

LEGISLATURE OF NEBRASKA

ONE HUNDRED SECOND LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 1160

Final Reading

Introduced by Health and Human Services Committee: Campbell, 25,
Chairperson; Bloomfield, 17; Gloor, 35; Howard, 9;
Krist, 10; Lambert, 2; Pirsch, 4.

Read first time January 19, 2012

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to health and human services; to amend sections
2 43-296, 43-405, 43-534, 68-1207.01, 71-825, 71-827,
3 71-1904, and 71-3407, Reissue Revised Statutes of
4 Nebraska; to define terms; to state intent; to require
5 development of an information system as prescribed; to
6 provide for reports, an advance planning document,
7 surveys, employment of an evaluator, and an evaluation;
8 to change provisions relating to certain reports; to
9 harmonize provisions; to provide operative dates; to
10 repeal the original sections; and to declare an
11 emergency.

12 Be it enacted by the people of the State of Nebraska,

1 Section 1. For purposes of sections 1 to 9 of this act:

2 (1) Department means the Department of Health and Human
3 Services;

4 (2) N-FOCUS system means the electronic data collection
5 system in use by the department on the operative date of this
6 section;

7 (3) Pilot project means a case management lead agency
8 model pilot project established by the department pursuant to
9 Legislative Bill 961, One Hundred Second Legislature, Second Session,
10 2012; and

11 (4) Service area means a geographic area administered by
12 the department and designated pursuant to section 81-3116.

13 Sec. 2. The Legislature finds that:

14 (1) Nebraska does not have the capacity to collect and
15 analyze routinely and effectively the data required to inform policy
16 decisions, child welfare service development, and evaluation of its
17 child welfare system;

18 (2) The N-FOCUS system is difficult to use and does not
19 provide the appropriate data for meaningful monitoring of the child
20 welfare system for children's safety, permanency, and wellness;

21 (3) The N-FOCUS system does not easily integrate with
22 other computer systems that have different purposes, capacities, file
23 structures, and operating systems, resulting in silos of operation
24 and information; and

25 (4) The department needs leadership in developing a

1 uniform electronic data collection system to collect and evaluate
2 data regarding children served, the quality of child welfare services
3 provided, and the outcomes produced by such child welfare services.

4 Sec. 3. It is the intent of the Legislature:

5 (1) To provide for (a) legislative oversight of the child
6 welfare system through an improved electronic data collection system,
7 (b) improved child welfare outcome measurements through increased
8 reporting by any lead agencies or the pilot project and the
9 department, and (c) an independent evaluation of the child welfare
10 system; and

11 (2) To develop an electronic data collection system to
12 integrate child welfare information into one system to more
13 effectively manage, track, and share information, especially in child
14 welfare case management.

15 Sec. 4. (1) The department shall develop and implement a
16 web-based, statewide automated child welfare information system to
17 integrate child welfare information into one system. Objectives for
18 the web-based, statewide automated child welfare information system
19 shall include: (a) Improving efficiency and effectiveness by reducing
20 paperwork and redundant data entry, allowing case managers to spend
21 more time working with families and children; (b) improving access to
22 information and tools that support consistent policy and practice
23 standards across the state; (c) facilitating timely and quality case
24 management decisions and actions by providing alerts and accurate
25 information, including program information and prior child welfare

1 case histories within the department or a division thereof or from
2 other agencies; (d) providing consistent and accurate data management
3 to improve reporting capabilities, accountability, workload
4 distribution, and child welfare case review requirements; (e)
5 establishing integrated payment processes and procedures for tracking
6 services available and provided to children and accurately paying for
7 those services; (f) improving the capacity for case managers to
8 complete major functional areas of their work, including intake,
9 investigations, placements, foster care eligibility determinations,
10 reunifications, adoptions, financial management, resource management,
11 and reporting; (g) utilizing business intelligence software to track
12 progress through dashboards; (h) access to real-time data to identify
13 specific child welfare cases and take immediate corrective and
14 supportive actions; (i) helping case managers to expediently identify
15 foster homes and community resources available to meet each child's
16 needs; and (j) providing opportunity for greater accuracy,
17 transparency, and oversight of the child welfare system through
18 improved reporting and tracking capabilities.

19 (2) The capacity of the web-based, statewide automated
20 child welfare information system shall include: (a) Integration
21 across related social services programs through automated interfaces,
22 including, but not limited to, the courts, medicaid eligibility,
23 financial processes, and child support; (b) ease in implementing
24 future system modifications as user requirements or policies change;
25 (c) compatibility with multiple vendor platforms; (d) system

1 architecture that provides multiple options to build additional
2 capacity to manage increased user transactions as system volume
3 requirements increase over time; (e) protection of the system at
4 every tier in case of hardware, software, power, or other system
5 component failure; (f) vendor portals to support direct entry of
6 child welfare case information, as appropriate, by private providers'
7 staff serving children, to increase collaboration between private
8 providers and the department; (g) key automated process analysis to
9 allow supervisors and management to identify child welfare cases not
10 meeting specified goals, identify issues, and report details and
11 outcome measures to cellular telephones or other mobile communication
12 devices used by management and administration; (h) web-based access
13 and availability twenty-four hours per day, seven days per week; (i)
14 automated application of policy and procedures, to make application
15 of policy less complex and easier to follow; (j) automated prompts
16 and alerts when actions are due, to enable case managers and
17 supervisors to manage child welfare cases more efficiently; and (k)
18 compliance with federal regulations related to statewide automated
19 child welfare information systems at 45 C.F.R. 1355.50 through
20 1355.57, implementing section 474(a)(3)(C) and (D) of Title IV-E of
21 the federal Social Security Act, 42 U.S.C. 674(a)(3)(C) and (D), as
22 such regulations and section existed on January 1, 2012.

23 Sec. 5. On or before December 1, 2012, the department,
24 with assistance from other agencies as necessary, including the data
25 coordinator for the State Foster Care Review Board or a successor

1 entity to the powers and duties of the board, shall report in writing
2 to the Legislature on a plan for the statewide automated child
3 welfare information system described in section 4 of this act. The
4 report shall include a review of the design, development,
5 implementation, and cost of the system. The report shall describe the
6 requirements of the system and all available options and compare
7 costs of the options. The report shall include, but not be limited
8 to, a review of the options for (1) system functionality, (2) the
9 potential of the system's use of shared services in areas including,
10 but not limited to, intake, rules, financial information, and
11 reporting, (3) integration, (4) maintenance costs, (5) application
12 architecture to enable flexibility and scalability, (6) deployment
13 costs, (7) licensing fees, (8) training requirements, and (9)
14 operational costs and support needs. The report shall compare the
15 costs and benefits of a custom-built system and a commercial off-the-
16 shelf system, the total cost of ownership, including both direct and
17 indirect costs, and the costs of any other options considered. In
18 conjunction with the report, the department shall prepare the advance
19 planning document required to qualify for federal funding for the
20 statewide automated child welfare information system pursuant to 45
21 C.F.R. 1355.50 through 1355.57, implementing section 474(a)(3)(C) and
22 (D) of Title IV-E of the federal Social Security Act, 42 U.S.C.
23 674(a)(3)(C) and (D), as such regulations and section existed on
24 January 1, 2012. The advance planning document shall describe the
25 proposed plan for managing the design, development, and operations of

1 a statewide automated child welfare information system that meets
2 such federal requirements and the state's needs in an efficient,
3 comprehensive, and cost-effective manner.

4 Sec. 6. On or before September 15, 2012, and each
5 September 15 thereafter, the department shall report to the Health
6 and Human Services Committee of the Legislature the following
7 information regarding child welfare services, with respect to
8 children served by any lead agency or the pilot project and children
9 served by the department:

10 (1) The percentage of children served and the allocation
11 of the child welfare budget, categorized by service area and by lead
12 agency or the pilot project, including:

13 (a) The percentage of children served, by service area
14 and the corresponding budget allocation; and

15 (b) The percentage of children served who are wards of
16 the state and the corresponding budget allocation;

17 (2) The number of siblings in out-of-home care placed
18 with siblings as of the June 30th immediately preceding the date of
19 the report, categorized by service area and by lead agency or the
20 pilot project;

21 (3) An update of the information in the report of the
22 Children's Behavioral Health Task Force pursuant to sections 43-4001
23 to 43-4003, including:

24 (a) The number of children receiving mental health and
25 substance abuse services annually by the Division of Behavioral

1 Health of the department;

2 (b) The number of children receiving behavioral health
3 services annually at the Hastings Regional Center;

4 (c) The number of state wards receiving behavioral health
5 services as of September 1 immediately preceding the date of the
6 report;

7 (d) Funding sources for children's behavioral health
8 services for the fiscal year ending on the immediately preceding June
9 30;

10 (e) Expenditures in the immediately preceding fiscal year
11 by the division, categorized by category of behavioral health service
12 and by behavioral health region; and

13 (f) Expenditures in the immediately preceding fiscal year
14 from the medical assistance program and CHIP as defined in section
15 68-969 for mental health and substance abuse services, for all
16 children and for wards of the state;

17 (4) The following information as obtained for each
18 service area and lead agency or the pilot project:

19 (a) Case manager education, including college degree,
20 major, and level of education beyond a baccalaureate degree;

21 (b) Average caseload per case manager;

22 (c) Average number of case managers per child during the
23 preceding twelve months;

24 (d) Average number of case managers per child for
25 children who have been in the child welfare system for three months,

1 for six months, for twelve months, and for eighteen months and the
2 consecutive yearly average for children until the age of majority or
3 permanency is attained;

4 (e) Monthly case manager turnover;

5 (f) Monthly face-to-face contacts between each case
6 manager and the children on his or her caseload;

7 (g) Monthly face-to-face contacts between each case
8 manager and the parent or parents of the children on his or her
9 caseload;

10 (h) Case documentation of monthly consecutive team
11 meetings per quarter;

12 (i) Case documentation of monthly consecutive parent
13 contacts per quarter;

14 (j) Case documentation of monthly consecutive child
15 contacts with case manager per quarter;

16 (k) Case documentation of monthly consecutive contacts
17 between child welfare service providers and case managers per
18 quarter;

19 (l) Timeliness of court reports; and

20 (m) Non-court-involved children, including the number of
21 children served, the types of services requested, the specific
22 services provided, the cost of the services provided, and the funding
23 source;

24 (5) All placements in residential treatment settings made
25 or paid for by the child welfare system, the Office of Juvenile

1 Services, the State Department of Education or local education
2 agencies, any lead agency or the pilot project through letters of
3 agreement, and the medical assistance program, including, but not
4 limited to:

5 (a) Child variables;

6 (b) Reasons for placement;

7 (c) The percentage of children denied medicaid-reimbursed
8 services and denied the level of placement requested;

9 (d) With respect to each child in a residential treatment
10 setting:

11 (i) If there was a denial of initial placement request,
12 the length and level of each placement subsequent to denial of
13 initial placement request and the status of each child before and
14 immediately after, six months after, and twelve months after
15 placement;

16 (ii) Funds expended and length of placements;

17 (iii) Number and level of placements;

18 (iv) Facility variables; and

19 (v) Identification of specific child welfare services
20 unavailable in the child's community that, if available, could have
21 prevented the need for residential treatment; and

22 (e) Identification of child welfare services unavailable
23 in the state that, if available, could prevent out-of-state
24 placements;

25 (6) From any lead agency or the pilot project, the

1 percentage of its accounts payable to subcontracted child welfare
2 service providers that are thirty days overdue, sixty days overdue,
3 and ninety days overdue; and

4 (7) For any individual involved in the child welfare
5 system receiving a service or a placement through the department or
6 its agent for which referral is necessary, the date when such
7 referral was made by the department or its agent and the date and the
8 method by which the individual receiving the services was notified of
9 such referral. To the extent the department becomes aware of the date
10 when the individual receiving the referral began receiving such
11 services, the department or its agent shall document such date.

12 Sec. 7. (1) Each service area administrator and any lead
13 agency or the pilot project shall annually survey children, parents,
14 foster parents, judges, guardians ad litem, attorneys representing
15 parents, and service providers involved with the child welfare system
16 to monitor satisfaction with (a) adequacy of communication by the
17 case manager, (b) response by the department, any lead agency, or the
18 pilot project to requests and problems, (c) transportation issues,
19 (d) medical and psychological services for children and parents, (e)
20 visitation schedules, (f) payments, (g) support services to foster
21 parents, (h) adequacy of information about foster children provided
22 to foster parents, and (i) the case manager's fulfillment of his or
23 her responsibilities. A summary of the survey shall be reported to
24 the Health and Human Services Committee of the Legislature on
25 September 15, 2012, and each September 15 thereafter.

1 (2) Each service area administrator and any lead agency
2 or the pilot project shall provide monthly reports to the child
3 advocacy center that corresponds with the geographic location of the
4 child regarding the services provided through the department or a
5 lead agency or the pilot project when the child is identified as a
6 voluntary or non-court-involved child welfare case. The monthly
7 report shall include the plan implemented by the department, lead
8 agency, or the pilot project for the child and family and the status
9 of compliance by the family with the plan. The child advocacy center
10 shall report to the Health and Human Services Committee of the
11 Legislature on September 15, 2012, and every September 15 thereafter,
12 or more frequently if requested by the committee.

13 Sec. 8. On or before September 15, 2012, and on or before
14 each September 15 thereafter, the department shall provide a report
15 to the Health and Human Services Committee of the Legislature on the
16 department's monitoring of any lead agencies or the pilot project,
17 including the actions taken for contract management, financial
18 management, revenue management, quality assurance and oversight,
19 children's legal services, performance management, and
20 communications. The report shall also include review of the
21 functional capacities of each lead agency or the pilot project for
22 (1) direct case management, (2) utilization of social work theory and
23 evidence-based practices to include processes for insuring fidelity
24 with evidence-based practices, (3) supervision, (4) quality
25 assurance, (5) training, (6) subcontract management, (7) network

1 development and management, (8) financial management, (9) financial
2 controls, (10) utilization management, (11) community outreach, (12)
3 coordination and planning, (13) community and stakeholder engagement,
4 and (14) responsiveness to requests from policymakers and the
5 Legislature. On or before December 31, 2012, the department shall
6 provide an additional report to the committee updating the
7 information on the pilot project contained in the report of September
8 15, 2012.

9 Sec. 9. (1) The department shall engage a nationally
10 recognized evaluator to provide an evaluation of the child welfare
11 system.

12 (2)(a) The evaluator shall:

13 (i) Be a national entity that can demonstrate direct
14 involvement with public and tribal child welfare agencies,
15 partnerships with national advocacy organizations, think tanks, or
16 technical assistance providers, collaboration with community
17 agencies, and independent research; and

18 (ii) Be independent of the department and any lead agency
19 or the pilot project, shall not have been involved in a contractual
20 relationship with the department, any lead agency, or the pilot
21 project within the preceding three years, and shall not have served
22 as a consultant to the department, any lead agency, or the pilot
23 project within the preceding three years.

24 (b) The department shall give consideration to evaluator
25 candidates who have experience in: (i) Outcome measurement,

1 including, but not limited to: Measuring change for organizations,
2 systems, and communities, with an emphasis on organizational
3 assessment, child welfare system evaluation, and complex
4 environmental factors; assessing the quality of child welfare
5 programs and services across the continuum of care, with differential
6 consideration of in-home and foster care populations and advanced
7 research and evaluation methodologies, including qualitative and
8 mixed-method approaches; (ii) use of data, including, but not limited
9 to: Using existing administrative data sets, with an emphasis on
10 longitudinal data analysis; integrating data across multiple systems
11 and interoperability; developing and using data exchange standards;
12 and using continuous quality improvement methods to assist with child
13 welfare policy decisionmaking; (iii) intervention research and
14 evaluation, including, but not limited to: Designing, replicating,
15 and adapting interventions, including the identification of counter
16 factuals; and evaluating programmatic and policy interventions for
17 efficacy, effectiveness, and cost; and (iv) dissemination and
18 implementation research, including, but not limited to: Measuring
19 fidelity; describing and evaluating the effectiveness of
20 implementation processes; effectively disseminating relevant,
21 accessible, and useful findings and results; and measuring the
22 acceptability, adoption, use, and sustainability of evidence-based
23 and evidence-informed practices and programs.

24 (3) The evaluation shall include the following key areas:

25 (a) The degree to which privatization of child welfare

1 services in the eastern service area has been successful in improving
2 outcomes for children and parents, including, but not limited to,
3 whether the outcomes are consistent with the objectives of the
4 Families Matter program or the pilot project and whether the cost is
5 reasonable, given the outcomes and cost of privatization;

6 (b) A review of the readiness and capacity of any lead
7 agency or the pilot project and the department to perform essential
8 child welfare service delivery and administrative management
9 functions according to nationally recognized standards for network
10 management entities, with special focus on case management. The
11 readiness review shall include, but not be limited to, strengths,
12 areas where functional improvement is needed, areas with current
13 duplication and overlap in effort, and areas where coordination needs
14 improvement; and

15 (c) A complete review of the preceding three years of
16 placements of children in residential treatment settings, by service
17 area and by any lead agency or the pilot project. The review shall
18 include all placements made or paid for by the child welfare system,
19 the Office of Juvenile Services, the State Department of Education,
20 or local education agencies; any lead agency or the pilot project
21 through letters of agreement; and the medical assistance program. The
22 review shall include, but not be limited to: (i) Child variables;
23 (ii) reasons for placement; (iii) the percentage of children denied
24 medicaid-reimbursed services and denied the level of placement
25 originally requested; (iv) with respect to each child in residential

1 treatment setting: (A) If there was a denial of initial placement
2 request, the length and level of each placement subsequent to denial
3 of initial placement request and the status of each child before and
4 immediately after, six months after, and twelve months after
5 placement; (B) funds expended and length of placements; (C) number
6 and level of placements; (D) facility variables; (E) identification
7 of specific services unavailable in the child's community that, if
8 available, could have prevented the need for residential treatment;
9 and (F) percentage of children denied reauthorization requests or
10 subsequent review of initial authorization; (v) identification of
11 child welfare services unavailable in the state that, if available,
12 could prevent out-of-state placements; and (vi) recommendations for
13 improved utilization, gatekeeping, and community-level placement
14 prevention initiatives and an analysis of child welfare services that
15 would be more effective and cost efficient in keeping children safe
16 at home.

17 (4) The evaluation required pursuant to this section
18 shall be completed and a report issued on or before December 1, 2012,
19 to the Health and Human Services Committee of the Legislature and the
20 Governor.

21 Sec. 10. On December 15 of 2012, 2013, and 2014, the
22 Health and Human Services Committee of the Legislature shall provide
23 a written report to the Legislature, Governor, and Chief Justice of
24 the Supreme Court with respect to the progress made by the Department
25 of Health and Human Services implementing the recommendations of the

1 committee contained in the final report of the study conducted by the
2 committee pursuant to Legislative Resolution 37, One Hundred Second
3 Legislature, First Session, 2011. In order to facilitate such report,
4 the department shall provide to the committee by September 15 of
5 2012, 2013, and 2014 the reports required pursuant to sections
6 43-296, 43-534, 68-1207.01, 71-825, 71-1904, and 71-3407 and
7 subdivision (6) of section 43-405. The Children's Behavioral Health
8 Oversight Committee of the Legislature shall provide its final report
9 to the Health and Human Services Committee of the Legislature on or
10 before September 15, 2012.

11 Sec. 11. Section 43-296, Reissue Revised Statutes of
12 Nebraska, is amended to read:

13 43-296 All associations receiving juveniles under the
14 Nebraska Juvenile Code shall be subject to the same visitation,
15 inspection, and supervision by the Department of Health and Human
16 Services as are public charitable institutions of this state, and it
17 shall be the duty of the department to pass annually upon the fitness
18 of every such association as may receive or desire to receive
19 juveniles under the provisions of such code. Every such association
20 shall annually, ~~at such time as the department shall direct, on or~~
21 before September 15, make a report to the department showing its
22 condition, management, and competency to adequately care for such
23 juveniles as are or may be committed to it and such other facts as
24 the department may require. Upon receiving such report, the
25 department shall provide a copy to the Health and Human Services

1 Committee of the Legislature on or before September 15 of 2012, 2013,
2 and 2014. Upon the department being satisfied that such association
3 is competent and has adequate facilities to care for such juveniles,
4 it shall issue to such association a certificate to that effect,
5 which certificate shall continue in force for one year unless sooner
6 revoked by the department. No juvenile shall be committed to any such
7 association which has not received such a certificate within the
8 fifteen months immediately preceding the commitment. The court may at
9 any time require from any association receiving or desiring to
10 receive juveniles under the provisions of the Nebraska Juvenile Code
11 such reports, information, and statements as the judge shall deem
12 proper and necessary for his or her action, and the court shall in no
13 case be required to commit a juvenile to any association whose
14 standing, conduct, or care of juveniles or ability to care for the
15 same is not satisfactory to the court.

16 Sec. 12. Section 43-405, Reissue Revised Statutes of
17 Nebraska, is amended to read:

18 43-405 The administrative duties of the Office of
19 Juvenile Services are to:

20 (1) Manage, establish policies for, and administer the
21 office, including all facilities and programs operated by the office
22 or provided through the office by contract with a provider;

23 (2) Supervise employees of the office, including
24 employees of the facilities and programs operated by the office;

25 (3) Have separate budgeting procedures and develop and

1 report budget information separately from the Department of Health
2 and Human Services;

3 (4) Adopt and promulgate rules and regulations for the
4 levels of treatment and for management, control, screening,
5 evaluation, treatment, rehabilitation, parole, transfer, and
6 discharge of juveniles placed with or committed to the Office of
7 Juvenile Services;

8 (5) Ensure that statistical information concerning
9 juveniles placed with or committed to facilities or programs of the
10 office is collected, developed, and maintained for purposes of
11 research and the development of treatment programs;

12 (6) Monitor commitments, placements, and evaluations at
13 facilities and programs operated by the office or through contracts
14 with providers and report its findings annually to the Legislature.
15 For 2012, 2013, and 2014, the office shall also provide the report to
16 the Health and Human Services Committee of the Legislature on or
17 before September 15. The report shall include an assessment of the
18 administrative costs of operating the facilities, the cost of
19 programming, and the savings realized through reductions in
20 commitments, placements, and evaluations;

21 (7) Coordinate the programs and services of the juvenile
22 justice system with other governmental agencies and political
23 subdivisions;

24 (8) Coordinate educational, vocational, and social
25 counseling;

1 (9) Coordinate community-based services for juveniles and
2 their families;

3 (10) Supervise and coordinate juvenile parole and
4 aftercare services; and

5 (11) Exercise all powers and perform all duties necessary
6 to carry out its responsibilities under the Health and Human
7 Services, Office of Juvenile Services Act.

8 Sec. 13. Section 43-534, Reissue Revised Statutes of
9 Nebraska, is amended to read:

10 43-534 Every department, agency, institution, committee,
11 and commission of state government which is concerned or responsible
12 for children and families shall submit, as part of the annual budget
13 request of such department, agency, institution, committee, or
14 commission, a comprehensive statement of the efforts such department,
15 agency, institution, committee, or commission has taken to carry out
16 the policy and principles set forth in sections 43-532 and 43-533.
17 For 2012, 2013, and 2014, the Department of Health and Human Services
18 shall provide a copy of its statement submitted under this section to
19 the Health and Human Services Committee of the Legislature on or
20 before September 15. The statement shall include, but not be limited
21 to, a listing of programs provided for children and families and the
22 priority of such programs, a summary of the expenses incurred in the
23 provision and administration of services for children and families,
24 the number of clients served by each program, and data being
25 collected to demonstrate the short-term and long-term effectiveness

1 of each program.

2 Sec. 14. Section 68-1207.01, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 68-1207.01 The Department of Health and Human Services
5 shall annually provide a report to the Legislature and Governor
6 outlining the caseloads of child protective services, the factors
7 considered in their establishment, and the fiscal resources necessary
8 for their maintenance. For 2012, 2013, and 2014, the department shall
9 also provide the report to the Health and Human Services Committee of
10 the Legislature on or before September 15. Such report shall include:

11 (1) A comparison of caseloads established by the
12 department with the workload standards recommended by national child
13 welfare organizations along with the amount of fiscal resources
14 necessary to maintain such caseloads in Nebraska;

15 (2)(a) The number of child welfare ~~services caseworkers~~
16 ~~and~~ case managers employed by the State of Nebraska and child welfare
17 services workers, providing services directly to children and
18 families, who are under contract with the State of Nebraska or
19 employed by a private entity under contract with the State of
20 Nebraska and (b) statistics on the average length of employment in
21 such positions, statewide and by ~~health and human services area;~~
22 service area designated pursuant to section 81-3116;

23 (3)(a) The average caseload of child welfare ~~services~~
24 ~~caseworkers and~~ case managers employed by the State of Nebraska and
25 child welfare services workers, providing services directly to

1 children and families, who are under contract with the State of
2 Nebraska or employed by a private entity under contract with the
3 State of Nebraska and (b) the outcomes of such cases, including the
4 number of children reunited with their families, children adopted,
5 children in guardianships, placement of children with relatives, and
6 other permanent resolutions established, statewide and by ~~health and~~
7 ~~human services area;~~ service area designated pursuant to section
8 81-3116; and

9 (4) The average cost of training child welfare ~~services~~
10 ~~caseworkers and~~ case managers employed by the State of Nebraska and
11 child welfare services workers, providing child welfare services
12 directly to children and families, who are under contract with the
13 State of Nebraska or employed by a private entity under contract with
14 the State of Nebraska, statewide and by ~~health and human services~~
15 ~~area.~~ service area as designated pursuant to section 81-3116.

16 Sec. 15. Section 71-825, Reissue Revised Statutes of
17 Nebraska, is amended to read:

18 71-825 The department shall provide an annual report, no
19 later than December 1, to the Governor and the Legislature on the
20 operation of the Children and Family Support Hotline established
21 under section 71-822, the Family Navigator Program established under
22 section 71-823, and the provision of voluntary post-adoption and
23 post-guardianship case management services under section 71-824,
24 except that for 2012, 2013, and 2014, the department shall also
25 provide the report to the Health and Human Services Committee of the

1 Legislature on or before September 15.

2 Sec. 16. Section 71-827, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 71-827 (1) The Children's Behavioral Health Oversight
5 Committee of the Legislature is created as a special legislative
6 committee. The committee shall consist of nine members of the
7 Legislature appointed by the Executive Board of the Legislative
8 Council as follows: (a) Two members of the Appropriations Committee
9 of the Legislature, (b) two members of the Health and Human Services
10 Committee of the Legislature, (c) two members of the Judiciary
11 Committee of the Legislature, and (d) three members of the
12 Legislature who are not members of such committees. The Children's
13 Behavioral Health Oversight Committee shall elect a chairperson and
14 vice-chairperson from among its members. The executive board shall
15 appoint members of the committee no later than thirty days after May
16 23, 2009, and within the first six legislative days of the regular
17 legislative session in 2011. The committee and this section terminate
18 on December 31, 2012.

19 (2) The committee shall monitor the effect of
20 implementation of the Children and Family Behavioral Health Support
21 Act and other child welfare and juvenile justice initiatives by the
22 department related to the provision of behavioral health services to
23 children and their families.

24 (3) The committee shall meet at least quarterly with
25 representatives of the Division of Behavioral Health and the Division

1 of Children and Family Services of the Department of Health and Human
2 Services and with other interested parties and may meet at other
3 times at the call of the chairperson.

4 (4) Staff support for the committee shall be provided by
5 existing legislative staff as directed by the executive board. The
6 committee may request the executive board to hire consultants that
7 the committee deems necessary to carry out the purposes of the
8 committee under this section.

9 (5) The committee shall provide a report to the Governor
10 and the Legislature no later than December 1 of each year. The report
11 shall include, but not be limited to, findings and recommendations
12 relating to the provision of behavioral health services to children
13 and their families. The final report of the committee shall be
14 provided to the Health and Human Services Committee of the
15 Legislature on or before September 15, 2012.

16 Sec. 17. Section 71-1904, Reissue Revised Statutes of
17 Nebraska, is amended to read:

18 71-1904 (1) The department shall adopt and promulgate
19 rules and regulations pursuant to sections 71-1901 to 71-1906.01 for
20 (a) the proper care and protection of children by licensees under
21 such sections, (b) the issuance, suspension, and revocation of
22 licenses to provide foster care, (c) the issuance, suspension, and
23 revocation of probationary licenses to provide foster care, (d) the
24 issuance, suspension, and revocation of provisional licenses to
25 provide foster care, (e) the provision of training in foster care,

1 which training shall be directly related to the skills necessary to
2 care for children in need of out-of-home care, including, but not
3 limited to, abused, neglected, dependent, and delinquent children,
4 and (f) the proper administration of sections 71-1901 to 71-1906.01.

5 (2) The training required by subdivision (1)(e) of this
6 section may be waived in whole or in part by the department for
7 persons operating foster homes providing care only to relatives of
8 the foster care provider. Such waivers shall be granted on a case-by-
9 case basis upon assessment by the department of the appropriateness
10 of the relative foster care placement. The department shall report
11 annually to the Health and Human Services Committee of the
12 Legislature the number of waivers granted under this subsection and
13 the total number of children placed in relative foster homes. For
14 2012, 2013, and 2014, the department shall provide the report to the
15 Health and Human Services Committee of the Legislature on or before
16 September 15.

17 Sec. 18. Section 71-3407, Reissue Revised Statutes of
18 Nebraska, is amended to read:

19 71-3407 (1) The purposes of the team shall be to (a)
20 develop an understanding of the causes and incidence of child deaths
21 in this state, (b) develop recommendations for changes within
22 relevant agencies and organizations which may serve to prevent child
23 deaths, and (c) advise the Governor, the Legislature, and the public
24 on changes to law, policy, and practice which will prevent child
25 deaths.

1 (2) The team shall:

2 (a) Undertake annual statistical studies of the causes
3 and incidence of child deaths in this state. The studies shall
4 include, but not be limited to, an analysis of the records of
5 community, public, and private agency involvement with the children
6 and their families prior to and subsequent to the deaths;

7 (b) Develop a protocol for retrospective investigation of
8 child deaths by the team;

9 (c) Develop a protocol for collection of data regarding
10 child deaths by the team;

11 (d) Consider training needs, including cross-agency
12 training, and service gaps;

13 (e) Include in its annual report recommended changes to
14 any law, rule, regulation, or policy needed to decrease the incidence
15 of preventable child deaths;

16 (f) Educate the public regarding the incidence and causes
17 of child deaths, the public role in preventing child deaths, and
18 specific steps the public can undertake to prevent child deaths. The
19 team may enlist the support of civic, philanthropic, and public
20 service organizations in the performance of its educational duties;

21 (g) Provide the Governor, the Legislature, and the public
22 with annual written reports which shall include the team's findings
23 and recommendations for each of its duties. For 2012, 2013, and 2014,
24 the team shall also provide the report to the Health and Human
25 Services Committee of the Legislature on or before September 15; and

1 (h) When appropriate, make referrals to those agencies as
2 required in section 28-711 or as otherwise required by state law.

3 Sec. 19. On or before December 1, 2012, the Director of
4 Children and Family Services of the Division of Children and Family
5 Services of the Department of Health and Human Services, the Director
6 of Developmental Disabilities of the Division of Developmental
7 Disabilities of the Department of Health and Human Services, the
8 Director of Behavioral Health of the Division of Behavioral Health of
9 the Department of Health and Human Services, and the Director of
10 Medicaid and Long-Term Care of the Division of Medicaid and Long-Term
11 Care of the Department of Health and Human Services shall provide a
12 report to the Health and Human Services Committee of the Legislature
13 and the Developmental Disabilities Special Investigative Committee of
14 the Legislature concerning the access of individuals with co-
15 occurring conditions of an intellectual disability and mental illness
16 to the full array of services needed to appropriately treat their
17 specific conditions. The report shall include, but not be limited,
18 to:

19 (1) A summary of how these individuals are currently
20 served, including eligibility determinations, by the Division of
21 Children and Family Services, the Division of Developmental
22 Disabilities, the Division of Behavioral Health, and the Division of
23 Medicaid and Long-Term Care;

24 (2) An identification and further defining of individuals
25 who currently fall in the gap between the divisions or who move from

1 one division to another in a search for appropriate services;

2 (3) Information on the individuals currently receiving
3 services from more than one division who have these co-occurring
4 conditions, including the costs of the services, the types of
5 services provided, the unmet demand for such services, and an
6 estimate of the number of individuals served by one division who
7 would also qualify for services through another division;

8 (4) An explanation of the differences and similarities in
9 funding for services provided by the divisions and how funds from
10 each division are being blended or can be blended to best serve these
11 individuals;

12 (5) A plan that could be implemented by the divisions
13 that would provide more integrated and coordinated treatment for
14 these individuals by the divisions; and

15 (6) Any recommendations for potential legislation that
16 would assist the Division of Children and Family Services, the
17 Division of Developmental Disabilities, the Division of Behavioral
18 Health, and the Division of Medicaid and Long-Term Care in carrying
19 out the plan provided in subdivision (5) of this section.

20 Sec. 20. Sections 10, 11, 12, 13, 14, 15, 16, 17, 18, 19,
21 and 21 of this act become operative three calendar months after the
22 adjournment of this legislative session. The other sections of this
23 act become operative on their effective date.

24 Sec. 21. Original sections 43-296, 43-405, 43-534,
25 68-1207.01, 71-825, 71-827, 71-1904, and 71-3407, Reissue Revised

1 Statutes of Nebraska, are repealed.

2 Sec. 22. Since an emergency exists, this act takes effect

3 when passed and approved according to law.