



LB 1173 Reimagining Child Welfare in Nebraska Workgroup Monthly Status Report

June 2023

Monthly Accomplishments, Highlights, and Planned Activities

Accomplishments

- 5.23 LB 1173 Reimagining Child Welfare - Tribal Involvement Update with DHHS Tribal Liaisons
- 5.23 Meeting with CFS Hotline Supervisor to discuss "Screening" process and alternatives approaches to "screen out."
- 5.24 Meeting with DHHS IT support that are working on Referral Portal and Close Loop Referral platform and forwarded best practice and thoughts to consider aligned with LB 1173 and input received
- 5.30 Winnebago-Focus on Community Well Being with Tribal Leaders and Community Collaborative, including Central Area Community Collaboratives meeting at Reservation/reviewed detailed notes taken by Michelle Parker from Tribal participants
- 5.30 LB 1173 Consultant Meeting: Casey Family, TSG, Family Justice Group, Annie E. Casey Foundation
- 5.31 Meeting with Community Collaboratives to discuss Community Pathway in Kearney
- 5.31 Focus group with Regional CFS staff in Kearney
- 5.31 Community Forums in Kearney (afternoon and evening session)
- 6.1 LB 1173 Work Group meeting
- 6.1 Statutory Review Focus group – initial meeting with CFS leadership staff/in-house counsel to review laws that may have impact on Community Pathway and other legal issues to bring forward to 1173 Workgroup for consideration in developing recommendations
- 6.1 LB 1173 ESA Session in Omaha with stakeholders that were part of the March forum – return to discuss solutions and garner additional feedback
- 6.6 Following up on the Winnebago meeting of May 30th, working with Michelle Parker - survey link with questions sent to participants who were at the meeting/collecting notes on issues and solutions and working with Michelle on setting up meeting with Misty Flowers with the Nebraska Indian Child Welfare Coalition, to discuss budget data and historical issues raised at the Winnebago meeting with larger group Misty works with that knows the child welfare system as it relates to native communities.
- 6.6 Outreach to County Attorneys Mandi Amy, Chris Turner and Chris Reid.
- 6.8 TSG, in collaboration with CFS leadership, designed a survey for CFS workers that had three or more years of experience related to the current CFS Training model. The survey was sent to over 300 CFS staff and responses were open until June 30th. As of 6/22/2023 there were over 200 responses (60%). TSG is currently analyzing the results for development of LB 1173 Reimagining Child Well-being Training Plan.
- 6.12 Meeting with Maralee Bradley, Foster Parent, to discuss lived experience and hear thoughts on LB 1173 solutions for Workgroup. TSG working with Maralee to schedule a focus group with current Foster parents and also meeting with faith based communities in July.
- 6.15 Interview with Lancaster County Attorneys Christopher Reid and Christopher Turner to discuss issues related to LB 1173
- 6.16 Tribal Liaison Monthly Meeting



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- 6.21 Second meeting of the LB 1173 Statutory Review Focus Group
- 6.22 Nebraska Childrens Commission Meeting
- 6.22 Attended Judges Conference in Kearney
- 6.27 Finance Synergy Subgroup Meeting
- 6.28 1173 Finance Workgroup Meeting
- 6.30 Finance Rates & Contracts Subgroup Meeting
- Making connections with LatinX community organizations including Latino Center of the Midlands (Omaha) and Centro Hispano Comunitario (Columbus) to collect more data on LivedEx
- Connecting to early childhood education organizations NE State Head Start Association, NE Association of Educators of Young Children for annual reports and other available data-especially their advocacy initiatives re: family support/stability and foster care.
- Research Medicaid Best Practice for presentation before the July Workgroup

Finance

- Finance presentation to 1173 workgroup (June 1, 2023) Highlighting: Current use of Federal funding; Key objectives of Title IV-E Maximization Finance Subgroup; Cross-system collaboration; Provider rates and contracts; Reduction to OHC Return on Investment
- Developed preliminary TANF Funding Recommendations to include: Warm Line Development, Implementation, and Operation; Statewide Family Resource Navigation and Support Coordination; Community Collaboratives (Pathway to Prevention); Concrete Supports for Families in Need; Closed Loop Resource and Referral System

Highlights

Interviews, Stakeholder Focus Group Highlights

Prevention

- Prevention needs to be focus across all sectors: Substance Abuse, Mental Health, and Child Welfare; filing a petition should not be used as the only way to get needed services
- Warm line, as opposed to, hotline is supported and feasible with current hotline infrastructure and process, but CFS hotline staff would need to create a new process for assessing “screen out” calls, and there will also be a need to keep judges, law enforcement, and county attorneys updated so they can be brought on-board in a positive way
- There is currently a lag in CFS reviewing screen outs from the hotline. Developing a way to get assistance from Community Navigator System on “screen out” calls would be a great alternative as the community collaboratives are doing the type of work needed to work with families – provided there are appropriate resources
- Not all schools have social workers which makes educational neglect difficult to handle-currently. The options for school reporters are CFS call or internal school handling; if there were an alternative, educational neglect would look very different; schools are open to ideas
- Re-screen process for when calls are sent back to the hotline is not what it could be—looking at what other states do



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- Peer support ideally should be offered before CFS visit to home, would help support family to family and prevent trauma of removal from home; peer support should be part of CFS worker training. Often families with child welfare system involvement have trouble opening conversation with CFS, are afraid to-trust, so families are more inclined to reach out to peer support groups for help if this resource were available and known to families immediately upon “screen in” investigation
- There is no statutory change needed for CFS to send “screen out” reports to a community navigator or vendor, unless the intent is to change the reporting requirements to County Attorneys and law enforcement. There will need to be some kind of contractual agreement with the community navigator or vendor to provide them with the information needed.
- Policy makers should be included in any discussion related to a prevention process that may impact the case management statute going forward. DHHS already has the statutory authority to provide the service and the budget authority to do this method but may need a line item in budget for Prevention Services to include this language.
- If involving the Community Navigation pathway, CFS will need to make sure that internal staff are trained and know why the referral is happening, that family needs help and there could be risk of abuse/neglect
- Payment source and statute can be a barrier to referring a case for prevention if case needs to be open in order for payment to be made; currently with some referral partners like Healthy Families America, no open case is required to refer a member. Currently there is a pilot occurring to refer to prevention worker for maintenance plan and reviews without an open case as required by federal law but there is question of whether these fall under “case management” as defined in law—“case manager” shall be employee of DHHS (68-1212). This practice may also need to be brought to the Legislature for review.
- LB 1173 Transformation needs to ensure that whatever is done in terms of prevention, diversion and policy, that Safety is still the # 1 priority; County Attorneys may be receptive to enhancing prevention early on for many of the screen out cases where families need help, but want to ensure the focus on safety stays as a top priority for “screen in”

Data

- Screenings are not really screening but basic questions and currently they are not using data in screenings, making the process inefficient; do look at call volume and projections, but not a well-rounded analysis

Regional Behavioral Health System

- Cycle of behavioral health crises in youth: children need behavioral health services—no access—problem behaviors—crisis—child ends up in residential placement. Law enforcement with behavioral health provider model works well to break cycle, mobile response not very responsive
- Wait lists for services are very long, up to six months, leaving parents and foster parents feeling very alone; Sometimes takes multiple calls for Managed Care Organizations to find providers that will accept patients and even more difficult for certain conditions. This shortage of care makes it difficult to be proactive. The farther away from Lincoln and Omaha you get, the farther you get from help
- Peer support specialists can help families with accessing needed behavioral health services/making calls to find right services

Ancillary Issues

- Engaging and educating other entities involved in child welfare system can improve case management and reduce turnover: other parties can help provide families with support so families have more than caseworkers to turn to: schools, other legal parties to the case, law enforcement



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- Child care/early education access is a problem for many families and licensing requirements and sustainability for childcare providers are cited issues and should be addressed
- The use of stipends should be considered including whether they count as income, what they can be used towards, how they are issued
- There is a need for a statewide community resource page, or electronic social care platform with county and community data that is streamlined, accessible to families, and with cultural translations on food banks, housing help, transportation, etc.
- County Attorneys believe DHHS drug testing policy in investigations where there are issues related to prior drug use of a parent that could create a safety risk should be revisited

Cultural Engagement

- For representatives of Winnebago, Santee, and/or Omaha tribes, common views of “community well-being” include more community events (tournaments, dances, “carnivals”), cultural-based events and programs, and culture-centered activities, education, programs, families, and communities; DHHS needs to know what is going on in tribal communities and what priorities are, including tribal member maintenance/keeping their homes, living in a safe environment, embracing community connectedness through culture, and generational connectedness
- Creation of family/youth programs and community engagement events can help facilitate these outcomes.
- Continuing research of best practices/challenges in child welfare reform

Workforce

- More focus needs to be paid to case worker safety in the field: cultural issue that everyone thinks CFS can solve all problems
- Retention, low pay, burnout, and training are impacting peer support organizations. Used to be twice as many peer support organizations in the state, now down to three

Medicaid

- Managed Care Organizations often unable to find needed behavioral health services for families; there are not enough therapists under plans. Families must sometimes hire therapists for short periods (1-2 months) when cannot bill Medicaid for those services-not sustainable

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

- The DHHS Tribal Liaison group would like to continue to meet and receive updates on the LB 1173 work and is in the process of setting up a monthly recurring meeting for their team
- DCFS currently working on ACF discretionary grant regarding best practices in Indian Child Welfare. Application is due 6/13 with grant beginning 10/1. The first year of the grant is focused on planning and will incorporate the work of the LB 1173 Project
- There is a gap in continuation of services, funding when placing a child in another state relating to Tribal cases/Tribal Courts; Medicaid and Child Care Subsidy are areas where there is a funding gap
- Statutes require cross reporting of case intake (sent to law enforcement and staffed with 1184 teams) even when call does not meet abuse and neglect definition, because statutes require cross-reporting it can result in an open case. Workgroup may want to consider recommending tweak to statutes that involve reporting of all screened out cases, especially if there is a community pathway option
- Not all screen outs can have blanket exemption and referral to a “community vendor”—would have to be some analysis or assessment of risk factors, etc. Evident Change tool might meet this need. Hotline today has a “special circumstances” screen being used.

Intervention



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- The process of becoming a certified peer support is a challenge; state requires 60 hours of training and a test to be certified and there is a waiting period to get into the training and there is a waiting list to get into the training. There are only 2 approved training agencies statewide—they are very costly and do not support train the trainer model
- Tribal members have shared with TSG that there is disproportionate funding for child welfare services between state-provided services and tribal-provided services that should be researched and clarified
- Ability to switch CFS workers based on mismatch with family was listed as a popular recommended solution or improvement to the current system during community forum; improved career assistance, treatment, wraparound supports, and Intensive Outpatient Program aid were all also population recommendations

Organizational Model

- There is no real, consistent process for CFS Hotline to refer/connect to Managed Care Organizations, Community Collaboratives, or Economic Assistance resources; while hotline workers do have a resource book, its limited to the county

Finance Subcommittee Highlights

- IV-E Maximization Activities Finalized and Prioritized - Work with federal legislative representatives to pursue change to Title IV-E lookback (AFDC) amount; Licensing of relative caregivers / kinship homes; Claiming for children placed through Letters of Agreement; Change to agency contracts; Rate setting to ensure appropriate payment; Improve eligibility-related documentation; Shared Living Providers.

Emerging Issues/Key Themes

- Tribes have a very clear vision of what community well-being means for their members and what it must entail, which must be taken into consideration when re-envisioning child welfare; this concept is very critical to tribes met with; DHHS tribal liaisons want to continue to be included in LB 1173 work
- Peer support not only helpful resource at front end and throughout CFS intervention process but should also be part of prevention work, pre-removal work, CFS case worker training. Peer support can help families access needed BH supports before crisis
- Sustained support across different stakeholders for prevention services being focused on as an effective way to reduce removals and that community organizations/collaborations may be best entity for this, but this shift will require more attention to budget, statutory, and administrative details to execute
- Hiring caseworkers with an eye to background that is more reflective of the families impacted by child welfare (including having caseworkers who have held a variety of other jobs in the past) or caseworkers with lived experience continues to be reflected as a common improvement to the system
- Listening to families and having a family-centered child welfare system that removes labels continues to be noted is an improvement that must be made
- Emphasis on pathways to recruit and train foster parents of color to support cultural/language competencies in out of home placements
- Foster care funding/stipends for biological families vs. non biological families-biological families receive fewer \$\$\$
- Improvement needed preparing children aging out of foster care for the transition
- Other themes and common recommendations that continue to be heard: training on culturally appropriate issues, collaboration among agencies, peer support early on, fund prevention services with focus on safety and well-being of entire family, Rural vs. urban service/resource disparities
- May need to review drug testing policy and continue to elicit feedback from County Attorneys/will need to ensure County Attorneys and judges are in agreement and have consensus on prevention approach



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- Significant use of state funds to pay for child welfare services
- Most significant opportunity to Maximize IV-E reimbursement is relative licensing
- Reduction to OHC can generate a significant ROI which can be rebalanced for use on pre-investment in a prevention-focused system
- Significant TANF surplus can may be leveraged to develop infrastructure to support prevention-focused system
- Opportunities for cross-departmental collaboration exist. Some need additional research and in-depth investigation of ROI (such as claiming for probation staff

Planned Activities for July

1. 7.5 Meeting scheduled with Ryan Stanton and Compass to discuss provider issues and solutions regarding LB 1173
2. 7.11 LB 1173 Workgroup Meeting Topics covered: Practice Strategy Presentations (Provider, MCO, Behavioral Health); Best Practices; Community Engagement Update
3. 7.6 1173 Finance Workgroup Meeting
4. 7.13 1173 Finance Workgroup Meeting
5. 7.20 1173 Finance Workgroup Meeting
6. 7.27 1173 Finance Workgroup Meeting
7. 7.31 Scottsbluff Community Forum

Issues/Risk

- No serious issues or risks projected at this time. However, it should be noted that, in order to recommend a comprehensive fiscal framework by August 2023, the program model must be close to fully developed

Project Status

On track