

LEGISLATURE OF NEBRASKA

ONE HUNDRED SECOND LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 1160

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

Read first time January 19, 2012

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to health and human services; to define terms; to
2 state intent; to require development of an information
3 system as prescribed; to require reports; to provide for
4 an evaluation and a report; and to declare an emergency.
5 Be it enacted by the people of the State of Nebraska,

1 Section 1. For purposes of this act:

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

4 (2) NFocus system means the electronic data collection
5 system in use by the department on the effective date of this act.

6 Sec. 2. The Legislature finds that:

7 (1) Nebraska does not have the capacity to collect and
8 analyze routinely and effectively the data required to inform policy
9 decisions, system development, and evaluation of its child welfare
10 system;

11 (2) The NFocus system is difficult to use and does not
12 provide the appropriate data for meaningful monitoring of the child
13 welfare system for children's safety, permanency, and wellness;

14 (3) The NFocus system does not easily integrate with
15 other computer systems that have different purposes, capacities, file
16 structures, and operating systems, resulting in silos of operation
17 and information; and

18 (4) The department needs leadership in developing a
19 uniform data collection system to collect and evaluate data regarding
20 children served, the quality of services provided, and the outcomes
21 produced by those services.

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

23 (1) To provide for (a) legislative oversight of the
24 Nebraska child welfare system through an improved data collection
25 system, (b) increased child welfare outcome measurement through

1 increased reporting by lead agencies and the department, and (c) an
2 independent evaluation of the child welfare system; and

3 (2) To develop a data collection system to integrate
4 child welfare information into one system to more effectively manage,
5 track, and share information, especially in case management.

6 Sec. 4. (1) The department shall develop and implement a
7 web-based, statewide automated child welfare information system to
8 integrate child welfare information into one system. Objectives for
9 the system shall include: (a) Improving efficiency and effectiveness
10 by reducing paperwork and redundant data entry, allowing case
11 managers to spend more time working with families and children; (b)
12 improving access to information and tools that support consistent
13 policy and practice standards across the state; (c) facilitating
14 timely and quality case decisions and actions by providing alerts and
15 accurate information, including program information and prior case
16 histories within the department or a division thereof or from other
17 agencies; (d) providing consistent and accurate data management to
18 improve reporting capabilities, accountability, workload
19 distribution, and case review requirements; (e) establishing
20 integrated payment processes and procedures for tracking services
21 available to and provided to children and accurately paying for those
22 services; (f) improving the capacity for case managers to complete
23 major functional areas of their work, including intake,
24 investigations, placements, foster care eligibility determinations,
25 reunifications, adoptions, financial management, resource management,

1 and reporting; (g) utilizing business intelligence software to track
2 progress through dashboards; (h) access to real-time data to identify
3 specific cases and take immediate corrective and supportive actions;
4 (i) helping case managers expediently identify foster homes and
5 community resources available to meet each child's needs; and (j)
6 providing opportunity for greater accuracy, transparency, and
7 oversight into the child welfare system through improved reporting
8 and tracking capabilities.

9 (2) The capacity of the system shall include: (a)
10 Integration across related social services programs through automated
11 interfaces, including, but not limited, to the courts, medicaid
12 eligibility, financial processes, and child support; (b) ease in
13 implementing future system modifications as user requirements or
14 policies change; (c) compatibility with multiple vendor platforms;
15 (d) system architecture that provides multiple options to build
16 additional capacity to manage increased user transactions as system
17 volume requirements increase over time; (e) protection at every tier
18 of the system in case of hardware, software, power, or other system
19 component failure; (f) vendor portals to support direct entry of case
20 information, as appropriate, by private providers' staff serving
21 children, to increase collaboration between service providers and the
22 department; (g) key automated process analysis to allow supervisors
23 and management to identify cases not meeting specified goals,
24 identify issues, and report details and outcome measures to cellular
25 telephones or other mobile communication devices used by management

1 and administration; (h) web-based access and availability twenty-four
2 hours per day, seven days per week; (i) automated application of
3 policy and procedures, to make application of policy less complex and
4 easier to follow; (j) automated prompts and alerts when actions are
5 due, to enable case managers and supervisors to manage cases more
6 efficiently; and (k) compliance with federal regulations related to
7 statewide automated child welfare information systems at 45 C.F.R.
8 1355.50 - 1355.57, implementing section 474(a)(3)(C) and (D) of Title
9 IV-E of the federal Social Security Act, 42 U.S.C. 674(a)(3)(C) and
10 (D), as such regulations, act, and section existed on January 1,
11 2012.

12 Sec. 5. On or before December 1, 2012, the department,
13 with assistance from other agencies as necessary, shall report in
14 writing to the Legislature on a plan for the data collection system
15 described in section 4 of this act. The report shall include a review
16 of the design, development, implementation, and cost of the system.
17 The report shall describe the requirements of the system and all
18 available options and compare costs of the options. The report shall
19 include, but not be limited to, a review of the options for: (1)
20 System functionality; (2) the potential of the system's use of shared
21 services in areas including, but not limited to, intake, rules,
22 financial information, and reporting; (3) integration; (4)
23 maintenance costs; (5) application architecture to enable flexibility
24 and scalability; (6) deployment costs; (7) licensing fees; (8)
25 training requirements; and (9) operational costs and support needs.

1 The report shall compare the costs and benefits of a custom-built
2 system and a commercial off-the-shelf system, the total cost of
3 ownership, including both direct and indirect costs, and the costs of
4 any other options considered.

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

13 (a) The percentage of children served by service area and
14 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;

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

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

1 (b) The number of children served annually at the
2 Hastings Regional Center;

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

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

8 (e) Expenditures in the immediately preceding fiscal year
9 by the division, categorized by category of services and by
10 behavioral health region; and

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

15 (4) The following information from each service area and
16 lead agency:

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

19 (b) Average caseload per case manager;

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

22 (d) Average number of case managers per child for
23 children who have been in the child welfare system for three months,
24 for six months, for twelve months, and for eighteen months and the
25 consecutive yearly average for children until the age of majority or

1 permanency is attained;

2 (e) Monthly case manager turnover;

3 (f) Monthly face-to-face contacts between each caseworker
4 and the children on his or her caseload;

5 (g) Monthly face-to-face contacts between each caseworker
6 and the parent or parents of the children on his or her caseload;

7 (h) Case documentation of monthly consecutive team
8 meetings per quarter;

9 (i) Case documentation of monthly consecutive parent
10 contacts per quarter;

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

13 (k) Case documentation of monthly consecutive contacts
14 between service providers and case managers per quarter;

15 (l) Timeliness of court reports; and

16 (m) With regard to children who are not involved with the
17 court system, the number served per month, the average length of time
18 to obtain services, and the percentage of repeat abuse or neglect
19 reports within the previous six months and the previous twelve
20 months;

21 (5) All placements in residential treatment settings made
22 or paid for by the child welfare system, the Office of Juvenile
23 Services, the State Department Education or local education agencies,
24 lead agencies through letters of agreement, and the medical
25 assistance program, including, but not limited to:

- 1 (a) Child variables;
- 2 (b) Reasons for placement;
- 3 (c) The percentage of children denied medicaid-reimbursed
4 services and denied the level of placement requested;
- 5 (d) With respect to each child in residential treatment
6 setting:
- 7 (i) If there was a denial of initial placement request,
8 the length and level of each placement subsequent to denial of
9 initial placement request and the status of each child before and
10 immediately after, six months after, and twelve months after
11 placement;
- 12 (ii) Funds expended and length of placements;
- 13 (iii) Number and level of placements;
- 14 (iv) Facility variables; and
- 15 (v) Identification of services unavailable in the child's
16 community that, if available, could have prevented the need for
17 residential treatment; and
- 18 (e) Identification of services unavailable in the state
19 that, if available, could prevent out-of-state placements; and
- 20 (6) From each lead agency, the percentage of its accounts
21 payable to service providers that are thirty days overdue, sixty days
22 overdue, and ninety days overdue.
- 23 Sec. 7. (1) Each service area and lead agency shall
24 annually survey children, parents, foster parents, judges, guardians
25 ad litem, attorneys representing parents, and service providers

1 involved with the child welfare system to monitor satisfaction with
2 (a) adequacy of communication by the case manager, (b) response by
3 the department or lead agency to requests and problems, (c)
4 transportation issues, (d) medical and psychological services for
5 children and parents, (e) visitation schedules, (f) payments, (g)
6 support services to foster parents, (h) adequacy of information about
7 foster children provided to foster parents, and (i) the case
8 manager's fulfillment of his or her responsibilities.

9 (2) Each service area and lead agency shall provide
10 monthly reports to the advocacy center that correspond with the
11 geographic location of the child regarding each child and family not
12 involved with the court system and currently receiving services by
13 the department or a lead agency. The monthly report shall include the
14 plan implemented by the department or lead agency for the child and
15 family and the status of compliance by the family with the plan.

16 Sec. 8. On or before September 15, 2012, and on or before
17 each September 15 thereafter, the department shall provide a report
18 to the Health and Human Services Committee of the Legislature on the
19 department's process for monitoring lead agencies, including the
20 actions taken for contract management, financial management, revenue
21 management, quality assurance and oversight, children's legal
22 services, performance management, and communications. The report
23 shall include reviewing the functional capacities of each lead agency
24 for: (1) Direct case management; (2) utilization of social work
25 theory and evidence-based practices to include processes for insuring

1 fidelity with evidence-based practices; (3) supervision; (4) quality
2 assurance; (5) training; (6) subcontract management; (7) network
3 development and management; (8) financial management; (9) financial
4 controls; (10) utilization management; (11) community outreach; (12)
5 coordination and planning; (13) community and stakeholder engagement;
6 and (14) responsiveness to requests from policymakers and the
7 Legislature.

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

11 (2)(a) The evaluator shall:

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

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

22 (b) The department shall give consideration to evaluator
23 candidates who have experience in: (i) Outcome measurement,
24 including, but not limited to: Measuring change for organizations,
25 systems, and communities, with an emphasis on organizational

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

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

23 (a) The degree to which privatization of child welfare
24 services in the southeastern and eastern service areas has been
25 successful in improving outcomes for children and parents, including,

1 but not limited to, whether the outcomes are consistent with the
2 objectives of the Families Matter program and whether the cost is
3 reasonable, given the outcomes and cost of privatization;

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

12 (c) A complete review of the preceding three years of
13 placements of children in residential treatment settings. The review
14 shall include all placements made or paid for by the child welfare
15 system, the Office of Juvenile Services, the State Department of
16 Education, or local education agencies; lead agencies through letters
17 of agreement; and the medical assistance program. The review shall
18 include, but not be limited to: (i) Child variables; (ii) reasons for
19 placement; (iii) the percentage of children denied medicaid-
20 reimbursed services and denied the level of placement originally
21 requested; (iv) with respect to each child in residential treatment
22 setting: (A) If there was a denial of initial placement request, the
23 length and level of each placement subsequent to denial of initial
24 placement request and the status of each child before and immediately
25 after, six months after, and twelve months after placement; (B) funds

1 expended and length of placements; (C) number and level of
2 placements; (D) facility variables; and (E) identification of
3 services unavailable in the child's community that, if available,
4 could have prevented the need for residential treatment; (v)
5 identification of services unavailable in the state that, if
6 available, could prevent out-of-state placements; and (vi)
7 recommendations for improved utilization, gatekeeping, and community-
8 level placement prevention initiatives and an analysis of services
9 that would be more effective and cost efficient in keeping children
10 safe at home.

11 (4) The complete evaluation required pursuant to this
12 section shall be completed and a report issued on or before December
13 1, 2012, to the Health and Human Services Committee of the
14 Legislature and the Governor.

15 Sec. 10. Since an emergency exists, this act takes effect
16 when passed and approved according to law.