than TR families; reported greater levels of buy-in and receptivity, better relationships with worker, lower mistrust, and greater overall engagement than TR families.
- Greater job satisfaction for AR workers, especially for those who are able to primarily carry an AR caseload



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Governor Pete Ricketts

Vision:

Grow Nebraska

Mission:

Create opportunity through more effective, more efficient, and customer focused state government

Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect



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DHHS Accomplishments

- Completed 19 of 25 initiatives in last years' Business Plan and made substantial progress on the others. Over 93% of the 213 deliverables were completed.
- Implemented Heritage Health, Medicaid's managed care program integrating physical, behavioral and pharmacy health services.
- Launched the Behavioral Health System of Care for children and youth, integrating services and supports for those with a serious emotional disturbance through collaboration with public and private partners. Youth Mobile Crisis Response was the first service available statewide.
- Improved Economic Assistance ACCESSNebraska average call wait times from nearly 24 minutes in August 2014 to under the goal of five minutes.
- Since April 2016, ACCESSNebraska has exceeded the federal standard to process 95% of SNAP applications on time, consistently processing 98%-99% on time.
- Expanded Medicaid services for at-risk youth, gaining federal approval for multi-systemic therapy and functional family therapy.
- Established a Family Focused Case Management pilot in North Platte and Omaha, coordinating economic assistance and child welfare services to identify barriers and help clients reach self-sufficiency.
- Developed, gained federal approval for, and implemented Medicaid Developmental Disabilities Home and Community-Based Services waivers focused on person-centered, customer-focused planning.
- Reviewed all individuals on the Developmental Disability Registry of Unmet Needs to better determine service needs, funding source, and utilization data.
- Expanded the use of Alternative Response, which addresses the needs of families with less severe reports of child abuse and/or neglect so they avoid further involvement in the child welfare system, to 57 Nebraska counties.
- Developed a Medicaid Long Term Services and Supports redesign plan outlining opportunities for improvement and integration of services.
- Expanded access to, and enhanced use of, the Prescription Drug Overdose Prevention and Prescription Drug Monitoring program by providers.
- Created a more user friendly application process for Developmental Disability services, reducing the number of pages from 14 to 3, and slashing the wait time to determine eligibility from 69 days to 14.
- Developed a Centralized Data System across behavioral health system partners, allowing for improved data analysis and service planning for children and adults.
- Achieved national accreditation for the Division of Public Health, meeting national standards and increasing accountability and continuous improvement.
- Simplified licensing applications, streamlined screening, and shortened turnaround times for nurse, medication aide, and other licensees. The medication aide process decreased from 39 to nine days.

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DHHS 2017-2018 Priorities

- Increase availability of community-based services through the Behavioral Health System of Care for children and youth, reducing reliance on inpatient and residential services.
- Keep families together by stabilizing and strengthening families, helping prevent intergenerational poverty and achieving self-sufficiency.
- Establish the Beatrice State Developmental Center as a statewide resource providing short term intervention and respite services for individuals with developmental disabilities.
- Develop a standardized assessment and transition plan as part of the Medicaid managed care Long-Term Services and Supports Redesign initiative.
- Decrease the amount of time that elapses between when an individual accepts a funding offer for developmental disability services and when services begin.
- Increase the participation of pharmacies and enrollment of eligible users in the Prescription Drug Monitoring Program, and develop and implement naloxone education resources.
- Safely prevent and reduce the percent of state wards in out-of-home placements by implementing best-practice interventions and services.
- Implement Alternative Response statewide, resulting in families engaged with Alternative Response more likely to have their children remain in their home six months after case closure than families in Traditional Response.
- Develop and implement a web-based portal for caseworkers to use when completing a caregiver survey with foster parents in their home, saving 15 minutes per survey.
- Launch an electronic benefits transfer pilot for the WIC program, known as eWIC, that will offer flexibility and individualized nutrition education to families as well as providing additional data for program management.
- Reduce single state audit findings and questioned costs.
- Develop a web portal and implement changes to the child and adult abuse central registry to improve timeliness and accuracy of background checks.
- Improve the integration of community-based behavioral health treatment and fiscal data through the Centralized Data System and Electronic Billing System.
- Develop the data management analytics system and claims broker services as part of the Medicaid Management Information System replacement project.
- Implement NTRAC, a new Medicaid eligibility and enrollment system to ensure compliance with federal requirements.
- Decrease the average days waiting for admission to the Lincoln Regional Center for both court-ordered individuals and mental health board-committed individuals.
- Develop and implement a quality management system for developmental disability home and community-based services and intermediate care facility services.
- Streamline operations to reduce new hire turnover and the average length of time from job posting to job offer, and to consolidate document imaging and interactive voice technologies.
- Decrease time for issuing provisional center-based child care program licenses and initial certification for community-based developmental disability provider agencies.
- Review child care and preschool regulations to determine modifications to reduce regulatory burden and make them clearer.

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