



THE
STEPHEN
GROUP

LB 1173

PRACTICE MODEL

An Intersectoral Approach to Reimagining
Child Well-Being, Permanency, and Safety

Legislative Work Group Report



LB 1173 Child Welfare Practice Model



What is a Child Welfare Practice Model?

A practice model is a framework that highlights the vision, values, and principles that guides the approach to engaging with children and families. Practice models are developed and implemented to guide policy development, practices, clarify expectations, and improve outcomes for children and families.

A new framework allows states and/or agencies to reimagine their approach to child welfare in a thoughtful, integrated model of practice.

Practice models guide the work of those involved with the child welfare system to work together to improve outcomes for children and families.

Practice models may also include specific approaches and techniques considered fundamental to achieving desired outcomes.

Additionally, models may describe organizational principles extending expectations beyond front-line practice to address issues such as agency leadership and relationships with stakeholders and the community.

Benefits of Developing and Adopting a Practice Model

A well-defined and crafted practice model provides the framework for continuity between the vision and actual practice, by:

- Creating core values and practice guidelines that will transcend leadership changes
- Policy development and changes with adherence to key principles
- Shaping the construction of training
- Preparing front-line workers with decision making
- Promoting consistency with family engagement
- Transforming agency outcomes

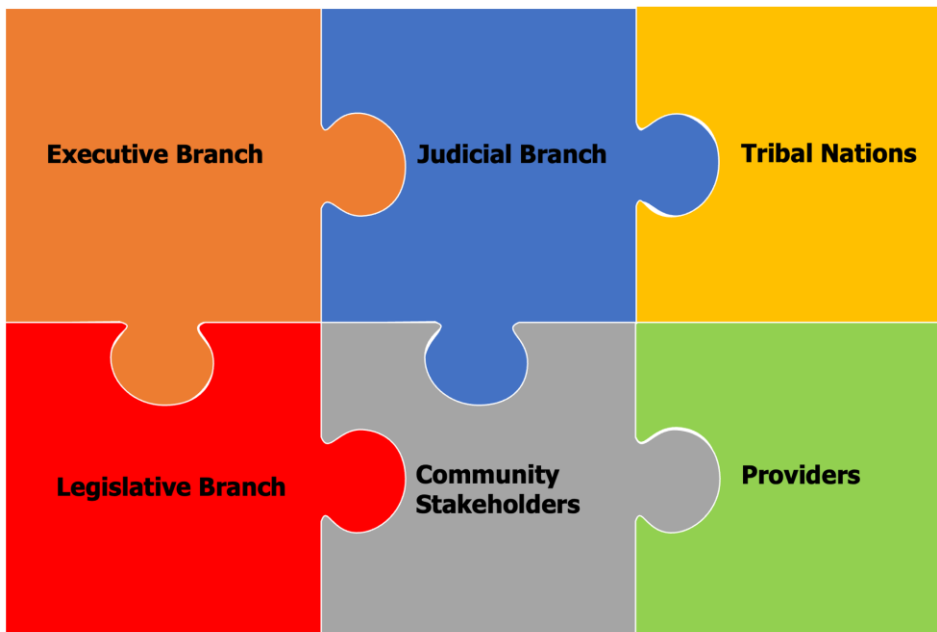
Nebraska Intersectoral Child Welfare Practice Model

Background

Legislative Bill 1173 (LB 1173) was passed unanimously by the 2022 Nebraska Legislature, tasking the three branches of state government with working together to transform child and family well-being in Nebraska.

The preamble to the bill states “in order to support the well-being, permanency, and safety of children and families in Nebraska's communities, [the state] needs to **comprehensively transform** its child welfare system.” The bill further states that an “**integrated model**” will be required to achieve this transformation, “addressing all aspects of the system and strong partnerships among the legislative, executive, and judicial branches of government and community stakeholders.”

LB 1173 specifically names the government entities, including each federally recognized Indian tribe within the State of Nebraska, to be included in a strategic Work Group tasked with rethinking how Nebraska approaches its at-risk children and families. The bill also requires consultation from key stakeholders, such as judges and private child welfare providers. In doing so, Nebraska took an unprecedented step towards developing a transformational, intersectoral child welfare practice model.



Beginning in February 2023, the LB 1173 Work Group met monthly to develop the following practice model, including the following required elements outlined in the legislation:

1. Statewide Mission and Vision Statements
2. Values and Practice Priorities
3. Statewide Program Goals
4. Engagement Strategies to Support Community Involvement in Child Welfare System Transformation
5. Practice Model for Child Welfare System Case Management and Service Delivery
6. Strategies That Strengthen Relationships Across Court System, Probation, Executive Branch Agencies, State Department of Education, and Community Partners
7. Strategies That Support Integration Across Agencies
8. A Strategy for Data Collection and Outcome Monitoring

This model developed by the Work Group reflects the input gathered from multiple interviews, community forums, and focus groups held across the state, and builds upon previous work done within Nebraska to improve the child welfare system.

Model Intersectoral Objective



Through consultation with key stakeholders, the LB 1173 Work Group established the following Intersectoral Objective for the Child Welfare Practice Model:

We Believe that the lives of children & families can be enhanced by building strong partnerships for child & family well-being transformation that invests resources in effective & innovative ways.

Model Mission, Vision, Guiding Principles, and Core Values

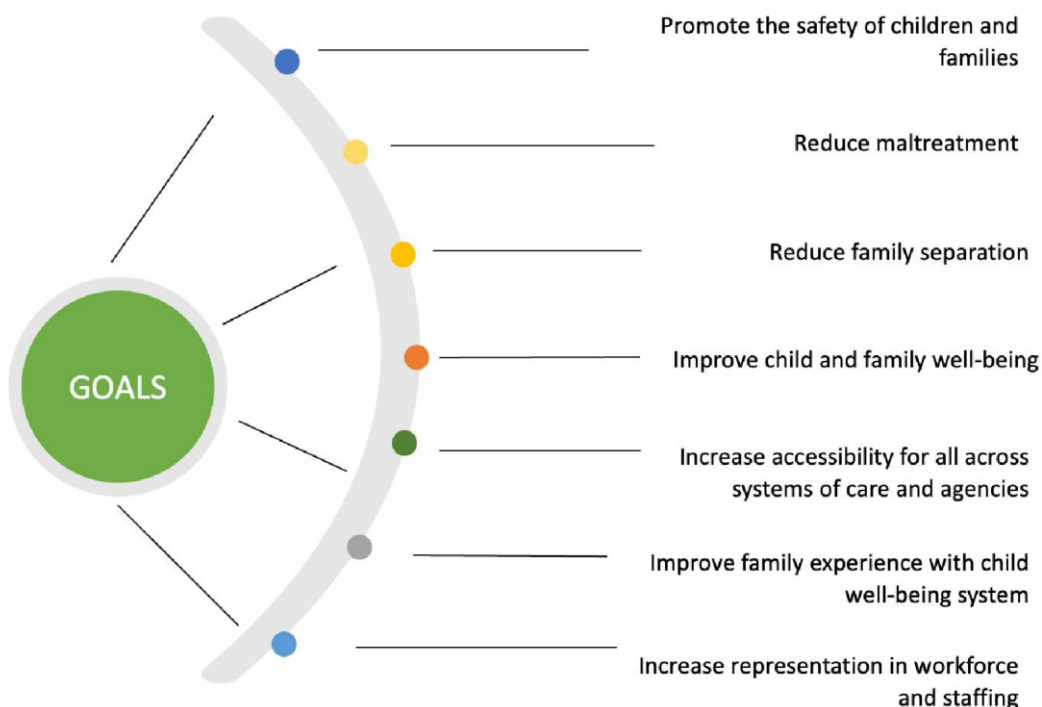


MISSION	VISION
<p>Engaging communities to support families so they thrive, & children are safe.</p>	<p>Every child in Nebraska has what they need to thrive in a safe, stable, & permanent home, sustained by nurturing relationships & strong family & community connections.</p>

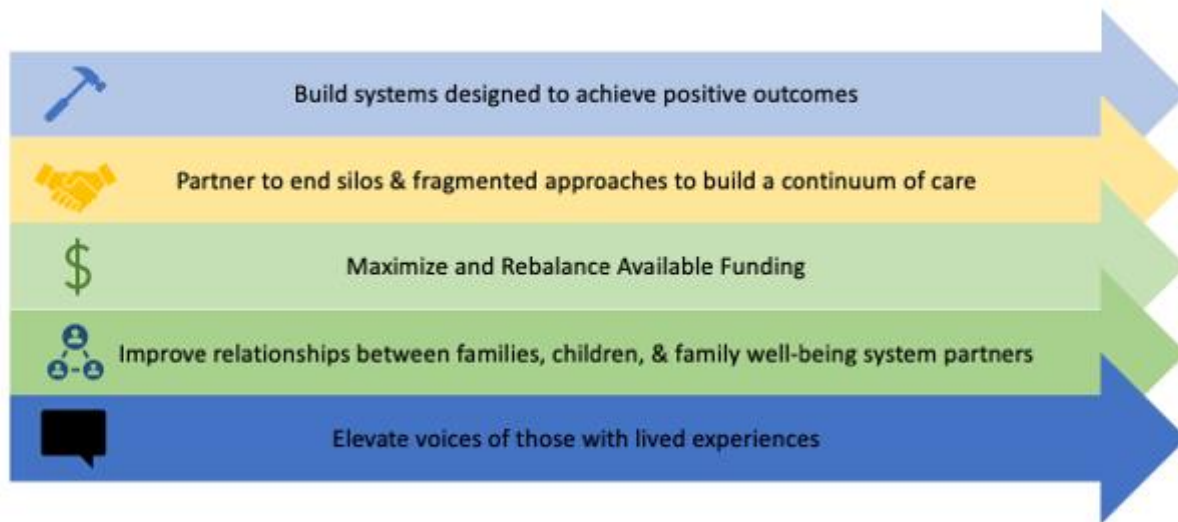
	<p>We will strengthen families in their communities by safely reducing the need for intervention & system involvement by aligning resources more effectively.</p>
GUIDING PRINCIPLES	CORE VALUES
<ul style="list-style-type: none"> ◇ Authentic Partnerships: A child well-being system that collaborates across executive branch agencies, the court system, probation, & community partners, & is designed & built with the voices of persons with lived experience & their communities, working in partnership with individuals & families. ◇ Compassion, Empathy & Humility: Demonstrating compassion, empathy, & humility to design systems & services that reflect & value individuals, traditions, & the personal experience of those with whom the child well-being system serves. ◇ Honesty & Transparency: Being open, straightforward, & truthful. This involves honesty about policies, processes, expectations, & limitations influencing people’s experience & outcomes. This also involves openness between partners about system performance, acknowledging strengths & challenges, adapting when necessary, & publicly sharing information about steps to address areas needing improvement. ◇ Empowerment: Empower staff, individuals, families, & communities by ensuring all have the information & tools to achieve success. 	<ul style="list-style-type: none"> ◇ Collaboration: A child well-being system that involves state partners, Tribal Nations, community & families collaborating to address the well-being & best interests of children. ◇ Children, Youth, & Families: Children & youth should live in a safe, nurturing, & supportive family environment. Families are the best place for children & youth to grow up & family connections should be maintained whenever possible. ◇ Respect: Honor & support for the inherent dignity & worth of each person served & each partner. Demonstrate empathy & kindness in all interactions. Value lived experience & diverse opinions in the work to transform & improve the child well-being system in Nebraska. Be proactive in communication. Recognize that individuals & families are experts in their own lives, listen to them about what they need to be safe & thrive. ◇ Accountable: A child well-being system that is responsible, transparent, & dependable in all its actions, & establishes clear performance standards, & support for the workforce, communities, & families it serves to achieve success. ◇ Excellence: High-quality service is a priority in every interaction with individuals,

<p>◇ Innovation: Cultivating a learning, adaptable environment through feedback, data & innovative ideas to improve efficacy & outcomes.</p>	<p>families, partners & communities, & a system wide commitment to identifying & acting upon opportunities to improve its performance & outcomes deepen partnerships & strengthen communities.</p>
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Model Goals



Model Strategic Priorities



NEBRASKA CHILD WELFARE MODEL OF PRACTICE

Workforce



- Our staff is the most valuable asset in the agency, and we emphasize developing a competent workforce through effective recruitment, quality training, and ongoing professional development
- We believe in creating an organizational culture and climate that promotes learning and critical thinking
- We will develop skilled and responsive professionals that perform with a sense of urgency and accountability by delivering a family-centered model of practice that emphasizes child safety
- We will build, support, and retain a qualified, skilled and committed workforce whose own well-being and safety are valued and prioritized
- We believe in leaders that advocate for and support an organizational culture that delivers quality child welfare outcomes

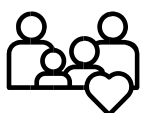
- We aspire to be culturally competent and build upon strengths of community and cultural groups

Prevention



- A robust and responsive child welfare prevention network enhanced through a number of Community Pathways, including organizations, providers, and faith communities that offer support for children, youth and families. These local resources will be utilized before a family reaches crisis, necessitating formal child welfare system involvement; a family or individual does not need to be in crisis to receive services
- The traditional governmental response after allegations of abuse or neglect can be safely replaced, when appropriate, through the infusion of a community driven approach that capitalizes on partnerships within the public and private sectors
- We will use alternative pathways that are available to support families to gain access to tools, resources, and services that can help them navigate life during challenging times and reduce the number of unnecessary calls to the child welfare system hotline
- We will use a prevention system grounded in evidence-based and evidence-supported practices designed to allow children at risk of foster care to remain safely at home and in their communities

Family Engagement



- Parents have the right and responsibility to raise their own children
- It is our responsibility to understand families within the context of their own traditions, history, and culture
- When safely possible, children should be raised in their family - families should be viewed as the solution and not the problem
- We will design and deliver supports earlier to build on family strengths
- We will prioritize supporting the family unit by identifying the most prevalent issues with matching intensity and focused solutions
- We will value parents' voices and consider their opinions when making decisions regarding the wellbeing of their children and families
- We will develop and implement family-centered and custom solutions that build on the strengths of families to meet their needs
- Peer support will be offered to families early in the process as a resource and families will be educated on the availability of this resource early in the case
- Families will be regularly informed of the status of their cases and will have access to case workers; communication and follow up with families will be a priority of case workers

Intake and Assessment – Child Safety First, and Foremost



- When a hotline call is received, the focus will be on child safety and the necessary information will be collected to make an informed decision
- The initial assessment will determine the child's risk and safety, underlying conditions and contributing factors that may impact risk of

harm to the child, factors related to the child's vulnerability, and the family's protective capacities

- Safety of children is our paramount concern, and we will address it in every assessment, and every contact
- The assessment will be open and transparent to the family, sharing information about the process and the tools
- We will work with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible
- Efforts are made to ensure that all persons working with the child and family have a shared understanding of the child and family
- Assessment is an ongoing process and will be solution-focused
- In our response to child safety concerns, we will reach factually supported conclusions in a timely and thorough manner
- We will listen to parents, children, extended family, and community stakeholders as a necessary component in assuring safety and if we separate caregivers from children in need of protection, we will use our authority with sensitivity and respect



Teaming

- Children and families are best served through a team approach where all members have a voice and are valued
- We will build partnerships with formal and informal networks
- We are all accountable to achieve positive results for children and families
- We will respect the family's cultural, community, and other natural relationships and values to help the family meet their underlying needs

- We will work in partnership with families, communities, Tribes, faith organizations schools, and service providers to move families forward
- We will build teams by demonstrating respect, effective communication, commitment to action, following through, and building consensus on team roles and team dynamics
- Partnering with families, children, and their extended support networks as active members of the team to develop plans for the family to identify supports and build on strengths so families can overcome barriers
- We will actively and effectively coordinate and communicate with internal departments, other state agencies, Tribes, LB 1184 Investigative and Treatment Teams, and community service providers to ensure child safety, permanency, and well-being

Services to Children and Families



- A well-being platform will be developed by using principles to transform the child welfare response before a report is made to the hotline and infuse a community driven approach that capitalizes on partnerships within the public and private sectors
- We will support caregivers in protecting children in their own homes whenever possible
- Service planning will involve working with the family to create and customize plans that build on the strengths and protective capacities of the family, in order to meet the individual needs for each child and family member
- Our agency will be focused on providing trauma informed, high quality, timely, efficient, and effective services to children and families
- Services will be available regardless of geographic location for crisis and high need care

cases Children and families will receive individualized services matched to their strengths and needs, based on the safety threats identified during the assessment process

- Relevant community partners (e.g., domestic violence, child advocacy centers, substance abuse, mental health, schools, faith communities, community providers, public health, etc.) will be engaged to assist in keeping children safe
- Services will be coordinated and information shared among those providing services to the child and family. All providers working with the family will function as a team and work collaboratively to solve problems in a manner consistent with the principles of family-centered practice
- We will strive for alignment and coordination of behavioral health assessment instruments for pediatric, primary care, child welfare, and for populations across Medicaid, behavioral health and child welfare
- We will deliver efficacious, evidenced and trauma informed services designed to minimize disruptions and promote adoption success

- We will strive to keep struggling families together, safe, and avoiding additional trauma by separation We will engage physical, behavioral health, and community partners early in the process that includes but not limited to Medicaid Managed Care Organizations, Regional Behavioral Health Authorities, peer support, and specialty providers
- The same intensity and focused solutions should apply to the family after removal to minimize the child's trauma and jumpstart the healing process based on a trauma-informed lens
- Education is a key aspect of a child's well-being and we recognize schools as an important prevention resource and partner in helping develop and promote positive assets in children and youth, and in working with families to reduce entry into the Child Welfare System
- Medicaid Managed Care Organizations can provide more support to families and should be utilized as a resource to access needed services
- Peer support specialists can help families involved in the system find and access needed services Nebraska's families nurture, protect, and meet the needs of their children, and are well integrated into their communities.

Well-being



- Well-being is embedded in the Nebraska child welfare system and includes access to Behavioral Health and Substance Abuse outpatient services in the community, before crisis
- We will prioritize physical health, safety, mental health, emotional and cognitive development, education, learning, nurturing relationships, and social behavior
- Our focus will be on quality of life of the family and each family member's wellness, development, needs and their ability to manage stress

When Children are Unable to Remain in their Home



- When a removal from the home has to occur, a trauma informed response will be used with early engagement of physical, behavioral health and developmental disability partners to start the healing process
- Safely reduce the inappropriate use of non-family-based placements; when a non-family based placement is needed, ensure children are

placed in the least restrictive, highest-quality setting appropriate to their individual needs

- When children cannot remain safely with their caregiver, priority consideration for placement will be with kinship connections capable of providing a safe and nurturing home while finding safe, permanent homes for children as quickly as possible
- When safely possible, children will be placed in the community of their residence to avoid changing schools, promoting frequent visitation, and facilitate case plan completion
- Children will be placed with their siblings, unless it is not appropriate or unsafe
- If siblings are not placed together, concerted efforts will be made to promote and support visitation between siblings, unless unsafe
- Native America children will be placed in cooperation with the Tribal Nations and following the guidelines of the Indian Child Welfare Act
- We support placements that promote and maintain family, sibling and community connections, and encourage healthy social and emotional development
- Children’s voices will be heard, valued, and considered in decisions regarding their safety, well-being, and permanence
- We will have an adequate array of out-of-home placement options, including those for high-needs and/or older youth and to minimize disruptions in placement
- When a removal occurs, our placements will be culturally appropriate

- Permanency begins at the first contact and continues with a sense of urgency until permanency is achieved
- When possible, permanency is best achieved through timely reunification, permanent guardianship or relative adoption
- Focused efforts should be made to timely place children who are legally free for adoption with a prospective adoptive family
- It is our responsibility to promote lifelong connections for each child and when possible, preserve kinship, sibling and other community connections
- We value post-permanency support services as a vital support to encourage adoption and assist families to remain committed to children with special needs, so children remain stable with their new families

Permanency



Transition for Older Youth



- When young adults age out of foster care, they have a permanent family or enduring connection to a caring adult committed to serving in a parental capacity and to a network of mentors and friends in the community, including those that will provide help with workforce skills
- We will arrange for appropriate, time-limited aftercare and available post-permanency services We will ensure young adults have services and supports to help live safely, be self-reliant, and function successfully independently

Engagement Strategies



ENGAGEMENT STRATEGIES: COMMUNITY INVOLVEMENT

Engagement Strategies to Support Community Involvement in Child Welfare System Transformation

Strategy 1: Transform Child Welfare System through Community-Based Prevention Services

- Data analyzed by the LB 1173 Work Group demonstrates that the majority of child maltreatment in Nebraska is due to physical neglect, which is often related to poverty, mental illness and financial stress. Thus, most of these reported cases have children and families that can benefit by support in the community in which they live. With such support, reports of abuse and neglect may also be reduced where mandatory reporters recognize an effective community response to poverty, mental illness, or financial stress.
- Building upon and scaling successful community interventions to develop a Community Response Pathway can help keep families out of the child welfare system and enhance community well-being.
 - Local efforts such as Bring Up Nebraska and its Community Collaboratives, local community-based organizations, and Tribal Nation resources offer programs and resources that enhance protective factors and should be leveraged to promote community well-being and support at-risk families, preventing removals and keeping families out of the child welfare system.

- **A Community Response Pathway, with Navigation, Coaching and Closed Loop Referral Technology could be established as the main prevention entry point.** Each Community Collaborative would work with and connect with the array of intersectoral partners including courts, schools, community-based organizations, service providers and other key partners to support families in need.
- Engaging faith-based churches and organizations can also yield crucial partnerships to effectively reach at-risk families. For example, Buffalo County Community Partners is working with three churches with Spanish ministries to train in Mental Health First Aid and Wellness Action planning to help identify families with unknown mental health issues who belong to partner churches and organizations
- Consider the **creation and funding of local family and youth programs** and community engagement events to help facilitate positive outcomes
 - Parenting and child development education prior to birth; pre-natal support; care and support groups for teens/parents after birth identified as community needs for at-risk families
 - Input of Tribal Nations included those common views of “community well-being” involve more community events (tournaments, dances, carnivals), cultural-based events and programs, and culture-centered activities, education, programs, families, and communities.
- As Nebraska implements its Family First Prevention Services Act Title IV-E State Plan, DHHS, in collaboration with community providers, should consider opportunities for developing enhanced capacity for implementation of evidence-based home visiting models such as Healthy Family America, Common Sense Parenting, and Nurturing Parenting to **increase its ability to connect at-risk families with community-based services and supports**
- Data from DHHS indicate the effectiveness of Nebraska’s Alternative Response efforts in decreasing removals of children from their homes by providing in-home interventions and connecting families and children with local, community-based services.
- **Economic development partners in communities can play an effective role in system transformation:** Chambers of Commerce or entities like the Ho-Chunk Community Development Corporation can act as a conduit for funding and community partnership

Strategy 2: Ensure Child Welfare and Related Systems and Services Reflect Communities Served

- During stakeholder interviews, community forums, surveys, and other efforts at gaining community input, it was frequently stressed that the child welfare system and related systems must reflect the communities and families they serve and take into account the lived experiences of these individuals. This includes:
 - DHHS and the court system having workforce pipelines that represents and **value life experience and cultural competency/diversity**, not just certain education or credentials;
 - soliciting, accepting, and incorporating the input and feedback of individuals impacted by the child welfare system and related systems; **authentic engagement in this case means co-creation**; and
 - offering services and resources that are accessible to non-English speakers
- Children and Families Services, the Juvenile Justice System, and other related systems must **consider and incorporate the input of individuals in the community, including those with lived experience, peer support advocates, and families involved in these systems**
 - Timely, authentic, two-way communication between agencies and stakeholders is essential during the consideration and development of legislative and regulatory changes, including Family First Prevention and Services Act implementation
 - In making decisions, all aspects of the system need to consider culture and reflect appropriate cultural competency
 - Building trust between the community and families and state systems must be a goal of this outreach
- **Peer support programs should be supported and promoted** throughout the state at the outset of every case to provide necessary community support to system involved families. This is a valuable asset that is often overlooked or implemented too late.
- **Establish an accessible platform for youth advocacy**; it is important that kids share what they think and that they are listened to
- **Workforce** in child welfare and juvenile justice systems **should reflect the communities they are serving** and should receive training in cultural competency
- **Collaborate with Tribal Nations** by improving cultural understanding of Tribal Nations, including family life, and recognizing and understanding that culture is a protective factor.

- The Tribes do a lot in terms of cultural support for families using language, family, elders, ceremonies, and so on. Culture is the key to healing and who Native American people are. Tribal departments have seen success when cultural and ceremonial activities have been utilized when serving families.

Strategy 3: Strengthen the Role of Tribal Liaisons at DHHS

- DHHS should **formalize its Tribal liaison roles** across all five divisions and develop a teaming model to connect Tribal Nations to appropriate multi-disciplinary services at DHHS as necessary. This model would serve as a strong connection to Tribal Nations and enable Tribal Child and Families agencies to connect more effectively to the full array of services and resources available through DHHS and the State.

Strategy 4: Address Disproportionality by Engaging Community-Based Organizations

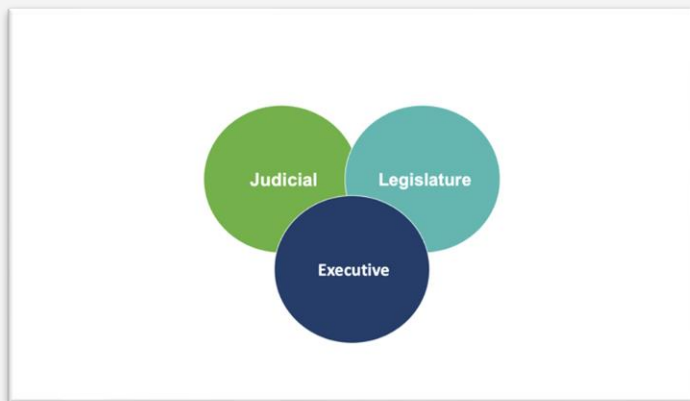
- Across the U.S., African American, Native American and children from families with English as a Second Language (ESL), are over-represented in the child welfare system. Cultural biases may contribute to fewer prevention services, increased reporting to the system, and higher out of home placements for these populations. In Nebraska, this disproportionality was widely reported in our encounters with Nebraska child welfare stakeholders, staff, and lived experience communities.
- As Nebraska strengthens the Community Resource Pathways/prevention infrastructure, the provider **networks built should be reflective of the communities serviced**, and inclusion of diverse delivery system providers should be paramount. There should be heavy emphasis on soliciting organically grown organizations, lived experience and adult/youth peers-especially those who meet the linguistic/cultural needs of the communities.
- Investing in **culturally appropriate/regionally equitable** systems and services, especially in rural areas of state and Tribal communities will address concerns that these are currently under-resourced or lacking. Cultural and language gaps adversely impact family supports and outcomes
 - **Address the need for more bilingual services**, especially in rural areas of state. Translation services or availability of non-English materials are necessary not only in court but in resources, referral points, and throughout the engagement of family and children.

ENGAGEMENT STRATEGY: INTERSECTORAL ENGAGEMENT

Strategies That Strengthen Relationships Across Court System, Probation, Executive Branch Agencies, State Department of Education, and Community Partners

Strategy 1: Continue the Three-Branch Collaboration into Implementation

- The intersectoral Work Group established by LB 1173 represents multiple state agencies, the courts, Tribal Nations, and the Legislature as well as multiple stakeholder groups and providers who serve and respond to the needs of children and families
- While LB 1173 concerns developing the initial strategies for transforming child welfare in Nebraska, continuing the Three Branch collaboration into implementation and beyond would be an effective intersectoral engagement strategy. This would be a continuation of the current Three Branch meetings between the DHHS CEO, the Senate President, and the Chief Justice. By engaging the three branches of state government in this work, **the responsibility for child welfare is shared across multiple systems and their component agencies, offices, and partners**. This Three Branch collaboration leverages group leadership across these systems and coordinates legislative, financial, and policy changes efficiently.
 - For example, during Virginia’s implementation of the Family First Prevention Services Act, the Virginia Department of Social Services employed the Three Branch approach with great success.
- One of the unique characteristics of child welfare systems is the overlap and integration of work and responsibility between the executive and judicial branches of government. While state child welfare agencies hold responsibility for delivering services to children and families, juvenile courts make key decisions determining if children have experienced maltreatment, when family separation is a necessary, how and when children exit foster care, and whether the child welfare agency has made appropriate and necessary efforts to prevent removal or achieve permanency. In this respect, courts themselves are a component in a state’s system of care.



Strategy 2: Develop Partnerships with Schools to Transform the Child Welfare System

- Local schools and Nebraska Department of Education (NDE) are essential community partners in Nebraska for identifying at-risk families and children and serving as a connection point to needed supports
- During community engagement, a commonly heard theme was that **schools are a place communities refer to as supportive environments**, meeting families where they are, and an important partner in transforming the child welfare system. However, another common theme was that school staff may not be fully aware of issues related to the child welfare system.
- A number of reports of neglect in Nebraska from school officials are for youth that are not showing up for classes or are unable to access needed services. The child welfare system is often being used by school reporters to connect with services where all other attempts have failed, rather than when there is a real concern for the child or youth's safety from abuse
- **Providing schools, especially mandatory reporters, with a clearer path to resources in the community could address the needs of children and youth, and even families**, reducing the need for future system involvement and helping these children and families reach self-sufficiency and well-being. Many states have implemented programs that have effectively engaged schools as community partners in helping address this need.
- NDE and the Nebraska Children and Families Foundation (NCFF) recently developed the Better, Together Initiative to pilot the Full-Service Community School (FSCS) strategy in Fremont, Grand Island, Schuyler, and South Sioux City.
 - This model can be done on a regional basis and maximized by leveraging the resources of the 23 Community Collaboratives through NCFF, who are already well connected with the school districts in every one of their regions. **A continuation of collaboration here, directly, and indirectly, will bring to the schools the intersectoral connection and approach that is envisioned in LB 1173.**

Strategy 3: Develop Intersectoral Relationship with Housing and Homeless Initiatives

- Many case workers, providers, stakeholders, and those with lived experience cited **housing as a significant concern and issue both for families at-risk of child welfare**

system involvement and for wards of the state who are preparing to transition to independence. Unstable housing impacts children and families and also can be a barrier for individual involved in system to have children reunified.

- Since 2020, an ongoing collaboration has been in place between homeless and housing system partners to coordinate crisis response (COVID-19) and discuss funding stream planning. This group has included individuals from DHHS Nebraska Homeless Assistance, Nebraska Emergency Management, Nebraska Children and Families Foundation, the Balance of State, Lincoln and Omaha Continuums of Care, local governments (city and county), a local HUD field office, Public Health, Community Action Partnership, Legal Aid of Nebraska, and the Nebraska Investment Finance Authority.
 - This effort should be expanded to include representation from Children and Family Services, Juvenile Justice, Child Advocacy Centers, Behavioral Health, Workforce, Education, and Medicaid, to coordinate resources, address barriers, and identify solutions to stabilize families and help transitional youth towards independence as they age out of the child welfare system. For example, this group could discuss the challenges faced by youth transitioning from Youth Rehabilitation and Treatment facilities with finding and maintaining stable housing, employment or education, and becoming independent.
- **Housing is a complex and multifaceted challenge** that impacts children and families in a multitude of ways, including truancy, delinquency, and risk of removal to the child welfare system. Intersectoral engagement such as this housing group is necessary to adequately address these issues. According to the Nebraska Indian Child Welfare Coalition (NICWA), the challenge of accessing housing services and other needed stabilization services is a real concern and challenge, particularly for transitional youth, as Tribal programs may not have connections with entities like those listed above.

Strategy 4: Increase Intersectoral Training Opportunities

- **Resources Training and Alignment:** Families in the child welfare system often require multi-system services: behavioral health services, housing services, education services, and public health services, for example. However, many CFS workers feel overwhelmed by the responsibility of knowing about all available resources. In addition, a commonly heard challenge by practitioners and stakeholders in many sectors of the child welfare and related systems was not knowing what resources are available to families and children to help support them; this can have crucial implications for families: those seeking reunification, fostering youth, or adoptive families.

- **Intersectoral Training opportunities bring multi-system players together across systems to gain knowledge related to things like poverty, medical needs, behavioral health** and other areas that can promote well-being in the future.
- In communities around Nebraska, intersectoral partners have realized great success through trainings such as Bridges to Poverty and through the Thriving Youth training model. Similarly, CFS undergoes trauma informed training that could be beneficial to all system partners. Community-based organizations like Community Collaboratives through Bring Up Nebraska could offer training to CFS workers, the courts, and juvenile justice practitioners to aid in awareness of local resources available.
- Educators and mandatory reporters can receive improved training in the schools about alternative options available to reduce unnecessary school referrals for abuse and neglect.
- Managed Care Organizations through Medicaid are also trained in trauma informed care and can provide trainings on Medicaid-funded services and programs such as value-based arrangements, social determinants of health offerings, and care coordination.
- By implementing ongoing, community-specific training for intersectoral parties involved in the child welfare system including CFS staff, CASAs Medicaid MCOs, housing authorities, county attorneys, judges, Child Advocacy Centers, school personnel, law enforcement, and others, the responsibility to know about resources does not fall onto one agency and partners will be better able to education one another on and align resources appropriately to support families.
- **Co-creation of Training Planning and Implementation:** A critical feature of Intersectoral Training is the **co-creation** of planning and implementing these trainings. During meetings with stakeholders, a concern heard from many different system players was that trainings were developed and administered without input from the systems they would impact, creating frustration and risking trainings included outdated or incorrect information. **Training must also be two-way: not only should child welfare practitioners be training courts and attorneys on the handling of certain cases, but these practitioners must also understand the culture and expectation of the courts in which they will be appearing.**
- **Cultural Competency Training:** Multiple stakeholders, including key Tribal stakeholders, stress that the state system is lacking in culturally sensitive approaches to engaging families and formulating supports and interventions. NICWIC recommends **imbedding culturally sensitive training across CFS, courts, healthcare, and other state systems** to

improve the relationship between providers, state agencies, Tribal nations, and other stakeholders.

Strategy 5: Build Authentic Collaboration with All Sectors and Stakeholders

- True intersectoral partnership requires authentic collaboration across the state and with all sectors and stakeholders. With training development and implementation above as an example, opportunities should be sought to engage across sectors and develop integrated models of care.
 - **Intersectoral partners should collaborate and partner with DHHS and systems across the state as the key to successful implementation of Family First Prevention Services Act (FFPSA).** A number of states have created cross-departmental integration and teams for FFPSA planning and implementation, established to understand barriers to providing effective services for individual and family needs **across sectors**. This approach included enhanced coordination with DHHS programs in behavioral health, TANF, food stamps and housing to strengthen prevention efforts by effectively coordinating services and supports to at-risk families. Outside of DHHS, this work was aimed at strengthening partnerships with other state agencies, employers, transportation entities, childcare providers, and housing services to provide smoother pathways to economic mobility.
 - In order for the LB 1173 Child Welfare Practice Model Transformation to be successful future **intersectoral partners should support, cultivate and continue to create the environment where innovative solutions to prevent overall system involvement happens at the community level with the people that children, youth and families in the community trust.** Through this approach, the overall system of care will benefit tremendously and the LB 1173 Intersectoral Vision will be realized.
- **Shared Decision-Making:** When state agencies involved in setting child welfare policy are looking to make changes in rules, policies, and important practices that will impact children, youth, families and also health and safety, they need to ensure authentic engagement and collaboration courts, county attorneys, guardian at litems, providers and organizations whose rules and policies will also impact. **Authentic engagement includes more than just providing notice. It involves providing an opportunity for those key entities to have a meaningful voice and input before final decisions are made.**

- **Tribal nations need to be considered and involved when State statutes, regulations, and policies are developed or changed.**
 - Laws and policies around daycare assistance for families, foster parent rates, and B2i eligibility have required a lot of time and money to change. If Tribes were included or considered from the beginning, it would prevent the need to make changes after-the-fact.
- **Judges/courts, county attorneys, and key stakeholders should be included in re-imagining well-being prevention efforts** going forward and their acceptance of such a system going forward is a key ingredient to success.
- **Establish trust through intersectoral collaboration:** During many engagement sessions, focus groups, and interviews, a common theme was a lack of trust among system players: DHHS, the courts, county attorneys, guardian ad litem, providers, Tribal nations, and communities, among others.
 - By purposefully employing an intersectoral approach, including for decision-making, training, program development and implementation, system partners can begin to feel included and valued, not just listened to. This inclusion can yield increased trust among sectors, and with families and the community, including in the Western and rural parts of the state.
 - State agencies and other system players should improve cultural understanding of Tribal Nations, including family life; the State must be more familiar with Tribal culture in order to build strong relationships.
 - DHHS and other state agencies must **improve their relationship with providers in communities**, including establishing a fair and reasonable rate/performance-based system, and allowing for true collaboration in changing policies or rules.
 - State agencies, courts, and the legislature need to **engage with those with lived experience**; not just listening, but co-creating. Children and families that are or have been part of the system that is making the change must be involved in the development of any programs or services aimed at serving those like them.

Strategy 6: Shared Accountability for Children and Families Across System

- Developing more accountabilities across the system, including a system for effective data and outcome monitoring are key components to an effective child welfare practice and finance model. DHHS should work with all providers receiving funding, including non-profit organizations, counties and municipalities, as well as other intersectoral partners to design and develop a quality measurement system that engenders confidence in policy makers, as well as providers of services.

- Integrate **meaningful, achievable performance-based outcome measures** into provider contracts and consider financial incentives for providers able to achieve performance targets. Providers need to be held accountable for more than just delivering services. In holding providers more accountable, DHHS should also look to give providers greater decision-making authority. Contracts should be re-structured in ways that align fiscal and programmatic goals and stimulate better results for children and families. In return for increased case-level decision-making authority, providers should enter meaningful performance contracts, with measurable quality outcomes and accountability.
- **Clearly define performance measures and incentives** emphasizing practices that provider staff directly control.
- When establishing performance measures, ensure that there is a clear connection between an individual's behavior and/or practices and outcomes and incentives. Without this connection, the motivation for the change in practice may be lost and the effectiveness of the performance-based system will be compromised. Effective performance measures are "outcome drivers" (the practices that lead to the outcomes). However, in establishing the assessment of the attainment of these measures, providers must not only what will "count" as meeting the expectation, but also the data collection methods and reporting requirements.
- Certain communities in Nebraska have established collaborations with intersectoral partners working together to solve case specific and systemic issues in the child welfare system, helping address issues in a particular case from a community of partners before a child or youth is removed from a home. Nebraska should continue to work on and expand these initiatives that build **strong partnerships through collaboration and a process of shared accountability across systems**. In doing so, a new system of accountability where the effectiveness of delivery, quality and outcomes can be measured is necessary and should include, at the minimum, some of the following quality indicators:
 - Trauma-informed practices;
 - Extent of Family Engagement in program development and implementation;
 - Accessibility - physically/virtually, via time of operation, and languages used – and welcoming to families;
 - How practices reflect family centeredness;
 - The collection and analysis of information related to program participation and outcomes

- Demonstration of fiscal responsibility in the use of funding
- **Success Alignment:** Across sectors, Nebraska must recognize that success by one is tied to success for all.

Strategy 7: Expand Intersectoral Efforts for Parents with Prenatal Risk or Children 0 to 5 Years of Age

- In Douglas County, Hastings, and North Platte, the Community Collaboratives have helped forge potent intersectoral partnerships to support mothers with substance use disorders and allow them to safely keep their child(ren) home with them or work to quickly return them once safe after developing Plans of Safe Care.
- Under this model, providers suspecting prenatal substance use or delivering substance-exposed newborns contact CFS, who, with intersectoral partners, **offers innovative navigation and connection to substance abuse services and programs for caregivers and families.** In Lancaster County, there is also a partnership with the County Attorney, who helps hold the family accountable on following the treatment protocol, and that the child(ren) remains safely at home. Safety remains the first priority.
- Partner entities for the program in Douglas County include 211 United Way, The Bridge (Family Resource Center), Project Everlast, Local Hospitals, Home Visitation Providers, Nebraska Early Childhood Initiative, Sixpence, Children’s Hospital, Douglas County Public Health, Monroe Meyers Institute, Charles Drew FQHC, along with state partners from Nebraska Department of Education, Office of Early Childhood, Head Start, Public Health, Behavioral Health, Nebraska Children and Families Foundation (NCFE), University of Nebraska Medical Center, and Medicaid.
- Expanding this program statewide would help bridge sectors to serve safely and effectively one of the highest risk populations in the child welfare system.

Strategy 8: Coordinate Intersectoral Partners to Better Serve Transition Youth

- Several stakeholders during outreach indicated that preparation for youth aging out of foster care does not begin early enough and does not involve enough key partners to effectively scaffold supports for this transition, which can result in homelessness for the transitional youth, having a child in foster care themselves, or even entrance into the criminal justice system.

- Engagement efforts are crucial to increase cross-systems communication among agencies and departments connected to child welfare, juvenile justice, criminal justice, housing, behavioral health, employment, and education. These efforts must include partnerships with the community, non-profits, advocates, and lived experience individuals to identify alternative strategies to interrupt the foster care-to-prison pipeline.
- Medicaid must also be involved in these discussions; as children with Developmental Disabilities age out, individuals and families need to be educated on what services are available under Medicaid and Social Security for them.
 - In addition to B2i offerings, transition age youth need timely navigation and support to secure not only health coverage, but connection to social determinants of health such as housing, employment, food, and transportation.
- Peer models that can provide guidance, support and a sense of belonging for young people in and transitioning from foster care are essential. This may include mentoring, resource navigation and community-building. The process for preparing Youth aging out of foster care with adequate housing and resources should start more than six months before transitioning out of care.

Strategy 9: Intersectoral Collaboration to Promote and Support Permanency

- While Nebraska has made marked progress in reducing entry of children into foster care, throughout the state it was shared that permanency goals were often not being met, particularly in cases involving higher need children that require more intensive support. Causes cited included parental substance abuse issues and lack of treatment options, multiple case managers assigned to a case due to high turnover, parents not able to access timely behavioral health services or parent education services, and, in a number of cases, parents not engaged in case planning causing case plan delays. Unstable housing, lack of employment, and issues of economic distress result in further delays in permanency.
- Together, intersectoral partners involved in the child welfare system should adopt the following principles for permanency from the start of each case:
 - Permanency begins at the first contact and continues with a sense of urgency until permanency is achieved.
 - Focused efforts should be made to timely place children who are legally free for adoption with a prospective adoptive family.

- Promote lifelong connections for each child and when possible, preserve kinship, sibling and other community connections.
- Value post-permanency support services as a vital support to encourage adoption and assist families to remain committed to children with special needs, so children remain stable with their new families
- Agency partners such as **housing, education, and intra-sectoral DHHS partners** such as behavioral health, public health, and CFS should **work together to bring the same level of focus and attention to helping children and youth reach permanency and exit foster care**, as has been made in Nebraska in reducing foster care entries overall.
- **Enhance efforts by CFS, child placing agencies, and system partners to recruit, train, support, and retain foster family homes able to meet the needs of children and youth with high needs**, especially those with complex mental and/or behavioral health
- Develop a **comprehensive plan to include additional Intersectoral partner agencies and stakeholders in providing support to the CFS case workers** including help with facilitating access to any service that the family may need to sustain permanency. This could include assistance with housing, childcare, workforce, parent education, public benefits, and other supportive services. This could also include assistance with grandparents/relatives and caregivers that may need kinship support in the community with resources, such as respite, transportation, accessing medical services through the Managed Care Organization, school services through the local school district, etc.

ENGAGEMENT STRATEGY: INTEGRATION ACROSS AGENCIES

Strategies That Support Integration Across Agencies

Strategy 1: Implement Best Practice Strategies for Cross-over Youth

- **Cross-over youth, those with cases in both the child welfare and juvenile justice systems, require intentional, inter-agency integration** in order to best serve them and their families. Improved protocols, communication, coordination, and training on crossover youth is needed across the state to improve outcomes for this population of youth.
- The Administrative Office of Courts and DHHS have implemented an effective Cross-over Youth Practice Model (CYPM). This CYPM should be practiced with fidelity in every

region of the state, since it leads to the best outcomes for these youth. Interviews and focus groups have revealed that there is often a lack of understanding on whose responsibility it is to obtain certain services for cross-over youth, and specific roles and responsibilities of the different agency case workers. Where there is adherence to the CYPM, these issues are addressed and communication, collaboration and coordination of services enhances the opportunities for the best overall system outcomes.

- CFS caseworkers and Juvenile Probation front line staff must work collaboratively to serve cross-over youth, leveraging available funding, allocating responsibilities and roles appropriately, and standardizing training.
- Douglas County has developed programs specifically tailored to this population of youth, which has had positive outcomes. **The Youth Impact! Model** (Douglas County's implementation of the Crossover Youth Practice Model, as developed by Georgetown University's Center for Juvenile Justice Reform) and **Operation Youth Success** (a comprehensive, coordinated, and community-wide approach to juvenile services) are models that serve the cross-over youth and juvenile justice involved youth population well through cross-agency collaboration.
 - **Youth Impact!** is a voluntary coordinated effort of public and private agencies that have come together to address the children and youth known to both the child welfare and juvenile justice systems. In this model, Douglas County is utilizing the 1184 Crossover Team to bring members together for coordinated case planning. Using an MOU coordinated by the area Child Advocacy Center, this program binds the partners together, including parent and youth, to reduce recidivism, reduce youth from crossing over, reduce the number of youth in out of home placements, reduce use of detention, and reduce disproportionate minority contact. The LB 1184 model is used to share information on child welfare cases, including cross-over youth cases. **This model should be considered statewide, leveraging intersectoral partnerships of the existing statewide 1184 Teams to bring system partners together with the court sitting at the table to address all the needs of the youth to prevent further crisis or family destabilization, and to promote future independence.**

Strategy 2: Align Resources Across Agencies to Best Serve At-Risk Families and Children

- One of the most commonly heard themes of stakeholder engagement was that, while there are resources available, linkage to concrete supports and services and knowledge of their availability and being able to access available supports was a considerable

barrier. The misalignment or alignment of resources can make the difference between being reported to the abuse and neglect hotline or staying out of the system all together. Access to important and available resources can be the difference necessary to return a child home after a removal to foster care or help with permanency for a child in a foster or adoptive placement.

- This misalignment occurs even within DHHS itself and its Behavioral Health, Public Health, Children and Family Services, Medicaid & Long-term Care, and Developmental Disabilities Divisions. Engagement across agencies, therefore, also requires engagement within DHHS to effectively align resources and serve children and families in the child welfare system. **Without integrating the availability of resources, there will continue to be barriers for at-risk families and children to access the full range of resources.** Intra-agency communication and coordination must be pursued to best serve families and keep a clear line of sight on cases and how to assist and collaborate.
- Many services families need are covered by different funding streams, including Medicaid, but courts, attorneys, law enforcement, Tribal nations and CFS case workers are not aware of the full range of these different funding streams or resources.
 - For cross-over youth, juvenile probation officers and CFS case workers might have access to different resources, creating inconsistent availability of services
 - Tribal CFS departments have no training in how other programs work or how to access them; meaning agreement dollars may be spent on services that could otherwise be covered by existing funding.
 - Community forums, interviews with state agency staff, and focus groups highlighted that commonly unmet needs in child welfare cases or for at-risk families include housing, behavioral health, childcare, early intervention services, education services, and parenting resources for older children, yet many did not know that some of these resources exist in their communities.
- **State agencies must take identified barriers and align and integrate their resources and funding streams to better serve at-risk families and children.** Medicaid MCOs in Nebraska do not appear to play a large role currently in the child welfare system, however they are a vital partner in helping address many physical and behavioral health needs. Public Health funds and oversees many home visiting programs, such as the Nebraska Maternal, Infant Early Childhood Home Visiting program. The Department of Education oversees the Sixpence home visiting program, a unique public private partnership that has leveraged private and public funding to support community based early childhood programs. These programs have been proven to prevent child maltreatment, improve child health and school readiness, and improve maternal

health. **Aligning these programs and funding streams to benefit at risk families and children prior to involvement with the child welfare system should be a priority.**

Connecting them with children and families that are involved with the child welfare system is a valuable tool in maximizing prevention. Integration with Economic Assistance can also help families access crucial public benefits to stabilize themselves.

- **State agencies should establish an integrated entry point to resources to aid frontline system stakeholders (CFS workers, juvenile probation, courts, families, schools, community-based organizations, and providers) in their access and navigation.**
 - CFS workers must receive training on the availability of these resources and how to apply for them, but courts, schools, juvenile probation, county attorneys, and other system players must also be aware of these cross-agency resources and have the ability to leverage them to help children and families
 - A closed loop resource and referral platform could be implemented to connect families with available resources, but there will need to be much more education for families, individuals, providers and stakeholders on what resources are available in the community and where and how to access them – especially as the state focuses more on prevention
 - Pediatricians and primary care physicians should be able to gain knowledge on how to access available services in their communities for struggling families they serve, or can help identify families in need and connect them to community resources, such as the Community Collaboratives or direct community/faith based providers through a closed loop resource and referral platform as well

Strategy 3: Establish Multi-Disciplinary Team-Based Approaches to Collaboratively Support Families

- Many stakeholders and persons with lived experience report an observance of reliance on universally mandated services that are often ordered through the court. Instead, reliance should rest with the expertise of a collaborative team of experts in child welfare, mental health, parenting, etc. to develop evidenced-based recommendations and treatment/reunification plans that meet a family's specific needs.
- **Existing multidisciplinary court team approaches promote tailored approaches and services to the local community to ensure effectiveness.** As a result, cases involved demonstrate higher than average rates of successful permanency.
 - The LB 1184 model, which enables multi-disciplinary teams to share confidential information across agencies when abuse or neglect has been reported and

coordinate and monitor treatment for families where child abuse or neglect has been found, **should be expanded to prevention services as well**, before a report of abuse or neglect has been filed.

- Models like **Family Treatment Courts** should be expanded in Nebraska to increase capacity for child protective services, treatment professionals, court personnel, and community partners to coordinate services
 - Two approved Family Treatment Family Courts exist currently in Lincoln, one focused on parental domestic violence and the other on parental substance use. These programs are operated under an MOU with the Administrative Office of the Courts and Probation and DHHS/CFS which allows for data sharing and have a staff Coordinator that reports to the Administrative Office of the Courts and Probation for both courts. This model could be expanded statewide as a best practice for multi-disciplinary teaming on child welfare cases.
- Drug Courts in Nebraska, like the one in Lancaster County, have shown tremendous success in assisting families where a parent has substance use disorder; this model should be expanded to offer services to families **before a removal** as well.
- In Sarpy County, in certain cases, the court requires CFS or Juvenile Probation supervisors to be part of a multi-disciplinary team and to also attend certain court hearings to address the impact of high staff turnover. If a case worker turns over the case is not impacted and is able to proceed efficiently and effectively as the team and lead judge remain on the case.
- Multi-disciplinary teams assembled and led by the County Attorney, like the teams assembled by the Lancaster County Attorney Office, prior to a court filing, that focus on bringing key system members together who can focus intently on meeting the needs of a child or family is another successful model.
- **“Through the Eyes of the Child Initiative”** is another a best practice that was touted widely through our community engagement, creating a forum for local child welfare and juvenile justice stakeholders to collaborate with each other. Through this model, a lead judge oversees local multi-disciplinary teams, frequently comprised of a team coordinator, county attorneys, parents’ attorneys, guardians ad litem, DHHS administrators, supervisors, and caseworkers, facilitators/mediators, CASA employees and volunteers, Foster Care Review Office members, therapists, clerk magistrates, probation chiefs and officers, law enforcement professionals, school employees, youth and foster parents. These **teams provide an excellent multi-disciplinary approach to issues needing attention in their communities in order to best meet the needs of children and families.**

- Including **Medicaid Managed Care Organizations (MCOs) as a part of multi-disciplinary teams provides immediate opportunity and benefit**; MCOs are the health plan experts and requiring them to share their data and expertise with CFS caseworkers and Child Welfare Placement Providers will result in big wins to enhance care coordination and access to services, improve health care outcomes, and create a path for developing electronic medical records.

Strategy 4: Enhance Collaboration, Communication and Partnership with County Attorneys

- Through the Work Group's engagement across Nebraska, many best practice or effective child welfare models involved authentic partnership, communication, and collaboration at the outset between the county attorney and CFS and/or a juvenile probation officer, even in Alternative Response cases that do not necessitate court involvement.
- County Attorneys in Nebraska are key Intersectoral child welfare partners, bringing another set of eyes and perspective to cases. They are essential to moving a case through the process in a timely manner, which is critical in reducing trauma from placements and involvement with the foster care system. They can also help ensure that necessary services are in place. However, a survey done by the Work Group indicates that in many locations, communication between CFS and county attorneys needs improvement.
- Enhancing collaboration, communication, and partnership with the County Attorneys is an area ripe with opportunity. DHHS should consider regular CFS meetings with local county attorneys to provide regular reports regarding the status of cases in their jurisdictions, including those that are non-court or Alternative Response. 1184 Team Meetings can also be used to promote transparency with intersectoral partnership and strengthen those relationships to improve outcomes for families.

Strategy 5: Leverage DHHS Tribal Liaisons for Intra-agency Collaboration

- As a continuation of Engagement Strategy 3 for Community Strategies, DHHS' Tribal Liaisons offer a considerable opportunity to increase engagement both within DHHS and with Tribal nations, which are authorized to engage in self-government, including oversight of child/family welfare infrastructures. From community input, it was emphasized that as Tribal nations, discussion of working with Tribes should be considered inter-governmental, not only intersectoral or with communities. It was also

commonly shared that routine communication between state government entities and Tribal governments is lacking at times.

- Tribal Nations' cultures are not homogenous; their nuances color Tribal governmental infrastructure design and their approaches to child welfare. The state child welfare system transformation must factor in these unique considerations in planning for broader Tribal understanding, support and engagement. **Liaisons, as representatives of the federally recognized Tribes in Nebraska, are able to bring this nuance in perspective and experience to their roles within DHHS and can work within the divisions of the agency to ensure any child welfare transformation leveraging the different divisions reflects the needs of the individual Tribes.**
- DHHS Tribal liaisons oversee and are involved in intra-agency efforts such as public health in addition to their work as liaisons, positioning them as excellent conduits of information as it relates to Tribal relations and what DHHS may be able to coordinate within DHHS and with the Tribes, what barriers that exist in their collaboration with the Tribes, and how DHHS could improve its resources to Tribal Nations.
 - Coordination between Tribal Child and Family agencies and the institutional system can foster better coordination of Tribal children between the two systems
 - Tribes do not have ready access to the providers with whom the state contracts. Allowing the Tribes to access and make referrals for these services through DHHS contracts with these providers would be helpful in expanding the array of services available to Tribal youth and families
 - More intensive case management for families with multigeneration experience in the child welfare system may be needed. Dominant culture case size standards may not be appropriate for Tribal programs and should be considered when working with Tribal cases

ENGAGEMENT STRATEGY: DATA COLLECTION AND OUTCOME MONITORING

Engagement Strategies That Support Data Collection and Outcome Monitoring

Strategy 1: Collect Data that is Usable by Practitioners in Real Time

- Data systems must not only collect data but have **readily accessible, detailed, and easy to read reports** that contain accurate and timely information. Such reports should be interactive and specific for the target user, including for those making critical decisions

in real time (for example, different reports for case workers, supervisors, court staff, legal, etc.).

- CFS Case Managers, Supervisors, Administrators need real time data available at their finger-tips, to view dashboards, uncover backlogs, and effectively monitor performance. This information needs to be available within the case management system. **The use of technology as a decision support mechanism aligns with efforts to improve outcomes, as outcomes are impacted by productivity, focus, quality, expediency of actions, proactive interventions, visibility to risk, and awareness of gaps and needs.** Use of technology should cover this spectrum and be considered at all levels of staff within an agency.
- **Nebraska should expand the use of modern tools for business intelligence/analytics** (e.g., Tableau), which have the opportunity to leverage child welfare data for Key Performance Indicators, drill downs for regions and staff, data driven decision making, and predictive analytics.
- **This system should provide frontline staff access to relevant data reports and information at any time from any location and from any device.** Furthermore, the frontline staff must have the capability to submit documentation in real-time (including but not limited to completing forms, obtain electronic signatures, upload photographs, and upload documents). Workers must also have immediate access to supervisors and/or emergency personnel.
 - Other data that would be useable in real time includes available local resources such as beds in treatment facilities or housing options, capability to match available placements to the needs of the child, capacity and successes of foster homes, foster home limitations, including lack of foster homes in geo-graphical areas, accurate and readily identifiable location of children in foster care, including a complete journey of the child's previous placements, reasons for change, current placements, incidents at each placement (child specific, provider specific, timeliness of documentation requirements such as placement changes, face to face visitations, and medical/dental check-ups).

Strategy 2: Technology Systems Should Operate within a Master Data Management Strategy

- Technology systems should operate within a master data management strategy where **information is consolidated and not siloed across departments or agencies.** Information should be managed consistently, and the source of record should not be compromised by duplicative efforts to manage such data. Contributing agencies should

be considered part of the user base and connected to agency systems for batch and transactional information processing. As such, the agency must have a data sharing strategy that offers contributing agencies and business associates an approach to participate for the purposes of enhancing the system of care.

- DHHS (CFS, Medicaid, Behavioral Health, Public Health, etc.), Other Government Agencies (Courts, Probation, Dept. of Ed, etc.), Service Providers, Community Agencies need streamlined information without needing to jump from system to system. Providers and state need to know how they're performing together, not only reports, but sharing information and using it together. Systems cannot gauge their performance collectively without the ability to measure data.
- With appropriate confidentiality, data sharing by intersectoral partners can improve decision-making and ensure services provided are informed by outcomes.

Strategy 3: Implement a Comprehensive Child Welfare Information System (CCWIS)

- Title IV-E agencies increasingly need information on the availability, effectiveness, and cost of services that reduce risk, strengthen families, and prevent the need for out-of-home placement. High quality data supports the delivery of effective, economical, and effective services, which support improved outcomes for clients.
- DCFS staff and leadership both indicate that, by-and-large, data and reports available through N-Focus are inaccurate and not readily able to provide meaningful data in a timely manner. **Investment should be made in a CCWIS capable of collecting and reporting program, service authorization, and expenditure data at an aggregate and client-specific level.** By collecting and maintaining service provider information in a CCWIS, the Title IV-E agency can evaluate options and make informed decisions when creating a case plan and/or assessing systemic service needs.
- This system should consider variations in business processes across regions (such as quality assurance processes and protocols), as business processes may differ across regions, including activities or forms that involve different workflows or approval processes. The system should easily accommodate with configuration changes of modular components.

Strategy 4: Leverage Existing Public Data to Inform Practice

- Publicly Available Data and Dashboards using historical and recent data can be useful for case managers/providers, but this data is often under utilized
 - Nebraska should consider implementing data practices such as the model used in Florida, which utilizes public data to study state/Regional performance and also to get statistics information
- Currently available data should be considered for innovative uses to prevent unnecessary removals and identify families who are appropriate candidates for prevention services. For example, Social Determinants of Health (SDOH) data broken down by zip code identifying families with housing needs could support a SDOH pilot focused on housing through the lens of family preservation
 - Off-the-shelf technology options can be considered to utilize publicly available data in innovative ways, with Florida's model again as an example.

Strategy 5: Define key data and performance metrics across all systems and use them to drive innovation and change.

- To achieve a true intersectoral approach to child welfare, performance metrics and key data tracked must be collectively agreed upon by all partners across all systems.
- This alignment of priorities and key data must prioritize focus on outcomes, rather than outputs.
- These metrics may differ from region to region as different outcomes are sought for different populations and geographic locations; metrics may also be different for Tribes.

Strategy 6: Share Critical Medicaid Member Data with CFS

- During stakeholder engagement, it was often cited that Medicaid encounter data is not being utilized for child welfare cases, but could have been of immense value to CFS workers to either reduce crisis or assist workers in identifying needed supports.
- Medicaid and child welfare data is not merged in any way to generate case management data like prescriptions filled, for example. While the data legally can be shared, though it is very sensitive, it is often lookback data on claims in foster care. Data on individual kids on any given day harder to get but holds value as a powerful tool to help in case management.

- For example, the Work Group heard about a number of adoption disruptions that have occurred where it may have been prevented if CFS was made aware of a number of repeated medical or behavioral health episodes and was able to intervene with some additional intervention. DHHS Medicaid claim system and MCOs claim data paid on a child or youth that was adopted, available because many continue to stay on Medicaid during the adoption, could be used as in a proactive way to help adoptive families and children. Additionally, this data could be valuable to staff trying to expedite permanency planning so a child or youth can be reunified.
- Because Medicaid and CFS are both divisions within DHHS, DHHS should **identify solutions of interoperability and sharing of Medicaid data as a priority.**
- Nebraska should review the efforts of the Children's Partnership, which launched a 5-year pilot initiative to promote electronic care coordination for children in foster care and recommended six critical elements to ensure foster care electronic record initiatives achieve their fullest potential:
 - Gain further insight into how best to engage consumers through electronic records;
 - Initiatives should increase and improve communication across the care team;
 - User-centered design and testing must be more rigorous;
 - Evaluation and ongoing, iterative improvement should be strengthened;
 - Privacy challenges are real but not insurmountable; and
 - Federal and state support is needed
- This effort could be expanded to Nebraska's current 1184 multi-disciplinary team process where multiple teams, including investigative, treatment, and specialized service providers, are brought together through facilitation to improve the handling of child abuse and neglect cases.