

LB 1173 Reimaging Child Welfare in Nebraska

Workgroup Monthly Status Report

April 2023

Monthly Accomplishments, Highlights, and Planned Activities

Accomplishments

- April 4th meetings included 2 Community Forums in Columbus: 1. Combined Community Collaboratives Meeting in Columbus with presentation by Community Family Partners, Fremont Family Coalition, & Norfolk Family Coalition, followed by focus group on emerging issues, gaps, future vision; and 2. Columbus Community Forum on emerging issues, gaps in care, outstanding issues to address in framework.
- April 4th focus group meetings with juvenile probation front line staff & Children and Families Services (DCFS) front line staff.
- April 5th focus group with additional juvenile probation front line staff to identify issues on crossover youth & establish best practice/future state of collaboration & efficiency working together.
- April 5th TSG provider interview NE Children's Home Society (NCHS) staff to identify issues, gaps in care from Provider perspective.
- April 6th meeting with juvenile probation leadership/administrative staff to discuss emerging issues, areas to focus on in developing interagency collaboration for LB 1173 vision.
- April 6th LB 1173 Work Group Meeting in Lincoln.
- April 12th TSG presented to Buffalo County Collaborative Partners Monthly Board Meeting, discussed background of LB 1173, objective & intent developing child well-being practice model, took questions. Laid groundwork for participation on May 31st Kearney Community Forum, asked Collaboratives to think about resource needs for future community pathways, prepare to discuss emerging issues and vision for the future.
- April 17th meeting with Lauren Micek Vargas, Executive Director of NE Education Rights Counsel, a non-profit organization.
- April 18th TSG met with DHHS Human Resources Director Roshelle Campbell to discuss training and DCFS positions/review of position classification.
- April 20th TSG met with Jerid Wedige to discuss the new Juvenile Probation Officer model.
- April 21st meeting with Nebraska Indian Child Welfare Coalition Team (NICWC), which represents 11 tribal nations in NE & neighboring states, to discuss purpose and objectives of LB 1173 and begin dialogue on issues, gaps and future vision for cultural engagement and collaboration.
- April 25th meeting with Douglas County Collaborative on Bridge and Douglas County plans
- Tracking behavioral health policy developments as they relate/could relate to LB 1173, ex. Medicaid behavioral health services definition changes.
- Statutory review of current case management rules ongoing.
- Additional child welfare practice research, including review of data related to DCFS Abuse/Neglect Hotline reports and purpose for call.
- On-going collaboration with Casey Family Programs

Finance

- TSG reviewed the 2021 National Child Abuse and Neglect Data System (NCANDS) data, found NE is only using Promoting Safe and Stable Families (PSSF) & Community-Based Child Abuse Prevention (CBCAP) funding to fund prevention services.
- April 21st Cross-system service collaboration and leveraged financing subgroup meeting.



Workgroup Monthly Status Report

- April 21st Provider rates and performance-based contracting subgroup meeting.
- April 24th Title IV-E Maximization subgroup meeting.
- April 25th Braided/blended funding of services and evidence-based interventions subgroup meeting.
- April 26th Finance Subcommittee Work Group meeting held

Highlights

Community Forums, Interviews, Stakeholder Focus Group Highlights

Prevention

- Need for a prevention pathway, including a warm line, resources to refer to in the community, without threat of retaliation for parents; this will require more resources and training at local level, including proper screening and assessment tools. Hub prevention resource concept for parents but also MCOs, schools, even DCF hotline
- Resources should be accessible where parents/families are already going (school, medical centers); co-creation of resources should be considered.
- There is a process in place today with post-adoption support to families where calls are directed to providers in community to offer support for adoptive parents needing assistance.
- Providers hear eagerness to start up FFPSA programming but concerned that the funding may not cover the costs/infrastructure. Expenses on public health side are completely reimbursable for cost of home visiting program, but FFPSA funding not as flexible; To fund prevention services, need to identify entities that can get private funding/foundation funding and use for federal match; may need legislation to enable matching funds for administrative costs on referral system (LB 1173 Finance Subcommittee to review).
- Douglas County Collaborative, through Bridge initiative, focusing on how Collaboratives can strengthen relationships in schools

Community Engagement

- Active engagement of Community Collaboratives with diverse community make-up. Goals and objectives are aligned with LB 1173
- Communities will need to be trained and will need resources to meet the needs of children and families, especially those with behavioral health needs.
- Schools continue to be a place where communities refer to as supportive environments that are key and central to future well-being initiatives.
- A commonly cited need continues to be youth and adult peer support and for peer support to be an integral part of a multi-disciplinary team early on.
- More training on parental rights in the community; use school in-service training to sensitize teachers/staff about child welfare issues.
- Would be helpful for parents and advocates to have greater role in enacting policy, update Legislature on how things are going.

Transportation

- Non-Emergency Medical Transportation (NEMT) is available as a benefit for medical appointments for those on Medicaid, but there are no drivers.
- Rural community geography makes it difficult to get around for those without private transportation; encouragement to provide community ride share.
- Need transportation for prevention and treatment services from after school back into the community.

Regional Behavioral Health System



Workgroup Monthly Status Report

- Need for mobile crisis services; need for Multi-Disciplinary Teams at the beginning of the process of engaging families.
- Substance Use Disorder (SUD) treatment initiation needs to be expedited/aligned with removal/reunification court orders.
- Families need crisis navigation assistance in their language to access Regional BH services.

Ancillary Issues

• Nebraska Education Rights Counsel represents certain family's pro bono in Douglas and Sarpy counties; sees many truant youth in juvenile probation, challenges with children with disabilities needing assistance in school and being in child welfare system. Schools not meeting obligations under federal law; stakeholders need training on Individualized Education Plans (IEPs)

Cultural Engagement

- Families with limited English proficiency may not be receiving adequate services/supports. Courts have limitations on interpreter services. Telehealth services are not available for families/youth with English as a second language.
- Undocumented immigrant families are afraid of system, which presents a challenge for the Child Well-being system in general. Immigrant populations are experiencing trauma.
- NICWC members shared concerns about child well-bring disparities, changing leadership, staff turnover, lack of services.

Workforce

- Turnover of DCFS case workers and leadership has impacted/hindered progress and relationships within child well-being system.
- DCFS workers are not given sufficient training and case worker burnout/trauma are also issues; need support from supervisors, lack of diversity is an issue.
- Turnover does have an impact on tribal nation engagement.

Medicaid

- MCOs can offer value at the front-end (as part of multi-disciplinary team), making referrals to providers for prevention services/encouraging providers to refer to providers.
- MCOs can do more education for families on what Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is, how to communicate with PCPs/pediatricians about child's health and development.
- Lack of in-home services from MCOs
- Community Collaboratives may not be maximizing value of MCOs/having all three active MCOs participating in the work of Collaboratives could be a plus.

Intra/Inter-departmental Policy & Procedures (alignment Department of Children & Family Services/Juvenile Probation Office; Regulatory Reform)

- Need to remove or alter laws/regulations/policies that hinder information sharing for key elements that co-support families.
- There is a need for clear lines of responsibility between Juvenile Probation and DCFS
- When there is a court order requiring urgency, DCFS supervisor agrees, case then goes to Utilization Management and results in kid in detention for a month.
- Where crossover youth are concerned, there is an effective crossover youth practice and policy protocol in place. Need for this protocol to be followed more regularly, especially in reviewing cases involving institutional care and lengths of stay to assure least restrictive placements.
- Finding placements continue to be an issue with high needs children and youth and especially impact crossover youth and practice.



Workgroup Monthly Status Report

- Common belief county attorneys have ultimate say on cases regardless of safety plans, what is learned from lived experience, or what is presented in court.
- County Attorneys are key component of system/may benefit by education in areas of culture, voice of lived experience and family-centered practice.
- Need for effective communication, teamwork and alignment within all DHHS Divisions, especially with high needs children and families in need of social service support at the eligibility side.

Organizational Model

• Economic Assistance (EA) eligibility staff are important assets at the front end to help family in need and ensure child well-being; each DCFS Regional Office has liaisons to the divisions, and they should be members of multi-disciplinary team going forward.

Accountability

- Providers are willing to be held accountable and want a more open and transparent process with DCFS going forward.
- Providers have lacked trust in the past but are open to working with DCFS in the LB 1173 process going forward.
- Some providers agree they are paid without having to show meeting measurable performance outcomes but want to be sure that data is transparent and accurate in future if DCFS develops a more performance-based system of contracting.
- Schools need more support and accountability; truancy cases going away from probation, these are parental issues-parents need to be held accountable.

Finance Subcommittee Highlights

The decision of the Finance Workgroup subcommittee was made to establish subgroups to focus on four topic areas, these subgroups were formed, and meetings scheduled for each area: 1. *Title IV-E Maximization* (April 24, 2023), 2. *Cross-system service collaboration and leveraged financing* (April 21, 2023), 3. *Braided / blended funding of services and evidence-based interventions* (April 25, 2023), and 4. *Provider rates and performance-based contracting* (April 21, 2023). 21, 2023).

Members of the Cross-system service collaboration and Provider rates and performance-based contracting subgroups met and expressed what they would like to see the workgroup accomplish and agency / department-specific concerns. Minutes from these meetings will be used to draft workgroup objectives and charter statement based on those objectives. Importantly, as work between these groups begins to cross-over, they will be merged to bring a broader perspective to the development of fiscal recommendations the overall Finance Workgroup is charged with developing. Subgroups met and expressed that they should begin by reviewing work done through the System of Care Grant and build from the framework developed during that project. *Other Highlights*

- TSG received and analyzed 2021 NCANDs data on referrals to abuse and neglect hotline, cases screened in and screened out, and compared NE data to other states. Data suggests that referrals to hotline in NE are higher than the national average (69.7 per 1000, vs. 54.11). NE also screens out more calls than the national average (screen out rate 38.52 per 1000 population, vs. national average of 26.25). In NE, 55.3% of calls are screened out.
- Some rates do not cover the cost of services, creating financial losses for child welfare providers; requests for rate increases have not resulted in systemic change. LB 1173 could be a vehicle to ensure an effective system in place for future rate setting and review.

Emerging Issues/Key Themes

Many cultural gaps, especially where bilingual services are needed.



٠

Workgroup Monthly Status Report

Continued concern for lack of access to important services to ensure well-being, including behavioral health services and social determinants of health.

| Community Collaboratives have built a foundation for a future enhanced prevention model. | |
|---|---------------|
| "Eyes on Child" Initiative has been highly successful. | |
| Need improved protocols, communication, coordination, and training on crossover youth. | |
| Need a focus on issues specific to Omaha region. | |
| • Intra-agency communication and coordination is needed to best serve families and keep a clear line of sight on cases and how to assist and | collaborate. |
| Local prevention pathways to divert hotline calls are critical strategy, but there will need to be the development of a referral structure, add | tional |
| resources, need for creativity/flexibility on funding of these services and building the infrastructure to implement them. | |
| Engagement of county attorneys, who are a key LB 1173 intersectoral partner. | |
| Planned Activities for May | |
| | |
| • May 2 nd Next LB 1173 Work Group meeting will be held at 5520 S 16th St. Lincoln, NE. Topics: Disproportionality/Data Collection and Outco | ne |
| Monitoring/Finance | |
| May 2nd TSG focus group with Omaha DCFS staff | |
| May 3rd meeting with Judges involved with Eyes on Child | |
| May 9th meeting with Juvenile Court Judge Chad Brown to discuss Youth Impact program outcomes. | |
| May 8th meeting with Division of Medicaid | |
| May 16th meeting with Connecticut Child Welfare Commissioner and staff (set up by Casey Family Programs) | |
| May 18th meeting with Nebraska Family Run Organizations | |
| Continued interviews, focus groups and discussions with individuals of lived experience being planned. | |
| • The finance subcommittee is building objectives and goals for each of four subgroups and subgroups will meet in May to establish go forwa | d work plans. |
| May 31 st Community Forum in Kearney | |
| Issues/Risk | |
| | |
| No risk | |
| Project Status | |
| | |
| On track | |