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# Nebraska Children's Commission 2020- 2021 Annual Report

Recommendations to the Governor  
and the Health and Human Services  
Committee of the Legislature

DRAFT

Submitted Pursuant to Neb. Rev. Stat. 43-4207

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## COMMISSION ACTIVITIES

The Nebraska Children's Commission (Commission) was created in 2012 by the Nebraska State Legislature. The Commission serves as a leadership forum for collaboration on child welfare and juvenile justice reform among the three branches of government and public and private stakeholders at the state, regional, and community level. The organizational model consists of 32 Commission Members including voting and non-voting members, an executive committee, a chairperson, and several statutory committees and Commission made workgroups.

The Commission votes to appoint members of the statutory Committees to ensure that each has a balanced membership representing all three branches of government, system stakeholders, community representatives, and families and youth whose lives have been impacted by the child welfare and juvenile justice systems. Over 250 stakeholders and community members across the state participate in the Commission's initiatives, which have significant impact on child welfare and juvenile justice policy and legislation.

The Commission continued to focus on the strategic priorities identified in 2019 and will develop new priorities with the next Commission membership, to be appointed by the Governor in the fall of 2021. In addition to Committee priorities, the Commission focused on the following priority areas during the report year:

1. Prevention Continuum
2. Placement Stability
3. Racial and Ethnic Disparities
4. Truancy and Status Offense Filings

Additionally, the Commission has continued to monitor progress and concerns with the Eastern Service Area contract transition and the Youth Rehabilitation and Treatment Centers.

### 2020-2021 HIGHLIGHTS

1. The Commission continued its work through the unique challenges of the COVID-19 pandemic.
2. The Commission approved the work products of the Statutory Committees submitted and presented over the last year and advances them to the Legislature, Department of Health and Human Services (DHHS), and the Governor for consideration.
3. Legislation was introduced related to the Foster Care Reimbursement Committee recommendations in 2020. The bills remain in committee and further planning has occurred in the interim with DHHS and Medicaid in order to create a plan to implement additional tiers for foster care as well as Treatment Family Care.

## STATUTORY GROUPS

### Bridge to Independence Advisory Committee

#### Christina Lloyd and Vernon Davis, Co-chairs

This Committee was created pursuant to [Neb. Rev. Stat. §43-4513](#) to make recommendations to DHHS and the Commission regarding the Bridge to Independence (b2i) Program, extended guardianship assistance, and extended adoption assistance. This Committee, currently co-chaired by Vernon Davis (Young Adult Previously in Foster Care) and Christina Lloyd (Cedars), has been active since 2012.

The b2i Program, implemented in October of 2014, was created to support youth who age out of the child welfare foster care system without achieving permanency. In 2020, legislation was introduced by Senator Pansing Brooks that extends the age of eligibility for youth aging out of the tribal court system. [LB848](#) passed and the b2i eligibility extension went into effect July 1, 2021. This has been a long-standing recommendation of the Committee and members are committed to ensuring the b2i program is accessible to tribal youth.

During the 107<sup>th</sup> Legislature, 1<sup>st</sup> Session, two bills were introduced related to the work and recommendations of this Committee. [LB262](#), sponsored by Senator Vargas, would allow non-lawfully present resident youth aging out of the foster care system to be eligible for the b2i program, including all its services and supports. [LB202](#), sponsored by Senator Pansing Brooks, would expand eligibility in the b2i program to a select population of juvenile-adjudicated youth who are at risk of homelessness and lack necessary supports.

The Committee's priority over the next year will be to review the 2019 external evaluation of the program and create a plan to implement the recommendations. Several key findings came out of the evaluation and will be further investigated by workgroups within the b2i committee. A copy of the external evaluation can be reviewed at: <https://tinyurl.com/B2iEval2019>

*The Bridge to Independence Advisory Committee's 2020-2021 annual report is available for review at:*

<https://tinyurl.com/B2iReport2020>

### RECOMMENDATIONS

1. Establish a path for enrollment in the current DHHS-facilitated Bridge to Independence program for youth involved in Nebraska's Juvenile Justice System utilizing the following two criteria:
  - a. A young person must be in a court-ordered out of home placement as they age out of probation on their 19th birthday; and
  - b. Prior to aging out, the court must hold a hearing and make a finding that such placement is necessary because returning to the home would be contrary to the welfare of the child.
2. Clarify in statute that youth can be eligible for the b2i program regardless of their immigration status.
3. Additional resources should be focused on transition periods for youth entering and exiting the program. An Independence Coordinator must meet with youth prior to aging out a minimum of six months before their 19<sup>th</sup> birthday to discuss a transition plan in coordination with their case manager.
4. DHHS should create ongoing evaluation mechanisms for the b2i program.
5. Independence Coordinators should have a specialized b2i caseload supporting no more than 15 young adults in rural areas and 20 in urban areas of the state.

## STATUTORY GROUPS

### Foster Care Reimbursement Rate Committee

**Peg Harriott and Felicia Nelsen, Co-Chairs**

The Foster Care Reimbursement Rate Committee (FCRRC) was codified at [Neb. Rev. Stat. §43-4217](#) to make recommendations on foster care reimbursement rates, statewide standardized level of care assessment, and adoption assistance payments. The Committee is required to submit reports to the Health and Human Services Committee of the Legislature once every four years.

The FCRRC submitted the 2020 legislative report and recommendations, to the Legislature on June 22, 2020. In preparation for this report, the FCRRC developed recommendations derived from the FCRRC statutory charge, as well as work that has been assigned to the FCRRC through the Commission. Since 2016, the FCRRC and Children's Commission identified the need for the development of a higher level of caregiving reimbursement for children with exceptional medical, developmental and/or behavioral health needs, and the need for an in-home wraparound treatment family care model to maintain family like settings and prevent residential treatment placement.

During the report year, Committee co-chairs as well as NCC staff met with DHHS leadership and Senators for education and planning purposes. In February 2021, DHHS contracted with the Stephen Group to assist DHHS in developing a plan to implement additional tiers of foster care as well as treatment family care. In July 2021, the report was presented to the Committee. Although it is not common for an external contractor to evaluate the work of this Committee, the Stephen Group report clearly affirmed the work of the Committee. More specifically, the Stephen Group report referred to rate methodology developed by the FCRRC as "sound" and "reasonable in nature." Highlights and findings from the Stephen Group Report are located on page 5.

### Legislative Activity

During the 107<sup>th</sup> Legislature, 1<sup>st</sup> session, three bills were introduced related to the recommendations of the FCRRC. These bills remain at the HHS Committee and may be amended during the next Legislative session.

[LB127](#), introduced by Senator M. Cavanaugh would create a mechanism for guardianship subsidy reimbursements to be increased if there is a change in needs, similar to what is currently allowable in adoption subsidies.

[LB495](#), introduced by Senator Hilkemann would implement foster care reimbursement rate recommendations from the Committee. Rates were developed in accordance with federal IV-E reimbursement requirements and utilized the USDA costs of raising a child along with national non-profit data and local agency surveys, introduced by Senator M. Cavanaugh would

[LB541](#), introduced by Senator Walz would create a fourth tier of caregiving for foster parents and foster care agencies. Additionally, it would create a Treatment Family Care model and service rate.

The 2020 report of the FCRRC is available at: <https://tinyurl.com/FCRRCReport2020>

# STATUTORY GROUPS

## Stephen Group Report Highlights

1. DHHS should consider establishing a level of care between the existing Intensive and Specialized tiers.
2. The Nebraska Caregiver Responsibility tool would benefit by conducting a normative scoring process to assure the instrument is valid for the purpose of assigning levels of care.
3. The FCRR's recommendation to adopt a Treatment Family Care model is sound.
4. Research completed in the development of the report found that every rate setting system reviewed cited federal guidance around cost standards and indicated their approach to rate setting was firmly grounded in these standards (5.1.1)
5. While Nebraska's rates are not equivalent to those established by other states due to variances in level of care definitions and variances in age ranges, the overall range (low to high) of rates calculated by the committee appear to be reasonable in nature when compared to other jurisdictions.

### Additional Findings

1. Nebraska is not claiming Title-IV reimbursement for many expenditures related to Letters of Agreement "LOAs".
2. The Eastern Service Area serves statistically fewer youth at the Essential Level of Care and a higher number of children and youth at the Intensive Level of Care.
3. The Division of Children and Family Services has significantly decreased out-of-home foster care placements for qualified Developmentally Disabled youth, reducing that number by over 35%.
4. There is a fundamental lack of understanding of the Medicaid Managed Care system in the child welfare community and how to access the benefits and providers available.
5. Providers who cover Medicaid in-home behavioral health service noted that the Community Treatment Aide services is often not available in Nebraska, even though it is required to be part of the Medicaid Managed Care Organization's service network.
6. Each agency working with youth has its own eligibility system, assessment tools and funding mechanisms such that there is no integrated case record that could be provided to a multi-disciplinary team responsible for their care with accurate, consistent, actionable information that can be utilized proactively in the placement and treatment process.
7. The use of antipsychotics and antidepressants in the child welfare population is not based on a standard prescription practices model.

The 2021 Stephen Group Report is available at: <https://tinyurl.com/TSGReport2021>. Appendix available at: <https://tinyurl.com/TSGReportAppendix2021>

## STATUTORY GROUPS

### Juvenile Services Committee

**Nick Juliano and Deb VanDyke Ries, Co-Chairs**

The Juvenile Services Committee (JSC) of the Nebraska Children’s Commission and the Nebraska Coalition for Juvenile Justice (NCJJ) present their joint report as a thoughtful contribution to the reform of juvenile justice in Nebraska and in compliance with Neb. Rev. Stat. 43-4203 and 43-2412(1) (b). In order to enhance collaboration, coordinate initiatives, and increase the impact and efficacy of juvenile justice reform in Nebraska, the JSC and NCJJ have begun collaborating in the form of joint meetings, joint reporting, and inclusive workgroups. In October of 2020, the Committee reexamined its goals and determined three new workgroups would be created: Racial and Ethnic Disparities, Youth Rehabilitation and Treatment Centers and Needs Assessment.

#### Racial and Ethnic Disparities Workgroup

**A’Jamal Byndon and Stanford Bradley, Co-chairs**

The RED Workgroup was established by the Committee to examine racial and ethnic disparities in the juvenile justice system and create a plan to address disparities within the scope of the Committee’s purpose. Within the first few meetings, discussions centered around data, both what we have and what is missing. It was determined that mapping statewide system points and matching them with race and ethnicity data would be the first priority of the workgroup. The Douglas County Juvenile Justice Systems was used as a guide as the workgroup began creating a map to be utilized statewide. While the Douglas County map is specific to their local structure and services for youth, the workgroup identified the need for a map that can be utilized statewide with all counties. Additionally, prevention and education are priorities as the map is developed. Instead of starting the map at law enforcement contact, the Workgroup will create a “pre-system” map that focuses on data on contributing factors to youth contact with the juvenile justice system. This is a key component to educating stakeholders and county teams about the factors leading up to youth’s contact with the system. If we start collecting data at the point of law enforcement data, we are limited to the reactive side of the system at the point where a concern has already been identified. The Prevention Map being developed by the Workgroup will look at the youth, family, community and governmental factors.

#### Collaboration

The RED Workgroup has collaborated with the Nebraska Juvenile Detention Alternatives Initiative (JDAI) REDI Committee as well as other system partners such as the Juvenile Justice Institute, Foster Care Review Office, Probation, Voices for Children and other key system partners.

#### Missing Data

Through the establishment of the workgroup, missing data has been identified as a persistent challenge in addressing racial and ethnic disparities within our system. Data is not consistently collected, analyzed or shared by all entities who come into contact with youth. Although a collaborative data system requires both financial and time resources, it is a worthy investment. As a system, we cannot expect to reduce racial and ethnic disparities without a robust, transparent structure for collecting, analyzing and sharing data. Through mapping, the workgroup plans to identify specific areas of need and will release a comprehensive system graphic during the next report year.

## STATUTORY GROUPS

### Youth Rehabilitation and Treatment Centers (YRTC) Workgroup

**Bobbi Taylor and Rico Zavala, Co-chairs**

The YRTC Workgroup was established by the Committee to reexamine our statutory charge related to the YRTC's and to assess the 5-year plan the Department of Health and Human Services submitted to the Legislature on March 15, 2021 in accordance with [§43-427](#). The Workgroup reviewed and discussed the 5-year plan and identified 3 priority areas: Youth Voice, Accreditation and Family Engagement. During the next report year the Workgroup plans to gather additional information and plan collaboratively with DHHS and other stakeholders in order to strengthen the supports and services youth receive at the YRTC's.

### Needs Assessment Workgroup

**Patrick Connell and Julie Smith, Co-chairs**

The Needs Assessment Workgroup was established to assess in-state residential treatment options for youth and identify gaps to be addressed. The Workgroup is developing a survey to aid in the assessment process. During the next report year this Workgroup plans to utilize the survey to collect additional information about the gaps in residential treatment and identify strategies for strengthening our system of care.

The Juvenile Services Committee's 2020-2021 Annual Report is available at:  
<https://tinyurl.com/JSCReport2020>



## RECOMMENDATIONS

1. Normalcy should extend to youth in care in all systems, as appropriate and considering parental preference. The Committee recommends the statutory requirement for Normalcy Plans and Reports pursuant to [§43-4706](#) be amended to include facilities which provide treatment services as a component of the placement, including treatment group homes and psychiatric residential treatment facilities.
2. Stakeholders should make every effort to make decisions that enhance and maximize normalcy and avoid placements and circumstances that are inherently not normal.
3. DHHS and Saint Francis should designate Transition Youth Advocates in each service area, modeled after the ICWA Advocate structure.
4. Children, youth and foster caregivers should be given the opportunity to be present at every court hearing. When this is not possible, court information forms should be available in every jurisdiction and provided to youth and their foster caregivers.
5. The court forms must have a party responsible for ensuring youth and foster caregivers receive forms and have a user-friendly way to return those forms to the Court prior to the hearing ([§43-1314](#)).

## Strengthening Families Act Committee

**Jessica Rockemann and Misty Frasier, Co-Chairs**

The Nebraska Strengthening Families Act (NSFA) Committee was created as the Normalcy Task Force under the umbrella of the Nebraska Children's Commission (Commission) to monitor and make recommendations related to Nebraska's implementation of the Federal Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183 (referred to in this document as the "Strengthening Families Act" or "SFA"). Nebraska's Strengthening Families Act, [§43-4702](#), implements the federal SFA and initial stakeholder recommendations. Both the federal and state SFA represent a culture shift to allow children and youth to grow and thrive in less restrictive, more family-like environments and participate in age and developmentally appropriate activities. Additional legislation related to best practices in implementation was passed as [LB225 \(2017\)](#).

The Committee has met quarterly for the last year to accomplish its statutory mandates. The Committee has two active Subcommittees to fulfill the detailed work of prioritized initiatives. These include: 1) the Another Planned Permanent Living Arrangement (APPLA) Subcommittee and 2) Normalcy Subcommittee.

### Summary of Activities 2020-2021

During FY2021, the NSFA Committee, with the help of three branch participation, and community representatives, made great progress continuing to advance culture changes within the child welfare and juvenile justice systems to ensure normalcy for youth in out of home placement, identifying victims of child sex and labor trafficking, and ensuring supports are in place for a successful transition to adulthood.

Much of the focus of the last year's work was on continuing the work for the Commission and its Subcommittees during the unique times of the COVID-19 pandemic. The need for the NSFA Committee to remain as a statutory body has been

reviewed. Great progress has been made by the Committee, and further work remains.

The Normalcy Subcommittee reviewed Normalcy Plans and Reports submitted by child-caring agencies (pursuant to [§43-4706](#)). During this report year, the Normalcy Subcommittee facilitated a multi-step process with agencies who are required to submit normalcy plans and reports. The Subcommittee identified a disconnect between the work of agencies and the Normalcy Subcommittee. This Subcommittee is responsible for reviewing reports but did not have any mechanism for discussion or feedback with agencies who completed reports. Through a survey, feedback was collected to identify areas of need for agencies. Survey themes revealed that agencies receive little to no training on how to complete normalcy plans and reports. Other survey themes included a lack of knowledge of the statute behind normalcy reports/plans and also the impact of COVID-19 on normalcy activities for youth.

Subcommittee members met with individual agencies to discuss the strengths and needs of their reports and also to answer any questions. These meetings were productive as agencies noted that it was helpful to have additional information to strengthen their plans and ultimately improve the individualization of normalcy opportunities for youth. Next, the Subcommittee will be working on compiling themes from individual meetings and will be sending out a memo style document to agencies to highlight examples for the normalcy report and to summarize next steps the Subcommittee will be working on. The Subcommittee will continue to review normalcy plans and reports and work to strengthen normalcy opportunities for youth.

The Trafficking Subcommittee is currently inactive but remains a point of contact and collaboration for youth related trafficking services, data and resources.

The APPLA Subcommittee continues review FCRO data and other sources related to transition age youth. Transition age youth continue to experience placement disruptions at higher rates than younger children in care and case managers face unique dynamics in preparing older youth for the transition to adulthood. Due to these factors, the APPLA Subcommittee discussed options to help support this population of youth and work to improve their overall outcomes. DHHS currently utilizes "ICWA Advocates" (Indian Child Welfare Act) positions as a strategy to support case managers in navigating the complex dynamics of ICWA cases. The Subcommittee would like to see DHHS invest in "Transition Age Youth Advocates" with a similar model as the ICWA Specialists.

The following recommendations are being discussed with DHHS in order to help strengthen outcomes for youth ages 14-18.

### RECOMMENDATIONS FOR DHHS

1. DHHS should Designate “Transition Age Youth Advocates” in each Service Area:
  - a. Youth Advocates should be supervisory level staff to help ensure continuity and impact with CFSS on their teams.
  - b. Youth Advocates should work to build relationships with community service providers and CIY in their area.
  - c. Youth Advocates should receive pay differential to compensate for their additional duties and specialized skills.
  - d. Youth Advocates should have a reduced caseload if they are not supervisory level.
  - e. ESA should designate Youth Advocates for their area as well and should participate in meetings with Youth Advocates across the state.
2. The designated DHHS Program Specialist should conduct regular meetings with Transition Age Youth Advocates to share successes, discuss process improvement, address challenges in the field, review CQI data and coordinate specialized training.
3. Specialized training in youth engagement and/or positive youth development should be made available to all staff who work with youth ages 14-18.
4. Foster parents should receive specialized training on youth engagement and resources available for transition age youth.

*The Strengthening Families Act Committee 2019-2020 Annual Report is available at:*  
<https://tinyurl.com/SFARReport2020>

## STATUTORY GROUPS

### Alternative Response Advisory Committee

Monika Gross and Susan Thomas, Co-Chairs

The Alternative Response Advisory (AR) Committee was created by LB1061 in 2020 under the umbrella of the Nebraska Children's Commission (Commission) to examine the department's alternative response to reports of child abuse and neglect to make recommendations to the Legislature, the department, and the Commission regarding four key areas. Those four areas: the receipt and screening of reports of child abuse or neglect by the department, the ongoing use of alternative response, the ongoing use of traditional response, and the provision of services within alternative response and non-court-involved cases to ensure child safety, to reduce the risk of child abuse or neglect, and to engage families, [§28-712](#).

The Committee convened on January 22, 2021 and met two additional times during the report year. The first two meetings were focused on the history of the Alternative Response program as well as the Nebraska Children's Commission. The remaining meetings in 2021 are focused on strategic planning. The Committee is exploring the statutory charge and will identify priority areas after the last strategic planning session.

### History of Alternative Response in Nebraska

AR is a response to allegations of child abuse or neglect that focuses on partnering with families to safely care for children in their homes. Safety, risk and well-being are assessed, and services are provided through voluntary involvement. No official findings are made and as a result, parents involved are not placed on the central registry. The target populations served by AR are allegations driven by stressors related to poverty, lack of supervision, compromised or limited coping skills and conditions with low or moderate future risk of maltreatment.

In 2012 (LB820), the Legislature created the IV-E Demonstration Committee under the Nebraska Children's Commission. Alternative Response was a primary strategy DHHS identified in the Title IV-E Waiver Demonstration Project, which was granted by the federal government in September 2013. The five-year program allowed DHHS the flexibility to use certain federal and state funds to develop programs to avoid out-of-home placement of children at low risk for abuse and neglect. Legislation was passed in 2013, enabling DHHS to use Alternative Response to address the needs of these families and children in Nebraska. In 2014, DHHS piloted Alternative Response in 5 counties: Lancaster, Dodge, Sarpy, Hall and Scottsbluff. Then in 2018, the program was implemented statewide. As part of the IV-E demonstration project, DHHS was required to evaluate the Alternative Response Program.

As part of Nebraska's IV-E waiver terms and conditions, the AR program was evaluated through a randomized control trial by the University of Nebraska at Lincoln. The evaluation highlighted several areas of success for AR families:

- 97% of AR families that were assessed for safety, were found to be safe.
- AR families were more than twice as likely to receive services compared to families receiving a Traditional Response (TR).
- AR families were significantly more likely to report that the support and services they received were the kind of help they needed.
- AR families reported they were more satisfied with their experience with DHHS than TR families.

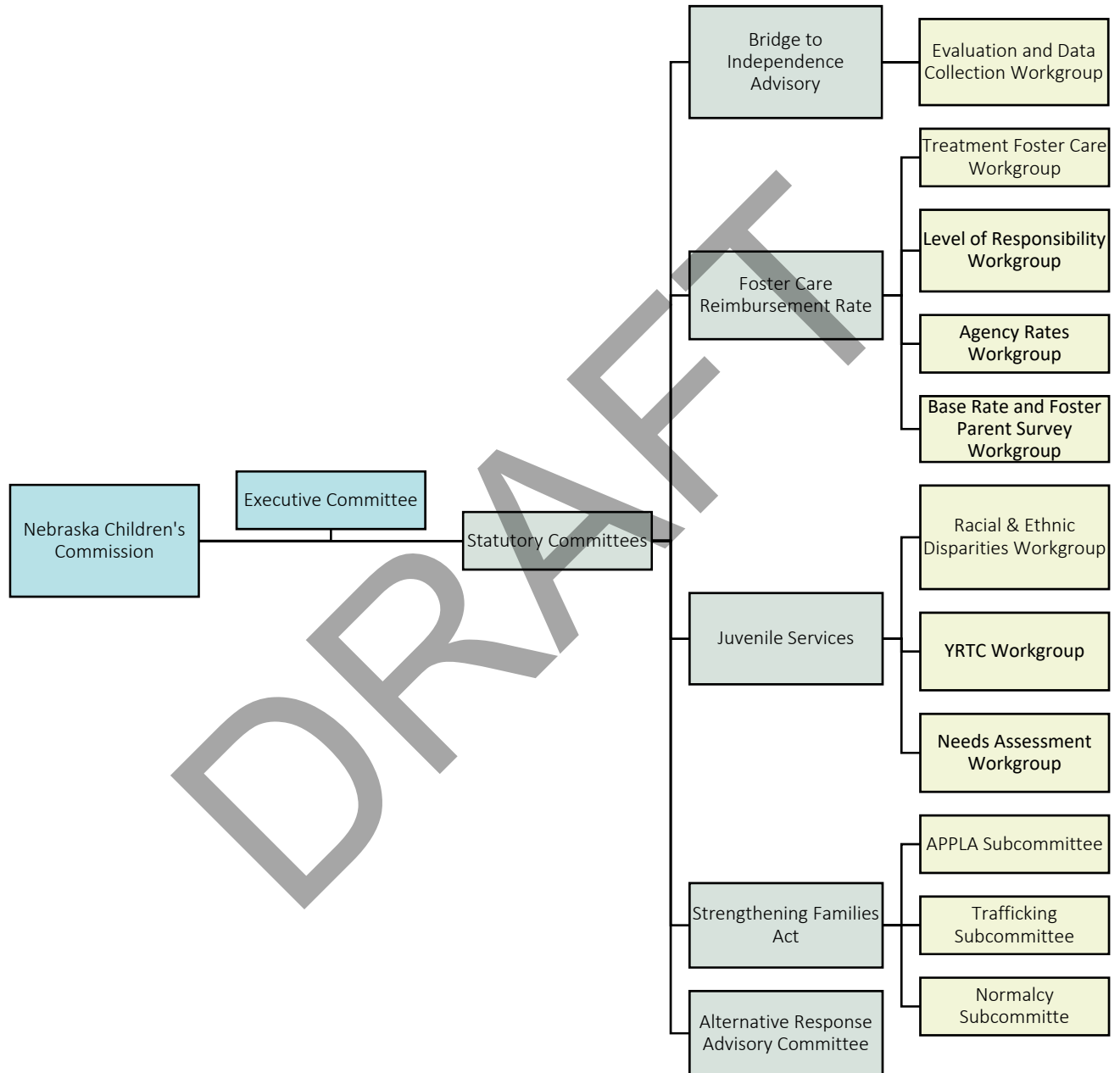
- AR families have a decreased probability of repeated accepted reports, when controlling for risk level.

Additional information on the evaluation can be found here: <https://tinyurl.com/UNLWaiverEval>

In 2021, LB1061 eliminated the sunset date for the Alternative Response pilot program, establishing it as a permanent part of Nebraska’s response to child abuse and neglect reports. LB1061 also created additional exclusionary and RED team criteria. Appendix A demonstrates current exclusionary criteria. DHHS is in the process of updating regulations according to the provisions on LB1061, exclusionary criteria in the proposed regulations reflect language from the bill.

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# NEBRASKA CHILDREN'S COMMISSION ORGANIZATIONAL STRUCTURE



## NEBRASKA CHILDREN'S COMMISSION MEMBERS

Member Name	Member Type	Title and Organization	Representation
<b>Jeanne Brandner</b> (Chair)	Ex-Officio	<b>Deputy Administrator of the Division of Juvenile Services</b> , Administrative Office of Probation	Appointed by the State Court Administrator
<b>Lana Temple-Plotz</b> (Vice Chair)	Voting	<b>Chief Executive Officer</b> , Nebraska Children's Home Society	Stakeholder in Child Welfare or Juvenile Justice System
<b>Beth Baxter</b>	Voting	<b>Administrator</b> Behavioral Health Region 3	Stakeholder in Child Welfare or Juvenile Justice System
<b>Jim Blue</b>	Voting	<b>President &amp; Chief Executive Officer</b> , CEDARS Youth Services	Stakeholder in Child Welfare or Juvenile Justice System
<b>A'Jamal Byndon</b>	Voting	<b>Racial and Ethnic Disparities Coordinator</b> , Douglas County	Stakeholder in Child Welfare or Juvenile Justice System
<b>Vernon Davis</b>	Voting	<b>Young Adult</b> , Young Adult Previously in Foster Care	Young Adult previously in Foster Care
<b>Kathy Dinkel</b>	Voting	<b>Adoptive Parent</b> ,	Stakeholder in Child Welfare or Juvenile Justice System
<b>Breanna Flaherty</b>	Voting	<b>Platte County Deputy County Attorney</b> , Platte County Nebraska	Stakeholder in Child Welfare or Juvenile Justice System
<b>Misty Frazier</b>	Voting	<b>Executive Director</b> , Nebraska Indian Child Welfare Coalition	Representative of a federally recognized Indian tribe residing within the State of Nebraska
<b>Ron Giesselmann</b>	Voting	<b>Executive Director</b> , Masonic-Eastern Star Home for Children	Stakeholder in Child Welfare or Juvenile Justice System
<b>Richard Hasty</b>	Voting	<b>Superintendent and Special Education Director</b> , Plattsmouth Community Schools	Stakeholder in Child Welfare or Juvenile Justice System
<b>Terri Knutson</b>	Voting	<b>Parent</b> ,	Biological Parent currently or previously involved in CW or JJ
<b>Felicia Nelsen</b>	Voting	<b>Executive Director</b> , Nebraska Foster and Adoptive Parent Association	Stakeholder in Child Welfare or Juvenile Justice System
<b>Jessica Rockemann</b>	Voting	<b>Child and Family Advocate</b> , Nebraska Children and Families Foundation	Stakeholder in Child Welfare or Juvenile Justice System
<b>Susan Thomas</b>	Voting	<b>Court Appointed Special Advocate</b> , Nebraska CASA Association	Stakeholder in Child Welfare or Juvenile Justice System
<b>Melanie Williams-Smotherman</b>	Voting	<b>Executive Director</b> , Family Advocacy Movement	Stakeholder in Child Welfare or Juvenile Justice System
<b>Stephanie Beasley</b>	Ex-Officio	<b>Director, Division of Children &amp; Family Services</b> , DHHS, Division of Children and Family Services	Director of Children and Family Services Division of DHHS
<b>Michele Borg</b>	Ex-Officio	<b>Education of Systems-Involved Students (ESIS) Coordinator</b> , Nebraska Department of Education	Designee of the Commissioner of the Department of Education
<b>Jennifer Carter</b>	Ex-Officio	<b>Inspector General of Nebraska Child Welfare</b> , Office of Inspector General of Nebraska Child Welfare	Inspector General of Nebraska Child Welfare
<b>Sheri Dawson</b>	Ex-Officio	<b>Director</b> , DHHS, Division of Behavioral Health	Director of Behavioral Health Division of DHHS.
<b>Sen. Myron Dorn</b>	Ex-Officio	<b>Senator, District 30</b> , Nebraska Legislative Council, District 30	Designee of the Chairperson of the Appropriations Committee of the Legislature
<b>Monika Gross</b>	Ex-Officio	<b>Executive Director</b> , Foster Care Review Office	Executive Director of the Foster Care Review Office
<b>Judge Roger Heideman</b>	Ex-Officio	<b>Separate Juvenile Court Judge</b> , Lancaster County Separate Juvenile Court	Appointed by the State Court Administrator
<b>Sen. Patty Pansing Brooks</b>	Ex-Officio	<b>Senator, District 28</b> , Nebraska Legislative Council, District 28	Designee of the Chairperson of the Judiciary Committee of the Legislature
<b>Deb VanDyke-Ries</b>	Ex-Officio	<b>Director</b> , Nebraska Court Improvement Project	Appointed by the State Court Administrator
<b>Sen. Lynne Walz</b>	Ex-Officio	<b>Senator, District 15</b> , Nebraska Legislative Council	Designee of the Chairperson of the HHS Committee of the Legislature

Effective August 2021



### Exclusionary Criteria

1. **Physical Abuse** of a child
  - (i) to the head or torso of a child; or
  - (ii) that results in a bodily injury; or
2. **Domestic violence** involving a caretaker in situations in which the alleged perpetrator has access to the child or caretaker;
3. **Sexual abuse, sexual assault, or sexual exploitation**, including acts prohibited by Neb. Rev. Stat. §§ 28-318, 28-319.01, 28-320, 28-320.01, 28-320.02, 28-322.01, 28-322.02, 28-322.04, 28-322.05, 28-703, 28-707(d), and 28-367.01;
4. **Sex trafficking** of a child as defined in Neb. Rev. Stat. §§ 28-830(14) and 28-831(3);
5. **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;
6. An allegation that requires a **forensic interview at a child advocacy center, coordination with Law Enforcement, or coordination with the child abuse and neglect investigation team** pursuant to Neb. Rev. Stat. § 28-728;
7. A household member allegedly caused the **death of a child**;
8. Household member **illegally manufactures methamphetamine or opioids or other controlled substances** as defined in Neb. Rev. Stat. §§ 28-401 and 28-405;
9. A **child has had contact with methamphetamine or other non-prescribed opioids** including a positive drug screening or test;
10. A child resides with a household member whose **parental rights have been terminated**;
11. 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);
12. **Out-of-home** child abuse or neglect;
13. A household member has a **prior court substantiated report of child abuse or neglect OR is a sex offender**;
14. 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 contracted to make such decisions or grant such consents;
15. Law enforcement has **cited** a Caretaker for the child abuse or neglect alleged in the Intake Accepted for Assessment;



16. An allegation **being investigated** by a law enforcement agency at the time of assignment;
17. **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;
18. **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;
19. **Labor trafficking** of a minor as defined by Neb. Rev. Stat. § 28-830
20. For a report involving an infant, a household member **tests positive for methamphetamine or non-prescribed opioids at the birth of such infant.**

### RED Team Criteria & Definitions:

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 or one child under the age of two;
3. The family currently receives an **Alternative Response**;
4. 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 and 28-405;
5. **Domestic assault** as defined in Neb. Rev. Stat. § 28-323 or domestic violence in the family home;
6. 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**;
7. Use of alcohol or controlled substances as defined in section 28-401 or 28-405 by a caregiver that **impairs the caregiver's ability to care and provide safety for the child.**