

LR 513 Testimony
October 13, 2016

Douglas Weinberg
Director, Division of Children and Family Services
Nebraska Department of Health and Human Services

Good afternoon, Senator Howard, and members of the Health and Human Services Committee. I am Douglas Weinberg (D-O-U-G-L-A-S W-E-I-N-B-E-R-G), Director of the Division of Children and Family Services of the Nebraska Department of Health and Human Services. Thank you for the invitation to share information about the frontline professionals who deliver case management to children and families in Nebraska.

Children and Family Services case managers perform extraordinary and challenging jobs. Whether investigating allegations of abuse and neglect or providing ongoing services to families whose children have been placed in foster care or are at risk of being removed from their home, every child and family demands considerable time. As caseloads increase, case managers work diligently to effectively engage with families, complete assessments, facilitate family planning, as well as evaluate and monitor progress. While caseloads vary, case managers strive to achieve positive outcomes for children and families, improve employee retention rates, and enhance job satisfaction.

High caseloads and workloads stem from a variety of circumstances including: higher incidences of maltreatment due to substance abuse; increased awareness of the impact of domestic violence to children living in the household; travel time and distance involved with meeting families; and enhanced accountability with assessments, documentation, relative searches, family team meetings, and monthly visits with children, parents, and caregivers.

DHHS has implemented a number of strategies targeted to more effectively manage caseloads and workloads. Strategies include enhancing screening and interview practices; development of a realistic job preview video; streamlining N-FOCUS processes; developing customized training for supervisors to better support staff; involving staff and an outside consultant in the review of all pre-service training curriculum and implementing their recommendations; reallocating positions to different regions and offices experiencing higher workloads; expanding the duties of

support staff to *assist case managers*; and increasing our use of technology, for example the implementation of voice recognition software. Based on staff feedback, these strategies are having a positive impact, however, there is still more work to be done.

In addition to these strategies, DHHS is in process of developing and testing a weighted case assignment tool. DHHS will use the tool to improve the management of case assignment. It will assign cases based on various case characteristics that are weighted for factors such as travel, family size, and risk level. The tool is scheduled to be in statewide production in 2017. Secondly, DHHS has recently initiated an in-depth and comprehensive review of all non-case manager positions within the Division to assess if positions can be realigned, redefined, or reclassified to case managers positions in order to address caseloads and workload. This review will evaluate potential process improvements and operational efficiencies. It will also be completed in 2017 and will be supported by DHHS Human Resources, Operations, and Information Services.

DHHS uses the Child Welfare League of America Guidelines and in-home and out-of-home calculations as advised in state law. DHHS prepared a handout that includes the caseload compliance data by Service Area.

DHHS will review the weighted caseload tool and recommendations once they are completed and implemented prior to considering additional resources.

Finally, the committee requested information on the current workload at the Child Abuse and Neglect Hotline. Between August 2015 and July 2016, the hotline received an average of 6,553 calls a month. In July 2016, the hotline staff answered, on average, 89% of all calls received within 18 seconds. Of all calls, 4% were abandoned by the caller, 6% went to voicemail and 1% were transferred to a different number. The Outcome/Performance Measures for the hotline consistently average between 99% and 100% achievement. We are very proud of the work done by the hotline and will continue to use data and input from staff to operate the hotline as efficiently and effectively as possible. The Division has also revised the protocol that prioritizes the intakes requiring supervisory review and analysis. For example, reports that have been assigned a Priority One Response (P1), which is a 24-hour response, do not require 100% supervisory review. These reports require an immediate response and case managers are

assigned as soon as possible, not needing a supervisor's review at that time. Fifty percent of Priority One Responses are reviewed after they have been assigned for quality assurance purposes. Reports made to the hotline that don't meet the criteria for an investigation are reviewed 100% of the time and within 72 hours of the report being made. Hotline decisions made by new employees (6 months or less on the job) are also reviewed 100% of the time. This process is more efficient and will result in more support for new employees, which is an identified need.

Our frontline case managers are making critical decisions every day for the most vulnerable children in Nebraska. We take our responsibilities very seriously and are committed to making every effort to optimize the deployment of our resources in the most efficient and effective manner to protect children and support families in Nebraska.

LR 513 Child Welfare Caseload Data

Point in Time June 30, 2016

Department of Health and Human Services

Division of Children and Family Services

October 13, 2016

Initial Assessment Only						
Service Area	Total Number	Out of Compliance with CWLA Standards				
		Number Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	5	1	0	1	0	0
CSA	4	0	0	0	0	0
NSA	15	3	0	1	0	2
SESA	8	3	1	0	1	1
ESA	46	21	1	8	7	5
State	78	28	2	10	8	8

Initial Assessment Only						
Service Area	Total Percent	Out of Compliance with CWLA Standards				
		Percent Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	100%	20%	0%	20%	0%	0%
CSA	100%	0%	0%	0%	0%	0%
NSA	100%	20%	0%	7%	0%	13%
SESA	100%	38%	13%	0%	13%	13%
ESA	100%	46%	2%	17%	15%	11%
State	100%	36%	3%	13%	10%	10%

Ongoing Only						
Service Area	Total Number	Out of Compliance with CWLA Standards				
		Number Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	15	9	3	3	3	0
CSA	39	7	5	2	0	0
NSA	26	15	7	5	3	0
SESA	48	7	4	3	0	0
NFC	133	50	20	27	3	0
State	261	88	39	40	9	0

Ongoing Only						
Service Area	Total Percent	Out of Compliance with CWLA Standards				
		Percent Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	100%	60%	20%	20%	20%	0%
CSA	100%	18%	13%	5%	0%	0%
NSA	100%	58%	27%	19%	12%	0%
SESA	100%	15%	8%	6%	0%	0%
NFC	100%	38%	15%	20%	2%	0%
State	100%	34%	15%	15%	3%	0%

Combination Caseloads						
Service Area	Total Number	Out of Compliance with CWLA Standards				
		Number Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	24	12	1	0	7	4
CSA	12	4	3	0	1	0
NSA	10	9	2	2	2	3
SESA	30	13	6	4	1	2
ESA	9	4	2	0	0	2
State	85	42	14	6	11	11

Combination Caseloads						
Service Area	Total Percent	Out of Compliance with CWLA Standards				
		Percent Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	100%	50%	4%	0%	29%	17%
CSA	100%	33%	25%	0%	8%	0%
NSA	100%	90%	20%	20%	20%	30%
SESA	100%	43%	20%	13%	3%	7%
ESA	100%	44%	22%	0%	0%	22%
State	100%	49%	16%	7%	13%	13%

Total Caseloads						
Service Area	Total Number	Out of Compliance with CWLA Standards				
		Number Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	44	22	4	4	10	4
CSA	55	11	8	2	1	0
NSA	51	27	9	8	5	5
SESA	86	23	11	7	2	3
ESA	188	75	23	35	10	7
State	424	158	55	56	28	19

Total Caseloads						
Service Area	Total Percent	Out of Compliance with CWLA Standards				
		Percent Out of Compliance	<=2	3 to 5	6 to 10	>10
WSA	100%	50%	9%	9%	23%	9%
CSA	100%	20%	15%	4%	2%	0%
NSA	100%	53%	18%	16%	10%	10%
SESA	100%	27%	13%	8%	2%	3%
ESA	100%	40%	12%	19%	5%	4%
State	100%	37%	13%	13%	7%	4%