



Briefing on *Families Matter*

Overview of Nebraska's Child Welfare and Juvenile Services System and its Reform



January 31, 2011



Overview

- **Child Welfare/Juvenile Services System**
- ***Families Matter* Reform**
 - Updates
 - Successes and Challenges
- **Nebraska Families Collaborative**
- **KVC Behavioral HealthCare of Nebraska Inc.**
- **Special Guest- Foster Parent**
- **Questions and Answers**

Division of Children and Family Services

- **Child Welfare (CW)/Office of Juvenile Services (OJS)**
 - Child Abuse and Neglect Intake Reporting
 - 33,077 for calendar year (CY) 2010
 - Child Abuse and Neglect Investigations
 - 14,266 Child Abuse/Neglect Investigations CY 2010
 - Child Welfare and Juvenile Services State Wards
 - Over 10,000 children/youth in the calendar year; 6,250 state wards (point-in-time)
 - Two 24-hour facilities
 - Youth Rehabilitation and Treatment Centers in Kearney & Geneva

CW/OJS Populations Served

- **Abused and neglected children**
- **Delinquent youth (law violators)**
- **Status Offenders (truancy, curfew, runaways, ungovernable, etc.)**
- **Dependent children (no fault of the parent)**
- **Non- Court Involved “Voluntary”**

*See flowchart(s) on how a child/youth becomes a “state ward”

Children in Care and Placement Type

- **State wards**

- 7,803 in April 2006 (All time high)
- Current: 6,250 in December 2010 (*Number of children in care increased for a while in 2010)
 - Historically- approx. 70% out-of-home
 - Currently- 4,130 (66%) out-of-home

- **Out of Home Care Placements (December 2010)**

- Foster/Adoptive Homes- 2876
- Group Homes- 397
- Treatment (Residential, Enhanced Treatment GH, Treatment Group Home, Treatment Foster Care)- 353
- Shelter/Detention- 215
- YRTCs- 243
- Other -46 (Center for Developmentally Disabled, Nursing Home, Jail, etc.)

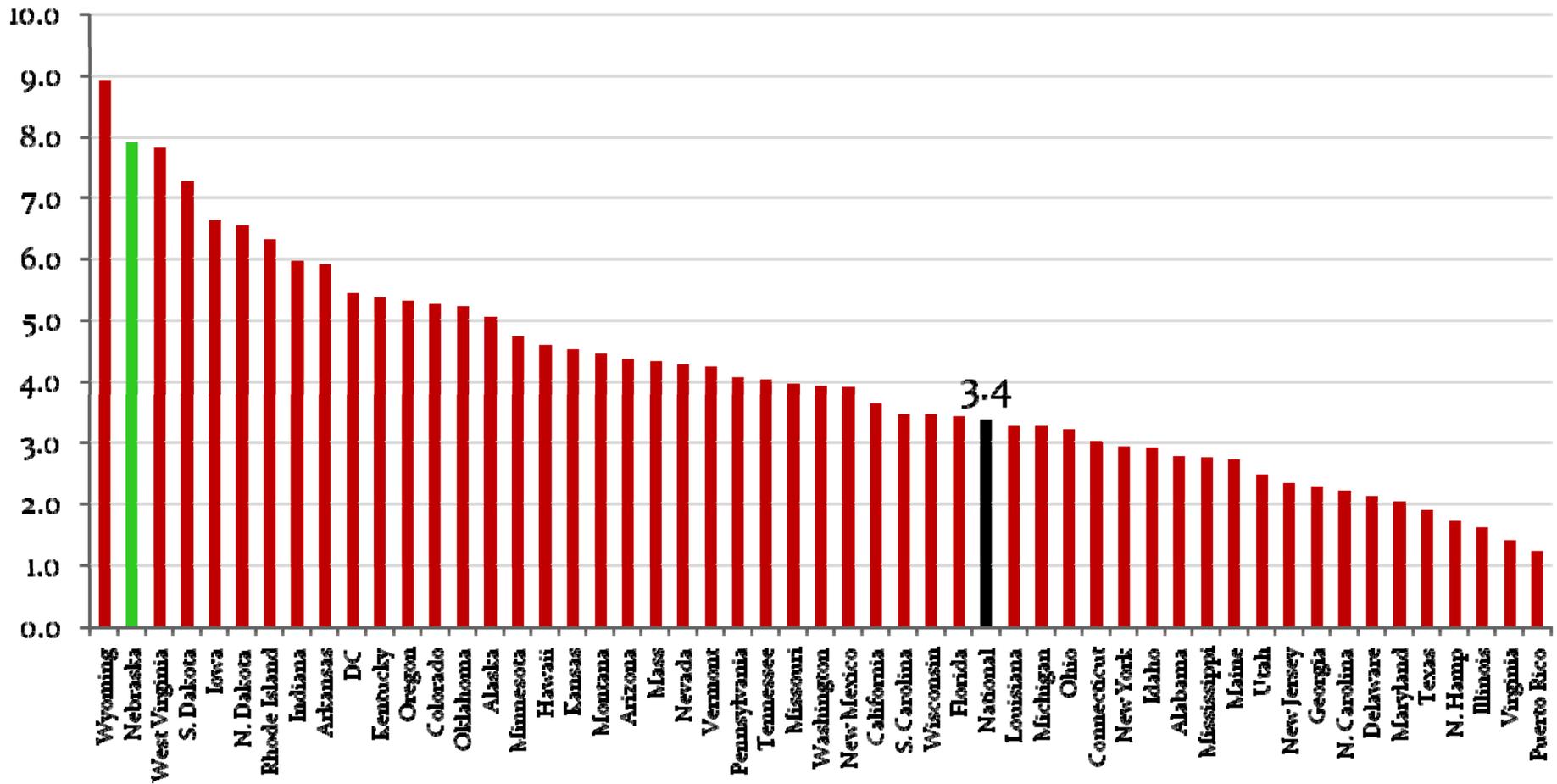


Rate of Entry & Rate of Out-of-Home

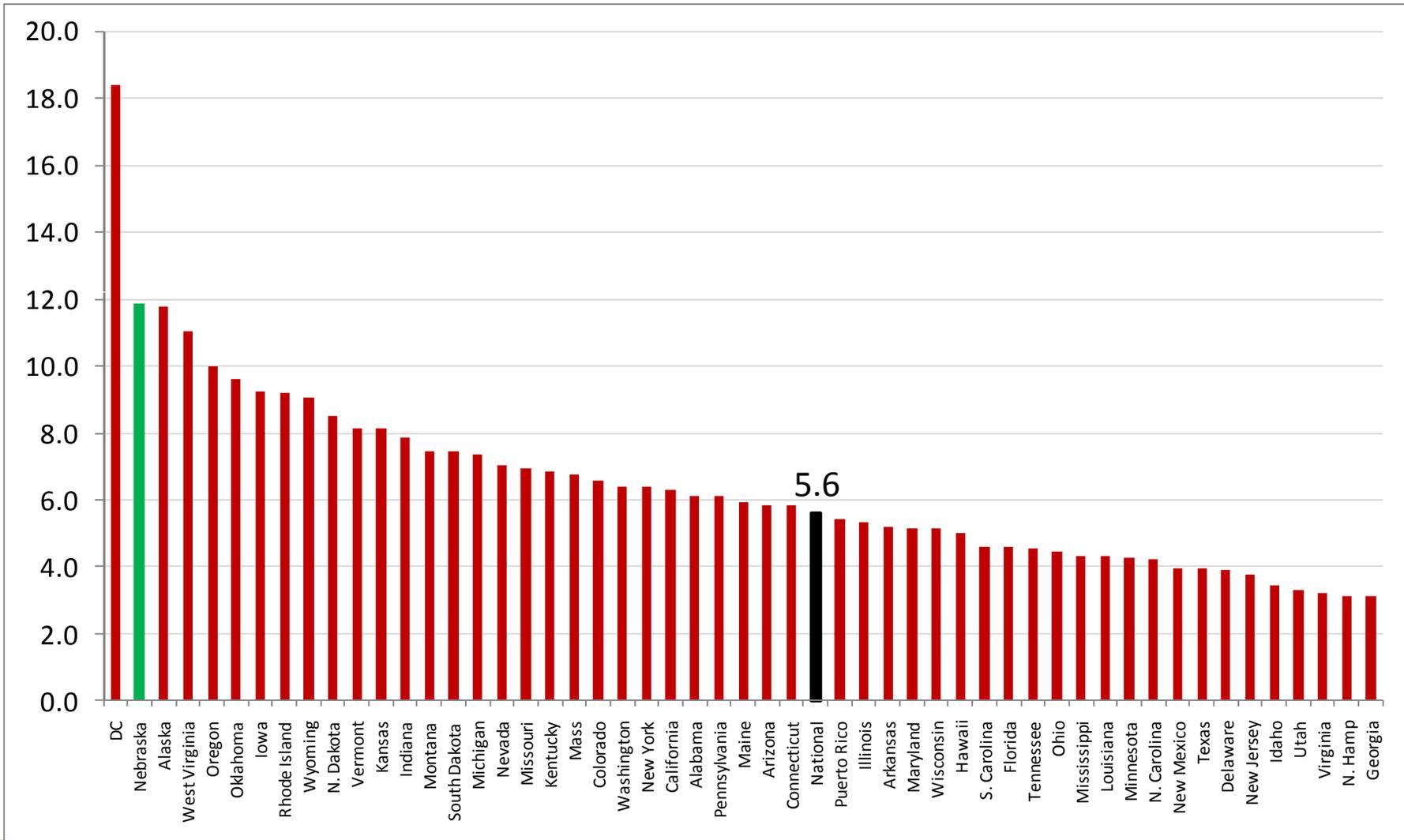
- Nebraska has one of the highest rates of entry and highest rates of children in out-of-home care (per 1000 children in the State population)
 - Twice the national average in FY 2009
- Only law enforcement can immediately remove a child from the home when the child is “seriously endangered.”
 - DHHS sometimes requests a court order, and court must approve

Rate of Entry, FY09

(per 1,000 children in population)



Rate of Children In [Out-of-Home] Care per 1000 in Population: FY09



Entrance into the System

- **Child/Youth can enter the system as a state ward– via Juvenile Court Petition (court has final authority)**
 - Abused and Neglect Children
 - Law Enforcement has removed
 - County Attorney has filed a juvenile court petition
 - Court has ordered custody to DHHS
 - Status Offenders/ Delinquents
 - Youth has committed a status offense or delinquent act
 - County attorney has filed a juvenile court petition
 - Adjudication has occurred
 - Court has ordered custody to DHHS
- **Child/Youth and Family can enter as a Non-Court Involved Family (court is not involved)**
 - DHHS worker has determined there are safety concerns (unsafe child) and the parent(s) agree to voluntarily participate in services

Outcomes: Safety, Permanency, Well-Being

- **Nebraska's federal Child and Family Services Review**

- 1st review in 2002

- Nebraska met 2 of 6 data measures
- No State “passed” the review

- 2nd review in 2008

- Nebraska met 1 of 6 data measures. (Feds changed the measurements and NE like most states did worse.)

- States must complete a Program Improvement Plan (PIP) -aimed at continued system improvement

- Condition of funding and states can be (and have been) penalized financially

- **Outcome measurements include (examples):**

- Timely Reunification with parent – 12 months
- Timely Adoption – 24 months
- Absence of abuse/neglect in foster care
- Placement stability



Vision: Nebraska will be a national leader in serving children and families in need

- **We believe that *Families Matter*:**
 - Children grow best in their own homes.
 - Children should be reunified or moved to permanency through adoption or guardianship in a timely manner.
 - Families should get services earlier and be offered services after they leave DHHS.



Nebraska Child Welfare and Juvenile Services Reform
Safety • Permanency • Well-being

Families Matter Update

- **Casey Family Programs- Technical Assistance and Expertise**
- **Evaluation Process**
 - December 13 workgroup, survey and next steps
- **Boys and Girls Home – payments to subcontractors**
- **Foster care**
 - Payments and number of homes
- **Communication & Stakeholder Involvement**
 - Emails and Meetings, Partners Council, Local Stakeholder Groups
- **Case Management Functions to Lead Agencies (see handout)**
 - DHHS Staff maintain responsibility for
 - Intake functions, Initial Assessments, and as of January 3, 2011 Oversight for On-going Cases



Challenges

- **Reducing the number of children coming into care**
- **Moving children to permanency timely**
- **Meeting the safety, permanency and well-being outcomes for children and families**
- **Increasing Communication and Stakeholder Involvement**
- **Addressing System Changes** (New Roles and Responsibilities, Infrastructures, Cultures, Finances, Payments, Relationships/Collaborations)
- **Data** - (new reports will be available in February)



Nebraska Child Welfare and Juvenile Services Reform
Safety • Permanency • Well-being

Successes

- **Fewer children served in out-of-home care**
- **More children placed with relatives**
- **More families served via Non-Court involvement**
- **Aftercare Services**
- **Greater Public-Private Partnership & Pooled Expertise**



Families Matter

- **Families Matter (Reform) is an ongoing effort dating back to 2006**
- **Additional time is needed for systemic and sustainable reform**
- **It will take the leadership of all three branches of government working together with communities and stakeholders to achieve the desired Successes and Outcomes**

“I’m not going to tell you it is going to be easy. I’m telling you it’s going to be worth it.”

-Art Williams

Todd L. Reckling, Director, Division of Children and Family Services
(phone) 402-471-1878 , (cell) 416-1147, or (email) todd.reckling@nebraska.gov

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Who is NFC?

- A partnership between Boys Town, Child Saving Institute, Heartland Family Service, Nebraska Family Support Network, and OMNI Behavioral Health
- 400 years of combined experience and expertise in Nebraska child welfare, juvenile justice, and behavioral health systems



MISSION

To preserve and strengthen families by providing comprehensive, high quality services

VISION

A community with strong families in which children are safe and thriving

VALUES

- Safety, permanency and well-being for all children
- Autonomy and self-direction of families
- Dignity in all aspects of families' lives
- Cultural competence in all staff behaviors and actions



GUIDING PRINCIPALS

- Children will live with their families. Exceptions will only be made when the provision of services will not protect them from further harm.
- Children and their families along with their natural support systems will participate in service planning. The services offered will be unique to the child and family.
- Children and their families will be encouraged and supported in the execution of their service plan.
- Children's/families' needs are best met through collaborative actions with families, existing community resources, culture systems and other support systems.

Case Management Model

■ Clinical Consultant (LMHP/LCSW)

- ◆ Assigned to every team

■ Family Permanency Supervisor

- ◆ 1:8 supervision ratio
- ◆ Consistent with COA Standards
- ◆ Master's Degree with licensure preferred with Case Management and supervisory experience

■ Family Permanency Specialist

- ◆ Average caseload between 1:9 and 1:14 cases
- ◆ Ratio consistent with best practices established by Child Welfare League of America and the National School of Social Work
- ◆ Bachelor's Degree with Case Management experience

■ Team Support Staff

- ◆ Assist and support Service Coordination teams
- ◆ Associate's or Bachelor's degree preferred
- ◆ Child Welfare Experience

■ Family Partner (Nebraska Family Support Network)

- ◆ 1:28 Family Partner caseload
- ◆ Parent systems and life experience as resources to provide additional services to the clinical health service providers

Continuous Quality Improvement

- Ensure appropriate network capacity for services
 - ◆ NFC has a total of 48 subcontractors in the ESA.
 - ◆ NFC has contracted with 10 foster care providers offering a total of 503 licensed homes.

**Data derived from NFC Provider Network and Foster Care Agency self report*

- Monitor and evaluate subcontractor responsiveness, youth and family satisfaction, progress toward CFSR and contract outcomes
- Ensure fidelity of evidence based practices
- Track and evaluate effectiveness of Family Permanency activities
- Create and maintains Penelope system to assist with utilization review and billing information

NFC Service Coordination Summary 2010

- In 2010 One time Service referrals comprised of:
 - ◆ 12 Comprehensive Child and Adolescent Assessment
 - ◆ 81 Drug Screen
 - ◆ 53 Interpreter
- Total families active December 31st– 610
 - ◆ 565 Court involved
 - ◆ 45 Non Court involved
- Total children active December 31st– 1270
 - ◆ 1167 Court involved
 - ◆ 103 Non Court involved
- Aftercare is provided to 487 Youth

**Data derived from DHHS CFS Case Count Report and NFC Penelope system*

NFC Service Coordination Summary 2010

(Continued)

- The NFC had 197 youth placed with a relative or person known to the child which is 46% of all foster care children on December 31st.
- The NFC has decreased the number of children in out-of-state congregate care from 21 in September to 11 in December and 55% are in out-of-state placements in border states.

**Data derived from DHHS Derived Placement Report*

- NFC has maintained 100% staffing in all areas and has forward filled an additional 20% of Service Coordinators to accommodate turnover rate and to assist with the recent ESA changes.

NFC Challenges for Efficiencies

- Creating Alternatives to Detention
- Reducing Treatment expenses for adults and children by finding most appropriate source of funding
- Increasing the number of youth placed in home
- Moving families to permanency sooner
- Utilizing community resources to support Child Welfare and Juvenile Justice Funding
- System Collaboration
 - ◆ Reducing number of youth placed out of state
 - ◆ Working together with DHHS, Schools, Judges, and other Community Providers/ Stakeholders

NFC Challenges-Next Steps

- All stakeholders in the system need to collaborate and communicate in order to:
 - ◆ Empower families to be active participants in the family centered process
 - ◆ Prioritize maintaining children in their homes as appropriate
 - ◆ Placement of children in most appropriate level of care
 - ◆ Improve services and reduce expenses
 - ◆ Collaborate on obtaining additional Federal funding
- Identify financial needs and secure funding to ensure success of program and adequate provision of services
 - ◆ Thoroughly examine the financial resources that will support reform

System Collaboration Examples

- Collaborating with Douglas and Sarpy County Juvenile Courts
- Community Advisory Board formed
- NFC is active with various community agencies and initiatives in the Eastern Service Area:
 - ◆ Metro Child Abuse Coalition
 - ◆ Project Everlast (Omaha Independent Living Plan)
 - ◆ 1184 Treatment Team Meetings
 - ◆ Metro Hospital Social Workers
 - ◆ School Truancy Meetings



Positive Stories

- A youth has been in foster care for six years. NFC re-opened up some child specific family searches which were previously not approved. She is now placed with her mother's ex-boyfriend and her half brother.
- One mother has begun running her own Family Team Meetings and will have her children reunified with her at the next court hearing.
- NFC located a father & discovered he was in drug court and was trying to change his life. He was the speaker at the drug court ceremony that was recently held and his son was able to be returned to him on Christmas Day! This case is now set to close in 3 months!

Positive Stories

■ **Early Assessment of Services and Needs.**

- ◆ A family came to NFC for education neglect. NFC was able to show the court the mother was choosing to home-school her child and the case closed within one week.
- ◆ A youth removed for a dirty home was returned less than one week later due to NFC's implementation of immediate Family Support Work and community assistance with cleaning the home and providing dumpsters.
- ◆ A mother was admitted into detox and inpatient treatment within one week of her children's removal and is set to complete treatment within 1 month.

Positive Stories

■ Keeping a Family Together

- ◆ Family Permanency Specialist was able to keep new born twins with their mother by engaging the service providers, hospital social workers, VNA and a homeless shelter all as safety plan participants.
- ◆ An NFC youth was placed in the same foster home as her new born baby and the foster parent is providing hands on parenting training for mother and baby.
- ◆ Young girl was living with her grandfather for many months but her mother ended up being filed on for abandonment. NFC recommended case closure so the girl could stay with her grandfather and not become a state ward. Recommendations were adopted!

Positive Stories

■ In-Home Safety Services

- ◆ NFC family is receiving Intensive Family Preservation, weekly meetings with the Family Permanency Specialist and daily check-ins by an approved relative to keep 2 young children in their mother's home.
- ◆ A mother with two children out of the home had a new baby. NFC helped facilitate the assessment of the family and implemented drug testing and Family Support Work. The new baby was never removed and the other two children are now home.
- ◆ A young child stayed with his mother due to NFC having the grandparents agree to let the mother and child live in their house.

NFC Commitment to Nebraska Reform

- Solid Financial Commitment from our Collaborating Partners to support our continued work with the Child Welfare and Juvenile Services Reform
- NFC, as collaborating partners with DHHS, is committed to improving the outcomes of the Child and Family Service Review and supporting the Nebraska Performance Improvement Plan.



Contact Information

David Newell, ACSW

Executive Director

14100 Crawford Street

Boys Town, NE 68010

Phone (402) 498-1230

Fax: 402-498-1213

Cell Phone (402) 982-9613

Email: David.Newell@nebraskafc.org

Web Address: nebraskafc.org



KVC Behavioral HealthCare Nebraska Inc.



Senator's Briefing
January 31, 2011

Sandra Gasca-Gonzalez, President

KVC Nebraska



Background and Fast Facts

- Not-for-profit organization that is a subsidiary of KVC Health Systems in Olathe, KS.
- KVC Health Systems originated as a provider of behavioral health and psychiatric youth services in 1970 and now provides a wide array of services for children and their families in five states, including Nebraska.
- All subsidiaries (KS, WV, MO, KY) are accredited through The Joint Commission; Nebraska to be accredited by Fall of 2011.

Background and Fast Facts

(continued)



- The Annie E. Casey Foundation (AECF) published a journalistic review on KVC for child welfare best practices in another state.
- AECF is conducting research on KVC's model of practice due to the success towards positive outcomes in another state.
- In operation since November 2009 in Nebraska; 40 years experience in Kansas, including 14 years of child welfare reform experience.

Background and Fast Facts

(continued)



- Serving 2,687 children (1,394 families) in the southeast service area and serving 1,339 children (605 families) in the eastern service area. Total children served 4,026.
- Additionally, are supporting 2,374 children representing 1,290 families in aftercare.
- Office locations in Omaha, Papillion, Lincoln, Seward, Beatrice, Nebraska City
- 500+ staff serving 19 counties.



KVC Vision

- Family results and success at the center
 - More children will be residing safely with their family of origin
 - If not possible, will find a permanent & safe home as quickly as possible
 - Family self-sufficiency is key.
- System “Transformation” vs. “Modification”
- Community integration vs. system dependency
- To have a fully integrated system and service continuum
- Be relentless about results; focus on outcomes

KVC Staffing Model



- Consistent with The Joint Commission (TJC) and Child Welfare League of America Standards
- Family Permanency Specialist Supervisor
 - 1:8 supervision ratio
 - Master's degree with licensure preferred with Case Management and supervisory experience
- Family Permanency Specialist
 - Caseload size between 1:10 and 1:14 families
 - Bachelor's degree in human service field required
 - Paired with a Program Support Worker & works in a dyad

KVC Staffing Model (continued)



- Program Support Worker
 - Requires experience working in Child Welfare and Juvenile Justice.
 - Provides direct services to families for caseloads assigned to their respective Family Permanency Specialist.
- Supporting Program Departments:
 - Child Placing Agency Department = Foster home recruitment, licensing, training
 - Clinical Services = Provide outpatient services, clinical consultation, care review for youth in facilities
 - Aftercare Department = Provide support to families 12 months following case closure.

KVC Staffing Model (continued)



- Administrative support departments:
 - Quality Management = provides internal oversight of care, meeting contract requirements, interfacing with DHHS on daily QA functions
 - Training = provides and coordinates initial and ongoing training to staff and foster parents
 - Provider Relations = creates and secures subcontractor agreements, serves as primary contact to the provider community pertaining to any matters they may need assistance with



KVC's Goals

- More children served safely in their home
- Reduce residential usage; especially out of state.
- Increase timely reunifications and adoptions
- Reduce total number of children in care
- Reduce children re-entering the system
- Increase natural supports to families



Challenges

- System instability
- Cultural Shift
- Community Collaboration
- Rates of removals
- Effective Case Planning
- System Reliance on Congregate Care



Success Towards Goals

- In the Eastern Area, KVC began with only 12% of all children referred served in-home to now having 31% in-home.
- In the Southeast Area, KVC began with only 48% of all children referred served in-home to now having 58% in-home.
- With over 2,000 children in aftercare only 18 have re-entered (less than 1%).
- Children residing with kin while in OOH placement is 46% in ESA, 40% in SESA



Summary of KVC Success

- Foster Parents working with Birth Parents to achieve goals
- Independent Living Specialists focusing on youth exiting the system
- 98% of KVC licensed foster homes maintained on a monthly average. KVC foster parent advisory councils in both areas attribute to this success.



Current Initiatives

- Internal case reviews to remove barriers towards permanency
- Continue developing community alternatives for youth in the juvenile justice system
- Develop a stronger foster parent network
- Enhance home-based treatment services to families
- Major focus on case planning with families and staff

Federal Children and Family Outcomes for 44 States *(completed as of 9/1/10)*



	Kansas	Nebraska
Safety Outcome 1	2 nd	43 rd
Safety Outcome 2	8 th	39 th
Permanency Outcome 1	4 th	40 th
Permanency Outcome 2	1 st	20 th
Well Being Outcome 1	1 st	37 th
Well Being Outcome 2	12 th	42 nd
Well Being Outcome 3	7 th	41 st



KVC Commitment

- CFSR outcome improvement
- Strong partnership with families, DHHS, other service area lead contractors, judiciary, legislature and other stakeholders.
- Focus on reason for referral
- Openness—Transparency through our communication



SPECIAL GUEST

Michelle Smith
Foster &
Adoptive Mother