



## LB 1173 Reimaging Child Welfare in Nebraska Workgroup Monthly Status Report

August 2023

*Monthly Accomplishments, Highlights, and Planned Activities*

### Accomplishments

- 7.31 Meeting with Faith Mills Panhandle Community Collaborative – to discuss issues in the Scottsbluff and surrounding areas including work of the Community Collaborative
- 8.1 North Platte Community Listening Session
- 8.1 Meeting with Region 2 Behavioral Health Authority: Katie McCarthy/CEO-Fiscal Manager
- 8.1 Meeting with North Platte DCFS Staff
- 8.2 Provided overview of LB 1173, events, community forums, themes and Workgroup meetings and reports for Department of Education Commissioner Brian Maher
- 8.3 LB 1173 Workgroup Meeting
- 8.3 Follow up meeting with Lancaster County Attorneys Christopher Reid and Chris Turner to focus on collaboration around Alternative Response and to discuss issues related to Termination filing and court process
- 8.3 Participated in Community Collaborative Statewide Partnership call - Presented Workgroup LB 1173 Draft Community Pathway Prevention Vision
- 8.8 Attended virtually the Nebraska Children’s Commission Meeting and addressed questions related to LB 1173
- 8.11 Meeting with Foster Care Review Office (FCRO) – Monika Gross, Heather Wood, Dr. Marsh, MD, Chasity Jenny, Ben Gray, Jocelyn Thomaire, Jodi Allen, Mary Furnas and Heidi Ore to discuss FCRO work, annual outcomes data and issues relevant to LB 1173.
- 8.17 Meeting with Deb VanDyke- Reiss to discuss Court Improvement Project and ideas on Intersectoral Strategies
- 8.18 Interviewed former foster care youth related to experience mentoring current youth in foster care, including messages to child welfare staff related to individuals with lived experience
- 8.18 Participated in meetings with representatives from Western, Southeast and Southwest Community Collaboratives and Child Advocacy Team in Northwest Nebraska, along with Nebraska Childrens Foundation staff and DHHS staff to discuss issues/gaps related to Community Response
- 8.18 Interviewed national director of Family Centered Treatment (FCT) Foundation, NC, related to national best practices in the FFPSA Evidence Based Program arena, especially as relates to children, youth and family focused Behavioral Health treatment and the impact of workforce and ways that access is being addressed in rural areas. It was learned from the Regional BH Authority representing Western Nebraska that FCT was a successful EBP used by the RBHA’s in that area until funding and regulatory issues impacted its delivery.
- 8.18 Meeting with Zainab Rida, Equity Officer and Administrator and Lane Carr, Policy and Strategic Initiatives Administrator NE Department of Education to discuss issues related to Department programs and support for child well-being, including early identification and development, the implementation of “Full Service Community Schools” pilots and their evaluation, as well as ideas around Medicaid in schools and absenteeism being a reason for removal and entry into the child welfare system.
- 8.22 Participated in meeting with Leadership from Nebraska Judicial Branch – Juvenile Services Division – to hear thoughts and considerations around LB 1173 recommended practice and finance focus areas, to include services to probation youth, community pathway and other recommendations for improvement to the overall system of care for children and families in Nebraska.



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- 8.22 Meeting with Josh Kramer from the Nebraska Childrens Foundation to discuss the State's Full Service Communities in Schools grant proposal for \$50 Million for a five year period to enhance the efforts of Nebraska communities in developing a community in schools model of prevention.
- 8.22 Follow up meeting w FCRO
- 8.22 TSG met with Echohawk Lefthand, Administrator, Office of Health. Disparities and Health Equity to discuss the Pathways to Population Health Equity Project which is in early implementation stages statewide with local health departments.
- 8.25 Meeting with Amy Bunnell Director of Early Childhood Special Education Early Development Network Coordinator Office of Special Education regarding Early Childhood Identification and Development programs, collaboration and agency connections for focus on Early Childhood development – Benefits to focus on Early Childhood development.
- 8.25 Continued follow up discussion with FCRO
- 8.29 Participated in meeting with Nebraska Appleseed - Sarah Helvey, Allison Derr and Schalisha Walker – for Workgroup to consider issues in final Practice Model and Engagement Strategies that were related to racial and ethnic disproportionality, narrowing the front door, family engagement and additional supports for older youth.
- 8.30 Meeting with Buffalo County Community Partners regarding improving youth access to mental health supports.
- Continued working with Misty Flowers Nebraska Indian Child Welfare Coalition on issues and outreach for community forums.
- Continued working with Camas Holder on issues of prevention and department's focus on expanding EBP capacity.

### Finance

- 8.23 Monthly 1173 Finance Executive Group meeting. Discussed plans for moving forward with recommendations and discussed additional fiscal recommendations and potential ROI of prevention investment based on external state research.
- 8.31 Finance Workgroup Meeting
- Continued development of Financial Model Framework.

### Highlights

#### *Interviews, Stakeholder Focus Group Highlights*

##### **Prevention**

- Need to review Family Peer Support guidelines, including barriers to entry. Look for more flexibility and promote family peer support as an effective future prevention model. Will need to build trust between CFS and family peer support staff.
- Expand access to programs through greater flexibility or offer gap coverage access to programs.
- Authentic Engagement and Ethical partnership with Youth.
- Community Collaboratives provide dedicated primary prevention pathway for many families in Western Nebraska

##### **Intra and Inter departmental Policy and Procedures**

- Service definitions are sometimes different across DHHS, Medicaid, and Juvenile Justice and often present barriers for quick access to eligible services throughout the life of a case.
- DHHS should foster a defined functional partnership between the MCOs and the RBAs so that adults and children can access all services that they need in a coordinated and efficient manner.

##### **Transportation**



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- Transportation is a barrier to services for families, particularly in rural areas. Difficult to find transporters for families receiving services as far away as Omaha because of the lack of providers in a region; transporters won't commit to take families/kids to Omaha and then bring them home.

### **Regional Behavioral Health System**

- Professional Partner program cannot serve CFS kids because it was deemed that this service was duplication of CFS case manager work. The RBAs could provide Professional Partnership/Fidelity Wrap Around for CFS kids with braided funding but would require continuation of the current fidelity model.
- RBA services would be more available for low income families if the DBH financial guidelines were reviewed and increased to current economic conditions so that more people could be served and the Cliff Effect would not hinder individuals and families seeking needed mental health services. Eligibility worksheet should be revised. Some of the main issues of the current process is they need to account for different sizes of families and this should reflect on the different versions of the worksheets. Having a max cap of cost for mortgage/rent for a single individual should be different than a family of 6. The number of families who are ineligible for the Professional Partner Program continues to increase every year. Also, the max cap for expenses do not reflect the current markets or inflation.
- From Region 3: Paperwork required of parents/guardians is not completed for many children and youth that need mental health treatment. Student Counseling referrals in 90% of referrals made to one of the two Region 3 BH services contract providers in Buffalo County not completed, thus, many youth are not being connected to BH services and are on waiting lists.

### **Ancillary Issues**

- More training for County Judges to accept other collateral documents supporting the client's needs. For example: There have been many judges ordering individuals to have mental health assessment when it may not be necessary. If judges could be more consistent on putting "at Probation's discretion" this could be implemented later when it's more beneficial for the client to have this done. This could also be put in place for DHHS families as well.
- More training related to how poverty can impact a family for all System involved individuals could be beneficial. For example, Bridges Out of Poverty offers a new way to view the issue of poverty through the Triple Lens approach: Individual, Community and Structural/Policy. This approach provides a comprehensive perspective on how individuals, organizations, and communities can work together to eliminate poverty. This framework offers tools and resources.

### **Education**

- As children with Developmental Disabilities age out, families need to apply for Medicaid and SSI. These important facts are sometimes not brought up in IEP planning nor at the individual's MDT meeting. Often, no one from the schools is talking to parents about this process that needs to start at least a year before the individual reaches 18. Parents need to be educated about what to face in the adult system and be provided with more navigation assistance.
- Department of Education is a vital partner in any Community Pathway, as local schools are assets in the lives of children. Community Pathway can also be a system aligned with schools addressing issues of youth not attending school. .
- The schools are providing a wide range of services/supports across the needs of parents and students and are highly collaborative with the community.
- There is a need for more robust conversations with families during the MDT/IEP process to ensure parents have all the education that's needed to be able to apply for DD or SSI for their child.



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- Stronger communication and collaboration with the Early Care and Education system - Need to better promote Early Care and Early Education programs for children, including: Six Pence, Head Start, Early Head Start, Migrant Education, Healthy Family America, MIECHV programs.
- For children 0 to 3 with substantiated reports of abuse and neglect, need to find a way to work with parents to address access to important Early Care and Education programs for their children. Only 9% of the referrals in 2022 for substantiated cases (approx.: 1000) were opened for services.
- Parent Training Info centers are available but if you do not speak or understand the language you do not know how to advocate for self and may not be receiving the services or entitlements under law for education.

### Population Health

- Implementation is in the early stages with all local Public Health Departments. The timeline for this work began in July and runs through December. January 2024 – June 2025 will focus on next steps and work plans based on the Community Health Needs Assessment. Much of the work is synergistic with LB 1173 along a broader population with regard to improving access as well as engagement strategies. Additionally, the work is setting the stage for better data collection and KPIs.

### Workforce

- Arkansas, Kansas, California, North Carolina and Indiana have relaxed some of their workforce requirements for delivery of EBPs moving away from having to have Master Level supervision, versus Bachelor, with requisite experience including for Medicaid funding (Ex: Family Centered Treatment needing bachelor level supervision, unlike Nebraska Medicaid that requires Masters)
- Offering hiring bonuses and pay for tuition – like other employers are doing – would help recruit/retain younger workers.
- Adapt training requirements for people with requisite experience.
- Training on the effects of poverty across systems would be beneficial.

### Medicaid

- There is opportunity for Managed Care Organizations (MCO) to offer care coordination in real time for cases in crises, provide education for parents on how to access and use MCO provider services, what to do when parents cannot find a provider from MCO websites, and provide assistance to DCFS case workers or Judges.
- Some states have rewrote In Lieu of Services (ILOS) for certain EBPs and have allowed for Bachelors level clinicians with two years' experience in the field and have received CMS approval without a lengthy approval process.
- Treatment Family Care Waiver initial implementation should include all probation involved youth (Judicial Branch has raised this issue with DHHS Medicaid).
- Foster a defined functional partnership between the MCOs and the RBAs so that adults and children can access all services that they need in a coordinated and efficient manner.

### Finance

- DHHS braid funding streams more effectively; Local control of funds; rural areas need flexible funding. Local communities know what is needed and what works best in their communities; Loosen restrictions in order to utilize available funds across all DHHS divisions and programs; Look at service definitions in order to be able to utilize available funding.
- During Region II community meetings, the need for in home family support services came up as a big need in all communities.



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### Emerging Issues/Key Themes

- Need to build trust with families and the community is a continued theme, including in the Western and rural parts of state.
- Families are blamed if they can't engage in required services because of a lack of providers so they end up back in front of the Court. There is a real need to promote access to services for families and this theme has continued to be raised and will need to be addressed in order to effectively move to a more robust prevention system of care.
- Continue to find that, by and large, CFS workers are not communicating with Medicaid to ensure that there is the type of care coordination that should exist for children with really high needs, who are on Medicaid and MCO is being paid on a monthly basis to offer care coordination. This lack of effective engagement, especially as it relates to care coordination for children with high needs, is a continuation of the need for better coordination within DHHS/Medicaid/CFS and the MCOs.
- Accountability is an issue that is being raised with Alternative Response voluntary cases. Alternative Response is being widely used and has had positive outcomes, but there remains a need to address issues of closing cases out where parents do not voluntarily commit to the services suggested and there may be a continued risk to the children – One suggestion was for CFS to notify the Child Advocacy Centers.
- CFS caseworkers need to feel that they can make decisions to remove a child when it is not safe to leave the child in the home. Caseworkers should also engage with CAs as a collaborative partner and part of the decision making process.
- Need more collaboration around system training with partners outside of CFS, including courts, probation, providers and stakeholders.
- Authentic partnerships continues to be a theme and expression of hope for the result of the LB 1173 Transformation.
- Case worker changes at DHHS leads to distrust with DHHS.
- Sustainable organizational collaboration – ongoing - working together – reduce silos.

### Planned Activities for September

1. Continued research on Best Practice
2. Discussion of LB 1173 preliminary recommendations and practice model draft
3. Continued analysis of data requested on behalf of Workgroup
4. Follow up meetings/discussions/focus groups
5. Prepare practice and finance model framework draft

### Issues/Risk

- No serious issues or risks projected at this time.

### Project Status

**On track**