



NEBRASKA CHILD WELFARE
BLUEPRINT REPORT

MARCH 2017



ACKNOWLEDGEMENTS

The development of this Blueprint was funded by the Sherwood Foundation. It was researched and written by Childfocus in close consultation with Nebraska Appleseed, Voices for Nebraska's Children and the Nebraska Children and Families Foundation.

TABLE OF CONTENTS

I. INTRODUCTION	1
GUIDING PRINCIPLES FOR A MODEL CHILD WELFARE SYSTEM	2
II. KEEPING CHILDREN OUT OF FOSTER CARE AND SAFE AND STABLE AT HOME	5
WHAT DOES A HIGH QUALITY PREVENTION SYSTEM LOOK LIKE?	5
NEBRASKA PROGRESS ON PREVENTION AND NEXT STEPS	5
III. ENSURING CHILDREN AND YOUTH IN FOSTER CARE ARE SAFE AND THEIR NEEDS ARE MET	9
WHAT DOES A HIGH QUALITY FOSTER CARE SYSTEM LOOK LIKE?	9
NEBRASKA PROGRESS ON HIGH QUALITY FOSTER CARE	9
IV. CREATING A SENSE OF URGENCY SO THAT ALL CHILDREN AND YOUTH LEAVE FOSTER CARE TO PERMANENT, LOVING FAMILIES AND ADULT CONNECTIONS	12
WHAT DOES A HIGH QUALITY CHILD WELFARE SYSTEM DO TO HELP CHILDREN EXIT FOSTER CARE?	12
NEBRASKA PROGRESS ON CHILDREN LEAVING FOSTER CARE	12
V. MOVING FORWARD: BUILDING ON SUCCESS TO CREATE A MODEL CHILD WELFARE SYSTEM	16
1. ADDRESS GAPS IN BEHAVIORAL HEALTH SERVICES	16
2. CREATE PARTNERSHIPS WITH FOSTER PARENTS TO MEET CHILDREN'S NEEDS	18
3. UNDERSTAND AND ADDRESS RACIAL INEQUITIES	19
4. ADDRESS CASELOAD/ WORKLOAD AND TURNOVER ISSUES	19
5. DEVELOP STANDARDIZED DATA MEASURES	20
VI. CONCLUSION	21
ENDNOTES	23
APPENDIX 1: LIST OF PERSONS INTERVIEWED AND ORGANIZATIONAL AFFILIATIONS	24
APPENDIX 2: HOME VISITING PROGRAMS IN NEBRASKA	25
APPENDIX 3: COMMUNITY/ALTERNATIVE RESPONSE EXPANSION	26
APPENDIX 4: DATA	27
FIGURE 1. RELATIVE & KINSHIP PLACEMENTS, 2012-2015	27
FIGURE 2. LICENSURE STATUS OF RELATIVE HOMES	27
FIGURE 3. CHILDREN'S REASONS FOR REMOVAL, FY 2015-2016	27

I. INTRODUCTION

This Blueprint tells the story of Nebraska’s recent progress on child welfare reform and outlines key opportunities to continue improving outcomes for the state’s most vulnerable children and families. The information for the report was gathered from a diverse group of Nebraska’s child welfare stakeholders, including advocates, providers, and state administrators (for a list of stakeholders interviewed, see Appendix 1). It reflects consensus on the key gains made and additional improvements needed to more effectively support families. Opportunities for the future include ideas that build on progress that has already been made, as well as some new areas of focus that are grounded in the best knowledge from the field about what constitutes a high-quality child welfare system.

The information in the Blueprint is summarized around progress that has been made on three primary goals:

1. Keeping children out of foster care and safe and stable at home;
2. Ensuring that children and youth in foster care are safe and their needs are met; and
3. Creating a sense of urgency so that all children and youth leave foster care

to permanent, loving families and adult connections.

The report concludes with five additional priority areas to improve outcomes across the child welfare continuum, including:

1. Address gaps in behavioral health services for children and families;
2. Create partnerships with foster parents to meet children’s needs;
3. Understand and address racial inequities;
4. Address workload and turnover issues; and
5. Develop standardized data measures.

The ideas contained in this report reflect an overarching consensus in Nebraska and nationally that child welfare agencies cannot do this work alone. It is true that child welfare agencies are mandated to respond to reports of abuse and neglect, make every effort to prevent removal of children from their families, and ensure that children who can’t safely remain at home have a safe and stable place to stay before returning home or finding another permanent family. However, the child welfare *agency* — in this case the Department of Health and Human Services (DHHS) — operates in a larger child welfare *system* that must be in place to meet the needs of vulnerable children and families.

This system depends on partnerships across multiple state agencies, private providers, legal systems, and community organizations to meet the full range of desired child welfare outcomes. Nebraska is also unique in that child welfare services in the Eastern Service Area are delivered through a contract with a private agency, Nebraska Families Collaborative. Any attempt to assess the state's progress must take into account this hybrid system.

Nebraska has made significant progress in bringing multiple partners together to create a child welfare system that is responsive to the needs of children and families. This is an opportune moment in the evolution of state's child welfare reforms to continue strengthening the child welfare agency's response to the needs of children and families while also strengthening community capacity to meet families' needs. In short, now is the time to stay the course and continue making progress for Nebraska's children and families.

GUIDING PRINCIPLES FOR A MODEL CHILD WELFARE SYSTEM

(Adapted from Nebraska's statewide Community Based Strategic Plan for Prevention and the Nebraska Child Welfare Financing Primer)

A high quality child welfare system is one that reflects:

1. **Multi-sector collaboration** — Public child welfare agencies, other public systems, courts, attorneys, community agencies, families, and

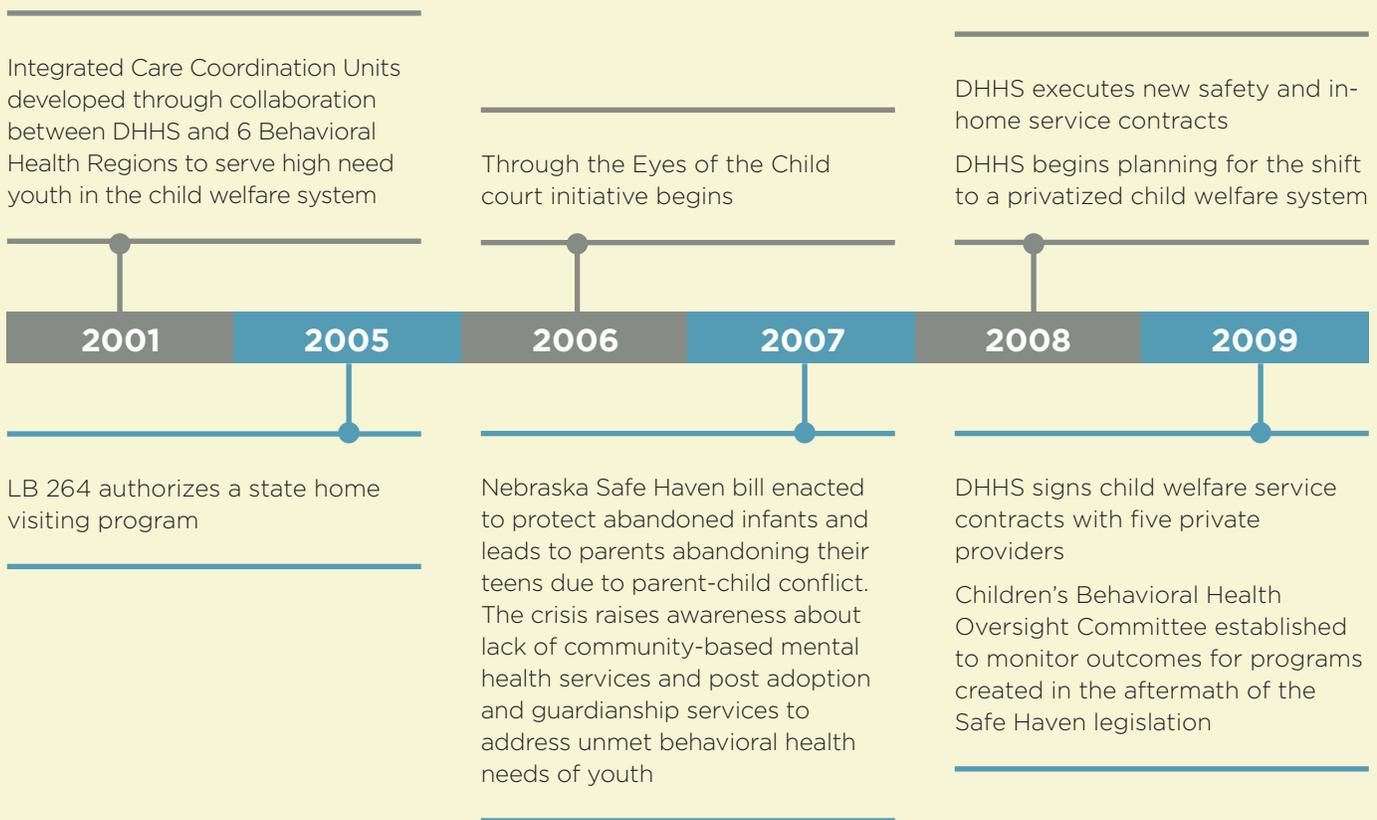
youth work together through strong public-private partnerships with clearly defined roles and responsibilities to achieve shared goals for children and families.

2. **A full continuum of positive outcomes for children and families** — Child welfare systems work broadly to prevent child maltreatment, prevent entry into foster care whenever possible, ensure foster care is as temporary as possible and prioritizes family-based placements, helps children find permanent families, and supports youth transitions to adulthood.
3. **Incentives for evidence based services that are trauma informed and culturally responsive** — Public child welfare systems can demand that children and families have the best available treatment modalities available to meet their specific needs and can fund private agencies adequately to provide these services. At the same time, public systems must expect that their own interventions are trauma informed and culturally responsive.
4. **Financing that is aligned with outcomes** — Child welfare systems should be financed in a way that is aligned with the core outcomes it is trying to achieve, flexible enough to meet the unique needs of each child and family, adequately funded, and supportive of a full continuum of public and private child welfare services.
5. **A strong and supported workforce** — The child welfare workforce must have access to the best available services, tools, technologies, training, and supervision available to effectively engage families or effectively engage and meet the needs of their children.

6. Clear and measurable outcomes — A high quality child welfare system is one that sets goals, measures progress toward those goals, and makes mid course corrections based on a continuous review of real time and trend data that is publicly available across systems and communities.

7. Authentic engagement of youth and families — Youth and families must be active participants in the development of programs, policies and practices designed to meet their needs. Authentic engagement involves youth and families in change at every step in the child welfare process.

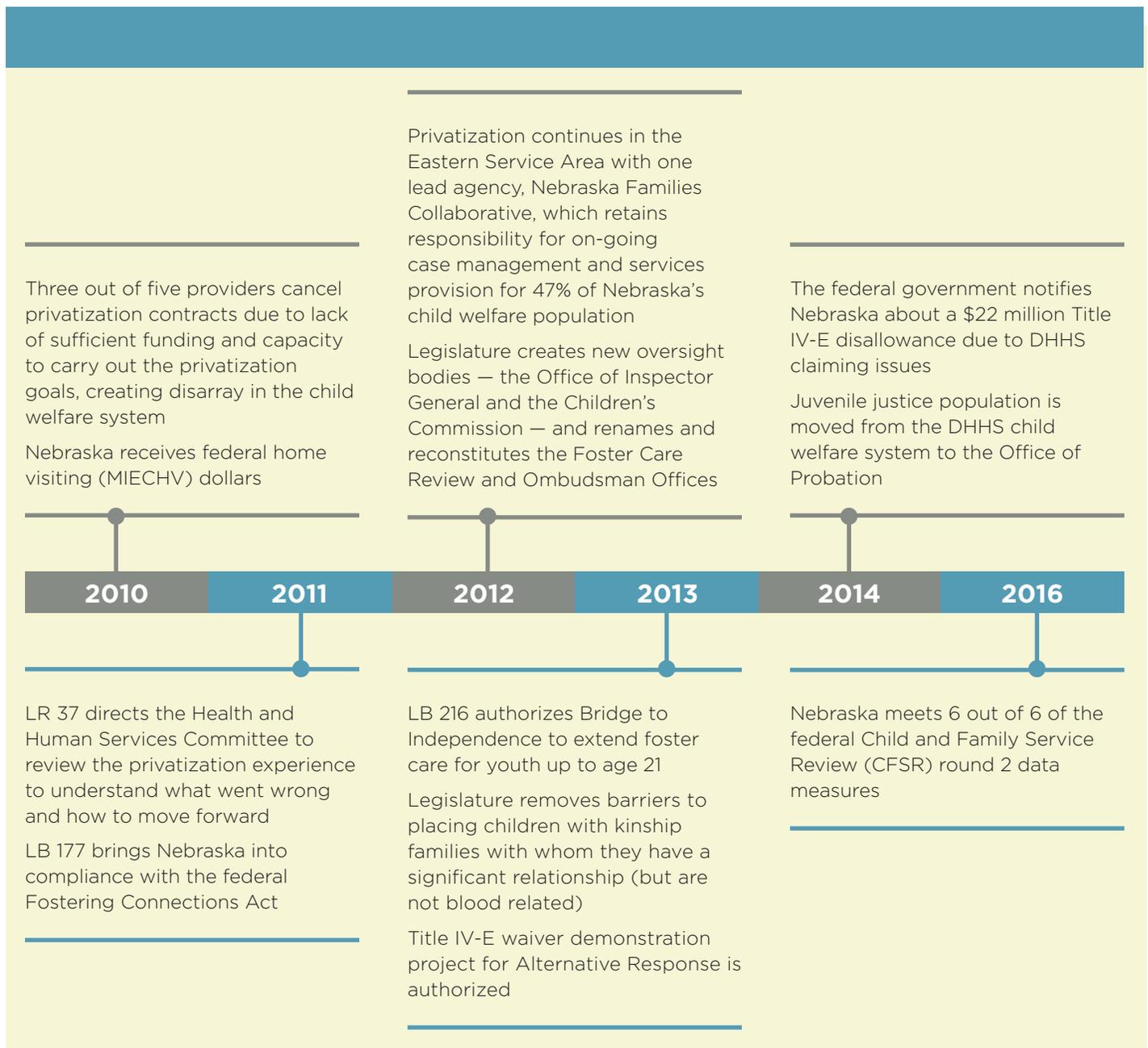
GRAPHIC TIMELINE OF PAST DECADE OF REFORMS



8. Attention to equitable outcomes regardless of race, ethnicity, gender, sexual orientation or gender identity

– Positive child welfare outcomes are achievable for all children and families

and persistent gaps in outcomes for populations of children and families should be consistently addressed with targeted resources needed to reduce inequities.



II. KEEPING CHILDREN OUT OF FOSTER CARE AND SAFE AND STABLE AT HOME

WHAT DOES A HIGH QUALITY PREVENTION SYSTEM LOOK LIKE?

A high quality child welfare system pursues strategies to prevent child abuse and neglect while also ensuring that multiple systems — including behavioral health, substance abuse treatment, public health, and early education — are equipped to step in when families are in crisis. It acknowledges that certain family challenges like unemployment, disabilities, mental health issues, housing instability, substance abuse, and intergenerational poverty compromise a parent’s ability to protect their children. Prevention of child maltreatment is a community responsibility, and requires numerous community stakeholders to build a community of support for families in crisis and intervene before child maltreatment occurs.

Once families do come to the attention of the child welfare agency through a report of abuse or neglect, the first goal is to stabilize the family to prevent the child from being removed from their home and placed into foster care. To do this, child welfare agencies assess the risk of future maltreatment to children and respond by helping families access needed services to ensure children can remain safe.

NEBRASKA PROGRESS ON PREVENTION AND NEXT STEPS

There are many efforts underway in Nebraska to prevent child maltreatment and support families to prevent further child welfare involvement. These efforts also provide a strong foundation for preventing removal of children from their parents. Continued progress on child welfare goals will require on-going investment into strategies to ensure that whenever possible, children can remain safe and stable with their parents.

EVIDENCE-BASED HOME VISITING PROGRAMS

Nebraska was an early leader in implementing home visiting, an evidence-based intervention in which trained professionals provide in-home services to at-risk families when a mother is still pregnant or a child is first born. Home visiting programs have proven to prevent child maltreatment, improve child health and school readiness, and improve maternal health.¹ Nebraska communities are implementing home visiting models through a variety of funding streams and initiatives, including:

- ▶ A state funded program, Nebraska-Maternal, Infant Early Childhood Home Visiting (N-, MIECHV), authorized in 2005 and managed by the Department of Public Health, which currently receives a \$1.1 million appropriation.
- ▶ The federally funded Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, authorized in 2010, and currently funded at \$1.27 million for 30 months.
- ▶ The Sixpence Program, a unique public-private partnership that has leveraged \$20 million in private funding and \$40 million in public funding for community based early childhood programs. Approximately 27 grantees funded through Sixpence offer home visiting services.²
- ▶ A combination of early childhood programs receiving federal and private funding, including Buffet Early Childhood Institute, Early Head Start/Head Start, and Early Steps to School Success.

Home visiting is a powerful intervention that holds promise for reducing child maltreatment across the state, but it is not reaching all the families who could benefit. Targeting these interventions to communities with high rates of child maltreatment could go a long way toward supporting families before maltreatment occurs. The Department of Public Health will undergo a needs assessment in 2017, which should provide a clearer picture of which communities could most benefit from the intervention.³ For a map of communities that are currently implementing home visiting and where there are gaps in services, see Appendix 2.

Home visiting is a powerful intervention that holds promise for reducing child maltreatment across the state.

BRING UP NEBRASKA

First Lady Susanne Shore recently began convening a diverse group of stakeholders to develop a statewide plan to dramatically expand Nebraska's prevention services. Called Bring Up Nebraska, the initiative promotes local community partnerships that keep children safe, support strong parents, and help families address life challenges before they become a crisis. The partners in Bring Up Nebraska are identifying best practices for implementing partnerships focused on prevention, and will focus future efforts in counties with high rates of child maltreatment. Partners in the initiative include the DHHS, the Nebraska Children and Families Foundation (NCFF), the Office of the First Lady, the Child Abuse Prevention Fund Board, Casey Family Programs, and the Sherwood Foundation. Continued commitment to this effort will help Nebraska position itself as a national leader on prevention.

The foundation for Bring Up Nebraska already exists in several counties across the state through Well-Being Communities, also known as Community Response. These counties have brought together a collaboration of service providers and other community representatives to work together more intentionally to help families. Community Response initiatives engage families before

they are referred to child protection and help them access concrete needs, such as rent and utility payments, and provide referrals to services and supports in the community. Funding is provided through a blend of public and private dollars, including from DHHS, Nebraska Children and Families Foundation, and local funders and service providers. These stakeholders view the local collaborations as critical partners in prevention of child welfare involvement. For a map of Community Response communities, see Appendix 3.

The partners in Bring Up Nebraska are identifying best practices for implementing partnerships focused on prevention, and will focus future efforts in counties with high rates of child maltreatment.

DHHS POVERTY SCREENING

Many families come to the attention of the child welfare agency because of poverty related issues that don't pose an immediate risk to the child but need to be addressed to prevent future harm. In response, DHHS is implementing a poverty screening for all reports of abuse and neglect received by the agency. The screening will focus on issues such as homelessness, utility crisis, child care, supervision, employment, and income. If the screening determines a poverty related issue is present, the Department will reach out to internal and external programs, including Community Response partners, to help the family alleviate the

situation. The referral, tracking and monitoring processes are currently under development.

ALTERNATIVE RESPONSE

In 2013, Nebraska received federal approval to begin a Title IV-E waiver demonstration project to implement an Alternative Response (AR) pilot project. Title IV-E waivers allow states to use their federal Title IV-E foster care dollars more flexibly than what is usually permitted under federal law to test innovative practices to improve child welfare outcomes. AR is an intervention in which families who are reported to the child welfare agency and considered lower-risk can participate in voluntary services to meet their needs and prevent future child welfare involvement.

AR is currently being implemented in select counties in Nebraska, and DHHS plans to expand the program to more counties in 2017. An **initial evaluation** showed promising results on some key measures. These include: children in AR have remained just as safe as children in traditional response, families receiving AR are more likely to receive appropriate services, and they seem to receive those services more quickly than families in traditional response.⁴ A second evaluation report is due in March 2017, and the final evaluation report will be released in December 2019, when authority for the waiver demonstration ends.

Child welfare stakeholders are generally optimistic about AR and believe Nebraska will learn more about the services that are most helpful to families to prevent future child welfare involvement. Key questions that should

be addressed as the state continues to expand AR include:

- ▶ Are families able to access the services that meet their needs?
- ▶ How many families involved with AR later become involved with the child welfare agency?
- ▶ Does AR engage families in a voluntary process, or do families feel they don't have the option to decline services?
- ▶ Do child and family outcomes improve as a result of the intervention?

- ▶ How does the AR approach of working with lower risk families inform future prevention efforts, such as how to identify what families need to prevent deeper systems involvement?

Child welfare stakeholders are generally optimistic about Alternative Response and believe Nebraska will learn more about the services that are most helpful to families to prevent future child welfare involvement.

III. ENSURING CHILDREN AND YOUTH IN FOSTER CARE ARE SAFE AND THEIR NEEDS ARE MET

WHAT DOES A HIGH QUALITY FOSTER CARE SYSTEM LOOK LIKE?

Foster care is meant to be a temporary arrangement that helps keep children safe and thriving until they can return home. A model child welfare system provides a range of family foster care placement options for children — kinship care, traditional foster care, and treatment foster care. Children do best when placed with relatives or other caring adults with whom they share a connection, referred to as kinship care. When kin are not available, traditional foster families are the most appropriate alternative and can provide nurturing environments for children until they can safely return home. All caregivers, whether kin or non-kin, must have the training and support to meet the needs of children who have experienced trauma. For children with significant physical, behavioral, or mental health challenges, treatment foster care provides foster parents specialized training and support to meet their needs.

National consensus is increasingly strong that group care placements that do not have a treatment component, such as group homes and shelters, compromise the well-being of youth

and are particularly harmful to the healthy development of young children. It should be noted that residential treatment might be appropriate for some youth, but only as a short-term intervention to meet a clinical need for high quality treatment services that cannot be delivered in a family based setting. High quality residential treatment centers also involve youth and families in treatment planning and prepare young people to transition back to families as soon as possible.

NEBRASKA PROGRESS ON HIGH QUALITY FOSTER CARE

INCREASE IN KINSHIP PLACEMENTS

The number of children in foster care who are placed in kinship care — relatives or close family connections — has grown steadily since 2012, from 28% in 2012 to 49% in 2015.⁵ This progress can be attributed to some of the following changes:

- ▶ LB 177 (2011) requires caseworkers to provide notice to relatives within 30 days of removal of a child, consistent with federal law.

- ▶ LB 265 (2013) allows adults who are not related to the child, but have a significant relationship with the child (i.e. godparents, family friends or neighbors) to care for children in foster care without completing the full foster parent licensure process. Also, certain licensing standards that have no effect on the child's safety (such as number of children allowed to sleep in a bedroom) can be waived or amended for kinship families.
- ▶ DHHS training for juvenile justice, child welfare, and other stakeholders on the importance of family connections helped create a culture shift that is more welcoming of kin.
- ▶ LB 243 (2016) provided pilot funding for Family Finding, a national model that uses multiple strategies to locate and engage kin to be placement resources and connections for children.

The number of children in foster care who are placed in kinship care — relatives or close family connections — has grown steadily since 2012, from 28% in 2012 to 49% in 2015.

Despite this impressive progress, there are some remaining concerns about the state's kinship care strategy. First, there are still too many kinship foster parents in the state who are not licensed. In 2015, only 105 relative foster homes were licensed out of 1,625 homes in which children were placed.⁶ Kinship caregivers who

are not licensed don't benefit from the training and support that licensed foster parents receive to prepare them for their role in protecting and nurturing children. Kinship caregivers need specialized training and support to address the unique challenges of assuming responsibility for children with little notice and dealing with some of the complex emotions involved with caring for a family member's child. Unlicensed kinship placements are also not eligible for federal Title IV-E foster care funding, meaning the state picks up almost the entire cost of monitoring and supporting these placements.

Second, Family Finding practices are not consistently used across the state. Organizations implementing this model locate kin for children and youth who have been in care too long or are having difficulty finding a permanent family. They also engage kin to ensure they can provide a safe home and help prepare them to step in as caregivers for the child. In 2013, the Nebraska Families Collaborative began using Family Finding in the Eastern Service Area to search for and engage family connections for children lingering in foster care.⁷ DHHS also implemented a pilot for Family Finding that is bringing this practice to other areas of the state. There should be more consistent application of these strategies so that searching for and engaging family for children and youth in foster care is standard practice across the state.

Third, there is more work to be done to educate the entire system about the importance of family connections, and to more consistently involve fathers, paternal relatives, American Indian tribes, and individuals who may not

have a biological connection to the child but are known and trusted supports for the child and family (sometimes referred to as “fictive kin”). Engaging all potential family connections early and effectively can prevent delays in children exiting foster care as quickly and safely as possible.

FOCUS ON GROUP CARE PLACEMENTS

Consistent with a national trend to reduce overreliance on group care placements, Nebraska has taken some steps to decrease the number of children who are not placed with families. In July 2013, DHHS’ Division of Children and Family Services initiated a process to conduct a formal weekly staffing for every child in emergency shelter care 20 days or more. This strategy significantly reduced the length of time children spend in emergency shelter care as well as the overall number of children placed in shelters. DHHS also began monitoring

the placement settings for children placed out of state as a part of their Continuous Quality Improvement (CQI) process.⁸ In 2014, youth who were under the supervision of the DHHS Office of Juvenile Services were also moved to the Office of Probation Administration, which created a more accurate count of children in DHHS custody in group care settings.

Less than 8 percent of children in foster care are now in a group care placement, defined as any placement that is not with a family.⁹ Though this population of children may be smaller than the population of children placed with families, their needs are complex and require close monitoring to ensure they are getting the support they need to return to their families and communities as quickly as possible. Nebraska stakeholders should monitor whether children in group care are receiving the services that match their needs and pay close attention to how they are supported for transitions back to their families and communities.

IV. CREATING A SENSE OF URGENCY SO THAT ALL CHILDREN AND YOUTH LEAVE FOSTER CARE TO PERMANENT, LOVING FAMILIES AND ADULT CONNECTIONS

WHAT DOES A HIGH QUALITY CHILD WELFARE SYSTEM DO TO HELP CHILDREN EXIT FOSTER CARE?

When children and youth cannot return home, helping them find permanent adult connections is critical to their long-term success. Nebraska has made strides for achieving permanency for younger children in recent years.

However, as is the case nationally, the prospects for finding a permanent family diminishes as children get older. For teens it is especially critical that the child welfare community remain committed to identifying a permanent family, and at minimum, help them form meaningful connections to adults who can support their transition to adulthood. These adults can also help older youth access housing, education, employment, healthcare, and other services and supports to avoid the long-term costs of incarceration, homelessness, and unemployment, which are common consequences of transitioning from care with no support.

The child welfare agency and legal community are the primary players with responsibility for making sure that every child is on track

to achieving the permanent family or adult connections needed to thrive. Court oversight and close monitoring of progress must work in concert with child welfare agency actions to create a sense of urgency for every child and family.

Younger and older children alike need continued support even after they leave foster care. All children who have been removed from their families have experienced trauma, and the lingering effects of that trauma experience cannot be understated. Families who have had their children returned to them and those who have adopted or granted guardianship of children need access to the same community supports to help children and youth heal from trauma.

NEBRASKA PROGRESS ON CHILDREN LEAVING FOSTER CARE

COURT BARRIERS TO TIMELY EXIT FROM FOSTER CARE

The juvenile court system plays a central role in monitoring case progress and making final decisions to move cases through the child

welfare system successfully. The Nebraska Court Improvement Project (CIP) was authorized in 1993 to assess systemic barriers to serving children in the child welfare system. In 2006, the CIP launched the **Through the Eyes of the Child Initiative (TTEOC)**, which created 25 teams led by judges to improve local court proceedings involving child abuse and neglect cases. Since the initiative began, local court systems have decreased the average timeframe between children's first entry into care and subsequent court hearings.¹⁰

TTEOC has helped remove systemic barriers to timeliness of court hearings for children in foster care, but delays remain that must be addressed to help children leave foster care safely and quickly. For instance, federal law requires a permanency hearing no more than 12 months after a child is removed from home. The state's overall average is 11.8 months to the first permanency hearing, but almost half of the court districts are struggling to reach this goal, with one district averaging 16.9 months.

Many entities in Nebraska are collaborating to address additional barriers in the court system and have provided several recommendations to stay ahead of this issue. The Supreme Court Commission on Children in the Courts, the Commission for the Protection of Children in the Courts, the Legal Parties Taskforce of the Nebraska Children's Commission, and the ongoing work of the Court Improvement Project are just some of the entities that continue to focus on improving the legal system on behalf of families in the child welfare system. Areas for improvement identified by these groups include:

- ▶ Additional court staff to schedule hearings within required deadlines, particularly in regions with large child welfare populations.
- ▶ More timely filing of Termination of Parental Rights (TPRs) to prevent delays in adoption.
- ▶ On-going training and education for judges and attorneys on the impact of court timeline on outcomes for children and families, and adherence to **progression standards** for juvenile courts, recommended by the Supreme Court Commission for the Protection of Children in the Courts.
- ▶ More consistent efforts to ensure legal representation for every youth and to engage young people in court.

BARRIERS TO PERMANENCY PROJECT

The Barriers to Permanency Project, initiated in 2013, resulted in a comprehensive review of children who had been in foster care for 3 years or more and identified the top barriers to helping children with timely exit from foster care.¹¹ A collaborative effort between the Foster Care Review Office, DHHS, the Office of the Inspector General, Nebraska Families Collaborative and the Court Improvement Project, the review found that the three primary barriers were court delays, lack of caseworker continuity, and lack of relative searches early in the case.

The consensus about these systems barriers was so clear that project partners began to

take action before the final report was even drafted. As a result of the project, 55% of the children whose cases were reviewed left foster care shortly after the review was completed. DHHS made improvements to its computer systems to make relative searches easier and the findings of search efforts more accessible to caseworkers. In addition, the time period for appellate court decisions decreased after an internal review of the appeals process prompted a change in procedures. Given the success of this approach, it is important that resources continue to be dedicated to reduce or eliminate the barriers identified through this process, including timeliness of court hearings, a stable workforce, and tools for caseworkers to identify and engage relatives.

In 2013, the legislature took a significant step forward by creating the Bridge to Independence program to provide extended support to young people leaving foster care.

YOUNG ADULT BRIDGE TO INDEPENDENCE ACT

In 2013, the state legislature took a significant step forward to support older youth leaving foster care without a permanent family. LB 216 created the Bridge to Independence program, which extends services and support to youth aging out of foster care from age 19 to age 21 and allows them to choose whether or not to stay in foster care with case management support,

Medicaid and a monthly stipend. DHHS began serving youth in October 2014, and early data indicates that 89% of eligible youth participate in the program. Almost two-thirds of program participants are either working or attending school.

The first phase of implementation has been promising, and has yielded several ideas to improve the program. Only 16% of program participants qualify for federal Title IV-E funding, which could potentially cover case management and the monthly stipends for young adults in the program.¹² DHHS should strengthen their processes for assessing eligibility for Title IV-E funding to increase the number of youth who are eligible for federal Title IV-E funding. In addition, more robust data collection protocols and a stronger evaluation design should be developed to accurately measure program success and better understand the experiences of youth in the program. The evaluation design should consider appropriate youth development and workforce outcomes for this population, whose success is often influenced by other complicating factors like mental health issues, past trauma, and lack of supportive connections.

PROJECT EVERLAST

In 2015, Nebraska Children and Families Foundation received a Social Innovation Fund grant to expand the Project Everlast model to 50 counties in Nebraska in order to improve outcomes and opportunities for older youth who have experienced foster care, juvenile justice involvement and/or are at risk of homelessness. The Connected Youth Initiative helps build

strong collaborations in communities for youth, including leadership opportunities, financial services, voluntary case management supports, and central navigation services so that young people ages 14 to 25 are connected to resources and opportunities to help them thrive. For a map of Connected Youth Initiative communities, see Appendix 3.

POST PERMANENCY SUPPORTS

Nebraska's Right Turn Program was funded in 2009 and provides assistance to families who have adopted or entered into a guardianship. The program is a partnership between Lutheran Family Services of Nebraska and Nebraska Children's Home Society and was funded in response to the Safe Haven crisis. Originally intended to help families with infants, the fact that 75% of the children who were dropped

off at safe haven sites had been adopted from foster care or in guardianship made it clear that families had no place else to turn for help when facing difficult challenges with their children. Right Turn provides the critical supports families need — when they need it — to prevent entry in or return back to the child welfare system. It is critical that this program and others designed to build community networks for families be available to children after they return home or leave foster care for guardianship or adoption.

Right Turn provides the critical supports families need — when they need it — to prevent entry in or return back to the child welfare system.

V. MOVING FORWARD: BUILDING ON SUCCESS TO CREATE A MODEL CHILD WELFARE SYSTEM

The programs and initiatives noted above have helped the Nebraska child welfare system move forward. Yet stakeholders interviewed for this report also noted areas where continued attention is needed to improve outcomes for children and families. The following five areas of focus were repeatedly cited as areas for more sustained attention.

1. ADDRESS GAPS IN BEHAVIORAL HEALTH SERVICES

Families in crisis need access to comprehensive and coordinated services in their communities to prevent the need for child welfare involvement or address the issues that bring them to the attention of the child welfare system. Gaps in substance abuse treatment and mental health services were two of the most commonly cited areas of concern in Nebraska. This is consistent with a recently completed report commissioned by the Division of Children & Family Services (DCFS), *Service Array Assessment and Recommendations*, which also highlighted the lack of mental health and substance use disorder treatment services as areas of concern. The recommendations in the report to DCFS go

into further depth about the types of services that can be expanded in Nebraska to support children and families.¹³ DCFS will pursue many of the report's recommendations.

Gaps in substance abuse treatment and mental health services were two of the most commonly cited areas of concern in Nebraska.

CREATE A COMPREHENSIVE PLAN TO ADDRESS SUBSTANCE USE AND CHILD WELFARE INVOLVEMENT

Parental substance use is the second biggest reason children are removed from their families in Nebraska.¹⁴ Addressing parental substance use is essential in order to keep children safe - before and after birth - and to ensure parents get the help they need to effectively parent their children. Several strategies have emerged as best practices for supporting families affected by substance use who are involved with the child welfare system. They rely on strong relationships with substance

use treatment systems, child welfare agencies, courts, and other partners, and include:

- ▶ Consistent screening and assessment of families for substance use disorders by both public and private providers;
- ▶ Priority access to substance abuse treatment services for families involved in the child welfare system, including those with and without custody of their children;
- ▶ Assessing children for issues associated with exposure to substance use disorders and referring to appropriate early childhood services;
- ▶ Sharing data to track progress in treatment plans; and
- ▶ Joint training for child welfare, courts, mental health and substance use disorder staff on tools and resources to support families with substance use disorders who are involved in the child welfare system.

Additionally, recent federal legislation provides immediate opportunities for progress for substance exposed newborns and their parents. The 2016 Comprehensive Addiction and Recovery Act (CARA) strengthened provisions in existing law that require states to develop a Plan of Safe Care for children who have been prenatally exposed to harmful substances. States have flexibility to craft a Plan of Safe Care that involves multiple systems, including hospitals, doctors, public health, home visiting and more.

FOCUS ON ACCESS TO COMMUNITY BASED MENTAL HEALTH SERVICES

Child welfare stakeholders interviewed for this Blueprint repeatedly expressed concern about the lack of accessible mental health services for families, both to prevent child welfare involvement as well as to help families already involved with the system. Nebraska's gaps in the area of mental health were apparent during the Safe Haven crisis almost a decade ago, when numerous families relied on a process intended for infants to voluntarily relinquish their rights to their teens. Since then, efforts to ensure statewide access to high quality mental health services in communities have fallen short. According to the U.S. Department of Health and Human Services Health Resources and Services Division, 92 out of 93 Nebraska counties had a mental health provider shortage in 2015.¹⁵

Access to trauma-informed and culturally responsive mental health services is a critical component of any child welfare system and must be available for both parents and their children. While many states rely on Medicaid to support their continuum of behavioral health services, Nebraska has yet to make full use of this federal funding stream. More strategic use of Medicaid can be applied across the continuum - to prevent child welfare involvement, support children youth and families already in the foster care system, and to address the occasional crisis for children who have already left foster care but are still dealing with the impact of the earlier trauma they experienced.

The Nebraska Systems of Care Initiative (NeSOC), which brings together key behavioral health stakeholders to address the needs of youth and families who have behavioral health challenges, holds promise for continuing to monitor progress in accessing behavioral health services for children and families. The stakeholders involved in NeSOC are already in the process of mapping out available behavioral health services in the state and identifying gaps that need to be filled. The NeSOC will inform the child welfare system about what services are available and how families involved with the child welfare system can access them. It is important that this process continue to examine areas of the state that are lacking in behavioral health services for children, youth and parents and funding streams that are available to sustain the provision of affordable and accessible services.

2. CREATE PARTNERSHIPS WITH FOSTER PARENTS TO MEET CHILDREN'S NEEDS

SUPPORT AND TRAINING FOR ALL FOSTER PARENTS

Foster parents play a central role in helping children adjust to the trauma of removal from their parents and providing them with a stable and normalized living environment until they can return home. Foster parents should be treated as equal members of the child's team, and encouraged to participate in team meetings, case planning, and court proceedings. When foster parents are well supported, they are better equipped to address children's needs,

which translates to less disruption for the child. Nebraska should assess the current capacity to provide foster parents with the knowledge and skill necessary to meet children's needs and to be full partners in achieving better outcomes.

Treatment foster care is not a robust part of the continuum of child welfare services in Nebraska and currently, there is no payment structure to support it.

TREATMENT FOSTER CARE FOR CHILDREN WITH SERIOUS SOCIAL, EMOTIONAL AND BEHAVIORAL ISSUES

Treatment foster care provides children and youth with serious social, emotional and behavioral issues with the opportunity to live with foster parents who receive specialized training, intensive support, and 24/7 crisis intervention services to meet the needs of the child. Treatment foster care is not a robust part of the continuum of child welfare services in Nebraska and currently, there is no payment structure to support it. As a result, children with significant needs must stay in residential treatment or group care longer than is necessary because there are no other appropriate options, which can also delay their transition back home. Several states use a combination of federal Title IV-E, Medicaid and mental health funding to support treatment foster care, which could help Nebraska reduce placement moves and achieve more timely return home, adoption or guardianship.

3. UNDERSTAND AND ADDRESS RACIAL INEQUITIES

Nebraska stakeholders repeatedly expressed concern about overrepresentation of American Indian and African American children in foster care. Nationally, these two racial groups are disproportionately represented in almost every facet of the child welfare system; they are referred for maltreatment, removed from their parents, and remain in foster care longer than any other racial group. Stakeholders recommended that the Nebraska Children's Commission form a Race Equity and Inclusion committee to further examine racial disproportionality and provide targeted policy recommendations. Local representation on the committee is essential to account for regional differences.

Nebraska stakeholders repeatedly expressed concern about overrepresentation of American Indian and African American children in foster care.

Efforts to address race disparities can build on recent efforts to reduce disparities for American Indian and Native American children in Nebraska. In 2015, the Legislature passed LB 566, which clarified and strengthened key procedural and substantive provisions of the Indian Child Welfare Act (ICWA). The Nebraska ICWA Coalition has also been working since 2007 to identify issues and improve compliance with ICWA, with the goal of reducing

disproportionality. Future efforts should involve the tribes and the ICWA Coalition to assess the impact of LB 566 on ICWA compliance and disproportionality and to determine how to improve the process moving forward.

Child welfare system improvements cannot be fully realized until caseload and turnover issues are addressed.

4. ADDRESS CASELOAD/WORKLOAD AND TURNOVER ISSUES

A stable workforce is the foundation of a strong and effective child welfare system. To address longstanding problems with caseloads and turnover, the Legislature enacted caseload standards in 2012 (LB 961), but oversight reports suggest that DHHS is not meeting the standards outlined in statute. Multiple oversight bodies have expressed concern about high caseloads and turnover and their impact on the entire system, including disrupted relationships with families, extensive costs of recruitment and training, and gaps in information available to case managers and judges. **The Office of Inspector General's 2015-2016 Annual Report** reviewed 22 cases in the last year that resulted in the death or serious injury of children in which caseloads were a factor.

The Office of Inspector General and the Foster Care Review Office have made several recommendations to improve workforce

challenges, including developing a formula to accurately measure current caseloads, providing appropriate funding levels to support the right number of staff, supporting an in-depth study of workforce issues, and providing adequate training, supports, and mentoring to retain staff. Child welfare system improvements cannot be fully realized until caseload and turnover issues are addressed.

5. DEVELOP STANDARDIZED DATA MEASURES

In 2014, DCFS developed a monthly continuous quality improvement (CQI) process to standardize how performance outcomes are tracked. Each month, agency staff and stakeholders meet to review performance data, discuss areas of progress and concern, and develop action items to address barriers. The process has begun to transform how the agency approaches service delivery and helps the agency prioritize resources and services.

To truly gauge the health of Nebraska's child welfare system, however, there is more that can be done to standardize the use of data

so that all parties — DHHS, private agencies, advocates and oversight bodies — are using a consistent set of child welfare measures that are widely understood and accessible by all child welfare stakeholders. Data utilized to measure performance would rely on a common set of definitions to ensure that everyone is measuring the same thing and that investments are targeted to the right challenges. Consistent with national best practice, it would also track movement in and out of the child welfare system, referred to as longitudinal data, rather than relying on a specific point in time, which does not give a full understanding of children's experiences while involved with the system. Common data measures will go a long way toward ensuring that investments are targeted in the right places to improve outcomes for children and families.

Common data measures will go a long way toward ensuring that investments are targeted in the right places to improve outcomes for children and families.

VI. CONCLUSION

Nebraskans can be proud of the progress that has been made over the last 5 years, progress that can be attributed to significant leadership by DHHS oversight bodies, advocates, the legislature and community stakeholders in the wake of a privatization experiment that created significant confusion about the best way to support children and families. Based on interviews for this Blueprint, confidence in the ability to achieve better outcomes for children and families is growing, and innovative initiatives are helping communities and systems better respond to the needs of children and families. These initiatives are grounded in the understanding that the child welfare system is more than just DHHS and includes other public and private agencies, the legal system, and communities. Accomplishments include:

- ▶ More community based approaches to meet families' needs before they become involved with the child welfare system;
- ▶ More children in foster care who are placed with kin; and
- ▶ More young people who have the support and adult connections needed to make a successful transition to adulthood.

Continued progress will be dependent on staying the course on the programs and policies that have already contributed to improved outcomes and doubling down on some of the more intractable challenges that continue to get in the way.

As Nebraska continues on the path of progress, additional steps will be needed to address ongoing challenges that still remain. These include:

- ▶ Develop a comprehensive array of community-based services to meet the needs of children and families, especially robust mental health and substance abuse treatment;
- ▶ Partner with foster parents to ensure they have the support needed to meet children's special needs;
- ▶ Address inequities for children and families of color involved in the child welfare system;
- ▶ Reduce caseloads for the child welfare workforce to curb turnover and create

stronger and more enduring relationships with families; and

- ▶ Develop standardized data measures for continued progress on data-informed decision making.

Nebraska's child welfare system is on an upward trajectory toward better outcomes, a path that has been forged by much soul searching about what the state's most vulnerable children and families need to succeed. Continued progress will be dependent on staying the course on

the programs and policies that have already contributed to improved outcomes and doubling down on some of the more intractable challenges that continue to get in the way. Now is the time to build on the current optimism to position Nebraska as a leader across the continuum of the child welfare system -- keeping children out of foster care whenever possible, ensuring that foster care is safe and children's needs are met, and helping children exit foster care to permanent and loving families.

ENDNOTES

- 1** Home visiting outcomes are dependent upon which model is chosen. For an overview of the various evidence based models and their outcomes, see http://homvee.acf.hhs.gov/HRSA/11/Models_Eligible_MIECHV_Grantees/69/
- 2** For an evaluation of the Sixpence Home Visiting program, see <http://www.singasongofsixpence.org/results.html>
- 3** The federal MIECHV program is due to be reauthorized in 2017. This might provide an opportunity for Nebraska to advocate for increasing the federal allocation, which was reduced significantly in 2012 due to under-spending by local recipients. Grant recipients are now fully utilizing their grant funds and more families could be served if federal funds were increased to their 2011 levels, almost twice what the state is currently receiving.
- 4** Available at http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services__Department_of/548_20161114-143259.pdf
- 5** Kids Count in Nebraska Reports, years 2013-2016. Available at <http://voicesforchildren.com/data-research/kids-count/>
- 6** See Appendix 4, figure 2 accessed from Voices for Nebraska's Children.
- 7** In FY2014, The Nebraska Families Collaborative received a federal Intensive Child-Focused Adoptive Parent Recruitment grant to test evidenced-based models to recruit for children who are difficult to match with adoptive families.
- 8** The Continuous Quality Improvement (CQI) data reports relate to core measures in the CQI system for each division in the Department of Health and Human Services. Available at http://dhhs.ne.gov/children_family_services/Pages/CQIMonthlyReports.aspx
- 9** Voices for Children, Kids Count Data Report 2016, page 69. Available at <http://voicesforchildren.com/wp-content/uploads/2017/01/2016-Kids-Count.pdf>
- 10** For instance, the average time from the child's removal to the adjudication hearing (the hearing that determines whether maltreatment has occurred) decreased from 75 days in FY2013 to 59 days in FY2015. TTEOC was also instrumental in ensuring that every locality uses pre-hearing conferences in child welfare court proceedings. Pre-hearing conferences can engage parents in decision making early in the case, initiate services sooner, and create alternatives to time-consuming and expensive litigation.
- 11** See the final report for the Barriers to Permanency project here: <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2015-q1-FCRO-Quarterly-Report.pdf>
- 12** Nebraska Foster Care Review Office, The Nebraska Foster Care Review Office Annual Report 2016, page 34. Available at <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2016-FCRO-Annual-Report.pdf>
- 13** This report, written by Valaista, Inc., was finalized February 22, 2017 and is available from the Division of Children & Family Services.
- 14** Appendix 4, figure 3 depicts the Reasons for Removal from the home in Nebraska.
- 15** Nebraska Kids Count, Kids Count in Nebraska Report 2016, page 39. Available at: <http://kidscountnebraska.com/health/#healthservices>.

APPENDIX 1: LIST OF PERSONS INTERVIEWED AND ORGANIZATIONAL AFFILIATIONS

Jennifer Auman

Nebraska Maternal, Infant & Early Childhood Home Visiting (N-MIECHV)

Karen Authier

Nebraska Children's Home Society

Beth Baxter

Children's Commission / Region 3

Amy Bornemeier

Nebraska Children and Families Foundation

Lindy Bryceson

Nebraska Department of Health and Human Services

Kathy Campbell

Former Chair, HHS Committee

Kim Hawekotte

Foster Care Review Office

Liz Hruska

Legislative Fiscal Office

Judge Douglas F. Johnson

Separate Juvenile Court

Emily Kluver

Nebraska Department of Health and Human Services

Vicki Maca

Nebraska Department of Health and Human Services

Amanda McGill Johnson

Nebraska Children's Home Society

Felicia Nelsen

Nebraska Foster & Adoptive Parent Association (NFAPA)

David Newell and Lynn Castrianno

Nebraska Families Collaborative

Julie Rogers

Inspector General of Nebraska Child Welfare

Bill Stanton

Casey Family Programs

Deb VanDyke-Ries

Court Improvement Project

MEMBERS OF THE PROJECT'S ADVISORY COMMITTEE

Becky Gould and Sarah Helvey

Nebraska Appleseed

Mary Jo Pankoke and Jennifer Skala

Nebraska Children and Families Foundation

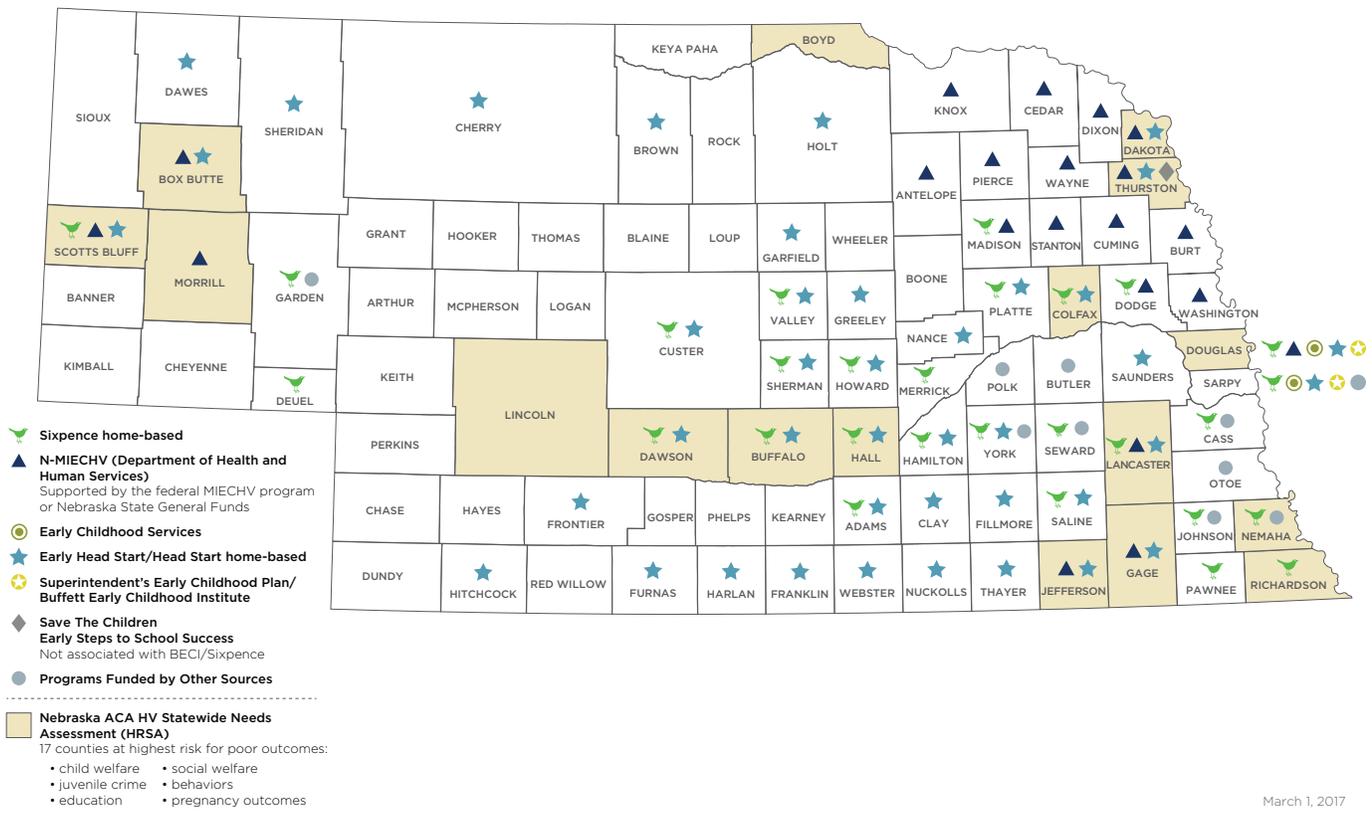
Juliet Summers and Julia Tse

Voices for Children in Nebraska

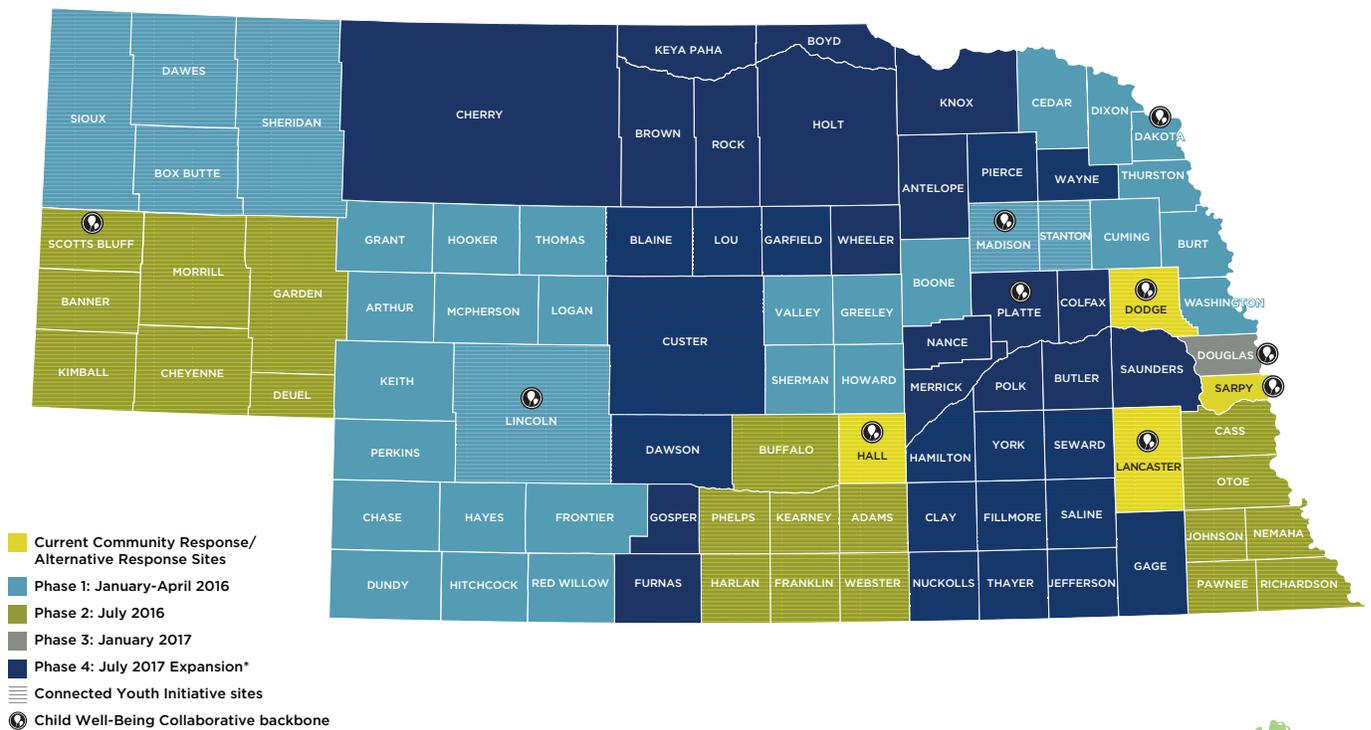
Kristin Williams and Tess Larson

Sherwood Foundation

APPENDIX 2: HOME VISITING PROGRAMS IN NEBRASKA



APPENDIX 3: COMMUNITY/ALTERNATIVE RESPONSE EXPANSION

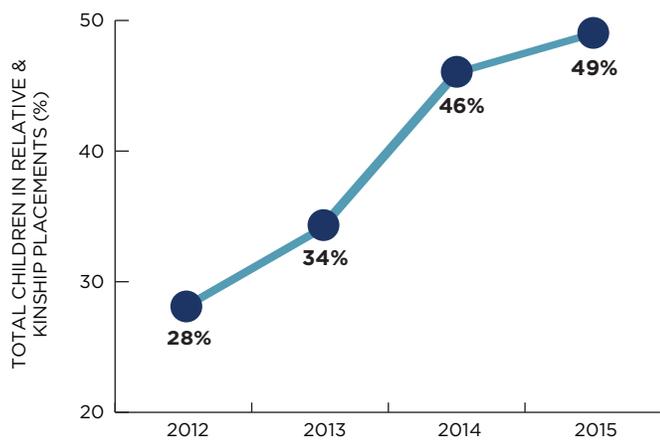


*Must have legislative approval to continue AR past July 2017



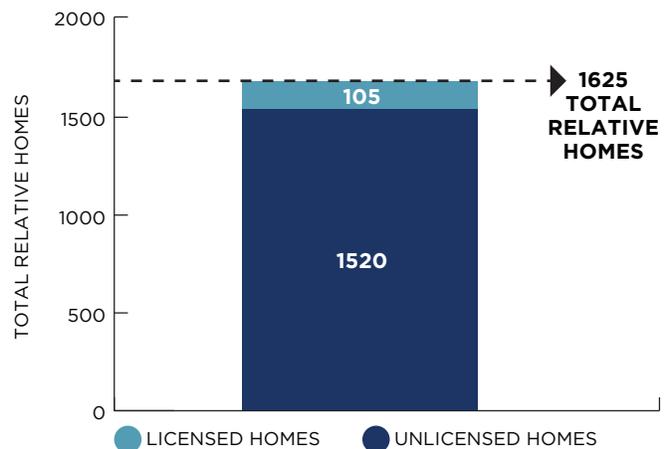
APPENDIX 4: DATA

FIGURE 1. RELATIVE & KINSHIP PLACEMENTS, 2012-2015



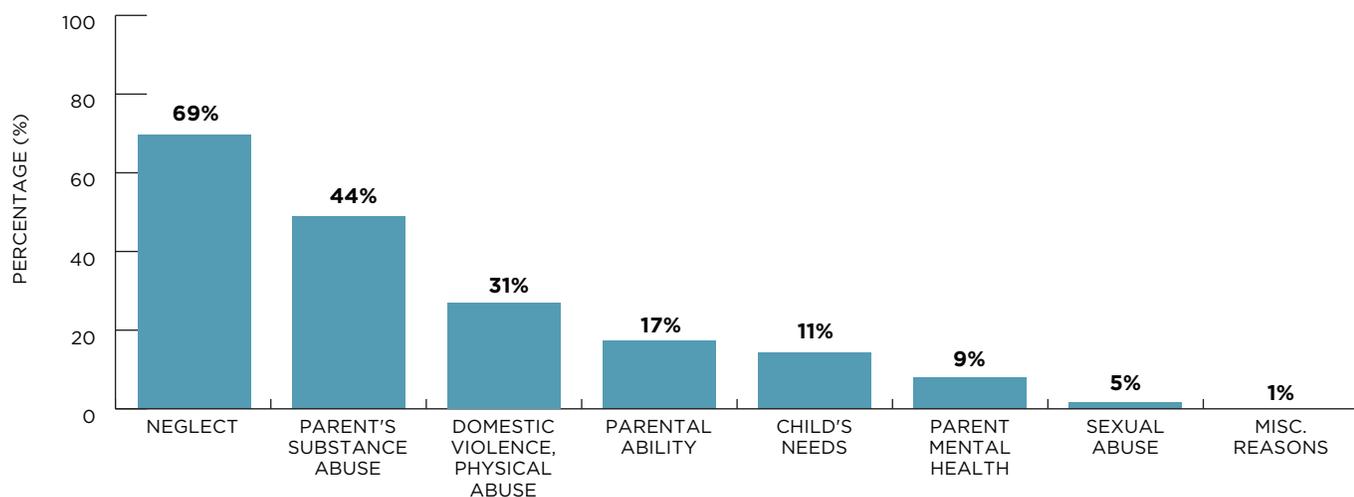
SOURCE: VOICES FOR CHILDREN, KIDS COUNT REPORTS 2013-2016 AS OF DECEMBER 31ST OF EACH YEAR

FIGURE 2. LICENSURE STATUS OF RELATIVE HOMES



SOURCE: VOICES FOR CHILDREN

FIGURE 3. CHILDREN'S REASONS FOR REMOVAL, FY 2015-2016



SOURCE: FOSTER CARE REVIEW OFFICE REPORT, 2016

