



LB 1173 Reimaging Child Welfare in Nebraska

Workgroup Monthly Status Report

May 2023

Monthly Accomplishments, Highlights, and Planned Activities

Accomplishments

- 5.2 The Stephen Group (TSG) focus group meeting with Children and Family Services (CFS) front line and AR staff in Omaha
- 5.2 LB 1173 May Workgroup Meeting
- 5.3 TSG meeting with KVC Nebraska to discuss provider issues, BH access, intensive in-home family support, contract management, emerging issues, solutions/future vision for prevention, collaboration, foster care
- 5.3 DHHS CEO's LB 1173 consulting group roundtable to discuss project status, future community forums, stakeholder meetings, areas of focus
- 5.3 TSG met with Zainab Rida and Lane Carr from NE Dept. of Education to discuss LB 1173 connections with education, community school impact. Meeting hosted by the Nebraska Children and Families Foundation (NCFF)
- 5.3 TSG met with Judges Heideman and White on Through the Eyes of the Child/Lancaster Juvenile Court, areas of improvement/solutions from Court view
- 5.4 TSG participated in Community Collaborative's Wellbeing Partners monthly call; addressed questions, upcoming Kearney Community Forum. DHHS' Camas Holder shared LB 1173 Workgroup draft mission, vision, values, strategic priorities, reminded collaboratives Workgroup welcomes feedback
- 5.8 TSG interview of Colfax County Attorney Bruce Prenda, discussed solutions for successful LB 1173 Transformation vision involving County Attorney input; also identified key themes, issues that would need to be in place for effective, robust front end Community Pathway
- 5.9 TSG met with Douglas County Omaha Juvenile Court Judge Chad Brown and Nick Juliano, former Boystown Executive instrumental in development of "Youth Impact" multi-disciplinary team crossover youth best practice model. Discussion included future vision, solutions using the model re: more frontend prevention, diversion for any CFS case in any part of the state
- 5.9 TSG meeting with DHHS Medicaid and Long-Term Care Director Kevin Bagley and DHHS Deputy Director of Public Health Carissa Schweitzer Masek to discuss Medicaid/child welfare coordination issues and strategies
- 5.11 TSG participated in call with Evident Change & CFS staff working with them on Structured Decision-Making (SDM) Assessment Tools. Call generated by DHHS' Dr. Alger Studstill to ensure alignment with LB 1173 recommendations, work being done to change front end Assessment Tools
- 5.12 TSG met with Greg Donovan, Indian Center, Santee Sioux Nation; Nathan Bush, NCFF, and Michelle Parker, Ho-Chunk Community Development Corporation to discuss approach for 5.30 meeting with Santee Sioux, Omaha, Winnebago Tribes on LB 1173, hear thoughts on Tribal System Alignment
- 5.15 TSG met with Families Care peer support organization, families with lived experience to discuss LB 1173 and peer support services, including recommended solutions for future state that involves more responsive, proactive family engagement and peer support model
- 5.16 TSG meeting with Nicole Brundo, Chief Juvenile Justice County Attorney Douglas County to discuss LB 1173 transformation
- 5.18 TSG meeting with Laura Opfer & representatives of Family Run Organizations to discuss issues re: family engagement, peer support
- Formed connections with Lived Experience (LEx) and child welfare advocates Ashley Schmidtt, Marquisha Frost
- Research on data regarding disproportionality in child welfare
- Continue outreach/collaboration with other stakeholders, ex. NE Area Agency on Aging on data to identify community needs/and emerging collaborations



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Finance

- 5.10 Braided funding Finance subgroup meeting, discussed covering service gaps for crossover youth
- 5.12 Contracts/Rate Finance subgroup meeting, discussed covering service gaps for crossover youth
- 5.22 Research on Data regarding cost of care per placement status
- 5.18 Finance Workgroup meeting on IV-E Maximization

Highlights

Interviews, Stakeholder Focus Group Highlights

Prevention

- Schools being closely connected to a community collaborative pathway, “would be huge,” and could substantially reduce number of education neglect calls, which some report are called in for alternative response without safety threats.
- The Nebraska Department of Education (NDE) and the Nebraska Children and Families Foundation (NCCF) developed the Better, Together Initiative to pilot the Full-Service Community School strategy in Nebraska in four communities (Fremont, Grand Island, Schuyler, and South Sioux City) in 2021. Initial outcomes are very positive and good alignment with LB 1173 Community Pathway prevention goal
- Concerns re: high level of hotline referrals from school districts possibly being rooted in lack of cultural sensitivity and risk of legal reprisals for failure to report suspected abuse/neglect. Institution of statewide training/collaboration between CFS and school districts is strongly encouraged
- School Based Therapy services are fairly broad and flexible to support innovative partnerships, allowing funding to go directly to school to help the child, serve the family, ex. having an independent LMHP psychologist see the family and child and bill Medicaid in the school setting
- Law enforcement removals are sometimes viewed as being without cause, no safety threat; high turnover in law enforcement, lack of experience in child welfare viewed as potential causes; some law enforcement will request a case worker just to cover themselves. Some County Attorneys are accepting petitions for removals even if CFS says no safety issues/do not support removal or there is a safety plan in place
- Barrier for some prevention programs is licensed mental health counselor requirement: bachelor’s level/clinical professional not always needed, creates unfilled positions

Data

- There is a foster care identifier used in Medicaid for Managed Care Organizations (MCOs) to support case management while the child is in care and when the child transitions into permanency. Identifier can change when child leaves foster care, removing the child from showing up in a work list for the MCO to support. MCOs also have no insight as to who the child's social worker is for additional coordination support beyond the foster family

Regional Behavioral Health System

- Regional behavioral health entities may be an option for community-based wraparound center; CFS exploring options for regional leads, FQHCs, or a separate agency that CFS contracts with to determine best approach. Medicaid not putting any limitations on CFS’ ability to be creative on who they recommend

Ancillary Issues

- Adoption/guardianship cases have 3 months maximum to close but steps involved often take longer because of certain steps, ex. establishing paternity could happen earlier in case, long turn around for information from doctors, parent responsibility forms, establishing subsidy rates for Foster Care



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- Standard work Instructions compliance make caseworker time focused on closing cases (which requires chasing down necessary information), decreasing ability to spend time with families. There are ways screening out/closing cases could be done faster where no concerns, including improvements to assessment tools and reviewing 0-5 policy requiring open case even when hospital reports no issues, which screens in too many cases
- Documentation requirements are labor- and time-intensive, current technology worsens this issue. NFocus requires duplicative information and information without use, ex. where closing cases, genograms are not necessary for short-lived cases with no issues
- Best way to recruit/find more foster parents is to treat current ones well and involve them collaboratively in the system
- Judges and County Attorneys will need to learn more about FFPSA/Community Collaboratives/prevention work to become comfortable with diversion
- Disagreement on assessment tool has become a barrier to progress; current discussions are ongoing about aligning assessment tool with prevention focus

Cultural Engagement

- TSG asked to help provide questions for Community Collaborative to develop parent conversation on culturally appropriate childcare in the community, ex. if families use childcare, if meeting their needs. TSG undertook research, provided list sent to DHHS' Camas Holder for JoAnn Gieselman, Director of Growing Community Connections. Examples of questions provided include: What alternatives to child care centers would parents like to see to support addressing their needs, e.g., vouchers for family/friends to provide child care? Do you need financial assistance to help cover the cost of child care? What are the most significant challenges families are facing re: adequate capacity of quality child care providers?
- Outreach to tribal nations needs to be better coordinated/strategic; outreach to tribal nations needs to be individual to the tribe, not treated like approaching other types of communities—they are sovereign nations. Each tribal nation needs liaison or point person but need to make sure this is coordinated throughout efforts; more attention has been paid to tribal involvement by state agencies
- Community collaboratives in Native Nations not like in other parts of the state: requires involvement of individual tribes, inter-tribal relationships, relationship with Nebraska

Workforce

- Trainings/provision of tools for case workers to connect families to resources would be helpful; need for more in-service training on Economic Assistance or Social Supports and on what MCOs can do/assist with. Closed loop referral resources connecting case workers to social services in community would be a valuable resource tool.
- Comprehensive review of current CFS training recommended. Suggest developing caseworker Toolbox ex. Crossover Policy, "Medicaid 101/How MCOs work," "Economic Assistance 101," accessing Social Determinants of Health (SDOH), Intellectual and Developmental Disabilities and Autism fundamentals
- CFS and JPO case workers would benefit from knowing expectations/culture of the courts they are working in; would benefit from their supervisors (with knowledge of the court) attending with them for mentoring and guidance as needed

Medicaid

- There is no In Lieu of Service Program or Waiver in place to allow services for alternate response kids prior to entering the system
- Prevention work with at-risk families on Medicaid side a struggle: services available but no transparency to identify which families need prevention services
- No braided funding with MCOs if referred to CFS but if comes in through Juvenile Probation funding is braided, work through a voucher system: if person has a way to pay for therapy they will be billed, if no way to pay, probation will pay

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



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- SDOH viewed as centralized strategy across DHHS, Division of Developmental Disabilities, and Medicaid. Housing/Transportation are priorities to support but funding is biggest barrier. Two MCOs have projects connecting families with transportation, housing. There is data identifying calls made to the hotline with housing as a concern, and number of children removed from home where housing a concern during the hotline call; data available by zip code
- Treatment Foster Care must be rolled out 10/1, still pending CFS decisions to identify standardized assessment tool, how treatment planning will occur
- Douglas County Youth Impact follows very structured multi-disciplinary team process for Crossover Youth: youth referred to County Attorney's office for delinquency or truancy offense and have child welfare case open/closed within last 12 months; case can be voluntary or court involved. Model follows 2007 Crossover Youth Practice Model developed by Casey Family Programs and Center for Juvenile Justice Reform at Georgetown University Public Policy Institute. Process one that could be integrated into statewide LB 1173 Child Well-being Practice Model, with teams signing Memorandum of Understanding being used today in Douglas County. In 2014 Douglas County initiative re-branded Youth Impact! to reflect intentional youth focus. Initiative's team meetings and coordinated case planning outcomes: Reduce recidivism; Reduce youth from crossing over; Reduce number of youth in out of home placements; Reduce use of detention; Reduce disproportionate minority contacts
- There is sense that between divisions of DHHS (Public Health, Medicaid, CFS) communication and coordination do not always occur; most apparent when regulations change; from outside, this can make it difficult to interpret why changes made or how their input is being processed/accepted-no dialogue or collaboration or "closing the loop" when input is provided on policy changes, contracts, etc.

Intervention

- Families involved in child welfare system not being notified in standard/routine manner early on of right to peer support, a valuable family engagement/lived experience model most effective when engaged early in process. Peer support needs to be appreciated, respected by all members of the system. There were 6 Family Peer Support Agencies in NE and today there are only 3. There are certification issues that are backlogged that will need to be addressed. Key Solutions: A champion in every CFS Regional office; needs to be uniform in respect/acceptance; training model consider importance and timely notification; case workers that authentically appreciate, respect peer support, voices of families; Peer support not being seen as working against us but for us; a checklist up front if parent chooses to bring in peer support specialist; Family Peer Support organizations want to be more actively involved with the Community Collaboratives. Peer support for families within the 48-hour period after law enforcement request to file a petition would be significant, positive for families involved with potential removals, foster care prior to any petition or court hearing

Accountability

- Finding placements for youth becomes an issue of referral source; some placements do not want to take state wards any longer because of challenges working within that system; have lost many foster homes in the past year because of this issue

Finance Subcommittee Highlights

- On Title IVE Maximization, general agreement to create strategic plan identifying work in-progress and to be done. Areas of focus include: 1. Relative licensing (currently offering \$2,500 incentive to families opting to become licensed); 2. Administrative cost claiming (need to develop means to identify potentially missed provider administrative expenses and develop claiming process); 3. Continued improvement related to court orders, redeterminations, and other "fixable" errors; 4. TANF lookback (a significant percent of youth, approx. 50%, do not meet financial requirement)
- Need to coordinate rates between division so providers will not give preferential treatment to CFS over DJJ youth or visa versa
- Need a resource that lists services that each provider can offer along with list of available placements in real-time
- Discussion of how to structure provider contracts to allow more flexibility but hold providers to agreed upon outcomes; more family outcomes measures



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Emerging Issues/Key Themes

- Family peer support not getting involved in helping families until late in process even though families have a right to Peer Support
- Rural resource disparities remain a major topic of concern amongst stakeholders; major barriers for preventive support to families/communities
- Generational child welfare engagement is a critical issue to consider/address to prevent a cycle like that observed with children with incarcerated parents
- Schools commonly cited critical partner in re-imagining child well-being, especially on prevention. Innovative partnerships with schools should be considered. Unnecessary school referrals for abuse/neglect a concern; increase training, coordinate more on prevention, examine underlying causes
- There is a real need continuing to be cited for foundational collaboration between groups and the ability to strategize in unison
- Social Determinants of Health (SDOH) data broken down by zip code identifying families with housing needs referred to CFS could support a SDOH pilot focused on housing through the lens of family preservation
- Care coordination being built under the treatment Family Care Program as a 1915i Medicaid Home and Community Based Service and may need to be phased out for statewide implementation based on pending decisions. There is current exploration to identify how care coordination could be expanded to alternative response kids outside of Medicaid
- CFS technology enhancements to allow clinical and social worker information in one place could improve Managed Care Organization (MCO) case management efforts if MCOs can get access for their members
- Focus and efforts are needed on the Department of Children and Family Services-Juvenile Probation mutual case worker issues
- Continued support voiced for shifting some removals/CFS hotline cases to community pathways for prevention: alternative response cases, including educational neglect cases, 0-5 policy cases all would be good candidates for prevention through community collaboratives. An issue needing to be addressed is that Alternative Response cases are not supposed to be closed where there is still possibility that the county attorney will file a petition for removal; this is not a policy but was expressed via email and causes cases to linger in the system unnecessarily for a long time and should be addressed
- Courts will need to be brought into prevention efforts and need full understanding of what is being done; this includes likewise CFS and JPO being trained on the courts they are working in, how to prepare these cases

Planned Activities for May/June

- LB 1173 Reimagining Child Welfare - Tribal Involvement Update with DHHS Tribal Liaisons 5.23
- Winnebago-Focus on Community Well Being with Tribal Leaders and Community Collaborative 5.30
- Continued meetings and focus groups
- LB 1173 Consultant Meeting: Casey Family, TSG, Family Justice Group, Annie E. Casey Foundation 5.30
- Meeting with Kearney County Attorney 5.30
- Kearney Community Forum 5.31, including Central Area Community Collaboratives meeting
- Meeting with CFS Hotline Supervisor 5.23
- LB 1173 Statutory Review Focus Group 6.1
- Next LB 1173 Work Group meeting will be held 6.1



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- 1173 ESA Session in Omaha with stakeholders that were part of the March forum – return to discuss solutions and garner additional feedback 6.1

Issues/Risk

- No risk

Project Status

On track