

Division of Children and Family Services

September 13, 2013

Patrick O'Donnell, Clerk of the Legislature State Capitol, Room 2018 P.O. Box 94604 Lincoln, NE 68509

Dear Mr. O'Donnell:

Nebraska Statute 43-4406 requires the Department of Health and Human Services to report to the Health and Human Services Committee of the Legislature by September 15th, information regarding child welfare services with respect to children served by any lead agency or the pilot project and children served by the department.

Attached, please find a report that provides the summary of this information.

Sincerely,

Thomas D. Pristow, MSW, ACSW, Director Division of Children & Family Services Department of Health and Human Services

Attachments



Department of Health and Human Services Legislative Report 43-4406

REPORT FOR: LEGISLATURE

REPORT DATE: SEPTEMBER 15, 2013 LEGISLATIVE BILL: LB 1160 (2012)

COMMITTEE NAME: HEALTH AND HUMAN SERVICES COMMITTEE

CONTACT PERSON: THOMAS PRISTOW, DIRECTOR

CHILDREN AND FAMILY SERVICES DIVISION

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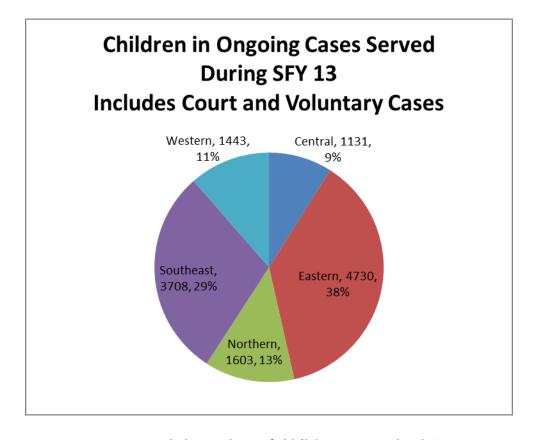
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On or before September 15, 2012, and each September 15 thereafter, the department shall report to the Health and Human Services Committee of the Legislature the following information regarding child welfare services, with respect to children served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

- 1. The percentage of children served and the allocation of the child welfare budget, categorized by service area and by lead agency or the pilot project including:
 - a. The percentage of children served by service area and the corresponding budget allocation; and

Children Served

- This data includes youth with the following legal statuses: Office of Juvenile Services and Health and Human Services State Wards; Court Supervision youth; youth who have been directly relinquished to the State as Health and Human Services State Ward or Office of Juvenile Services Ward; non-court involved youth; youth in a police hold; youth in placement with Department as a result of a voluntary placement gareement.
- Time period is State Fiscal Year 2013 (July 2012 June 2013).
- Data extract is from the DHHS N-FOCUS system.
- Number of Children served is an unduplicated count.



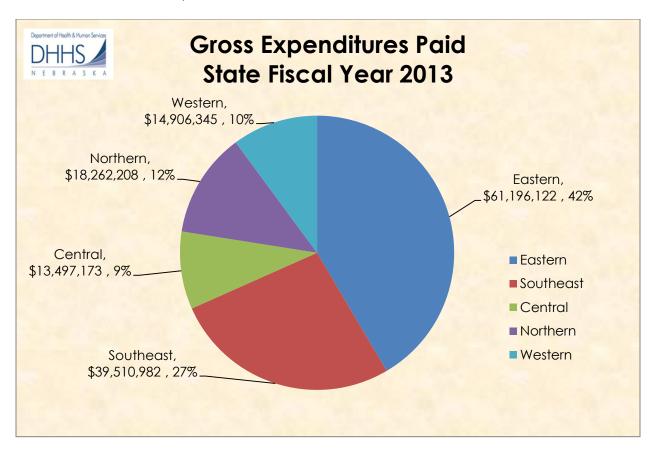
Total Number of Children served: 12,615

Expenditures for Children Served

- Includes expenditures for state wards, voluntary cases, subsidized guardianships, former ward services, independent living services.
- The budget is not allocated by service area. In order to show the proportion per service area, we are providing expenditure data.
- Time period is State Fiscal Year 2013 (July June).
- The data does not include expenditures paid from Medicaid.
- Includes expenditures for services paid from N-FOCUS and the payments listed below to the Lead Agencies that were made outside N-FOCUS.

NFC - Eastern Service Area \$50,741,733

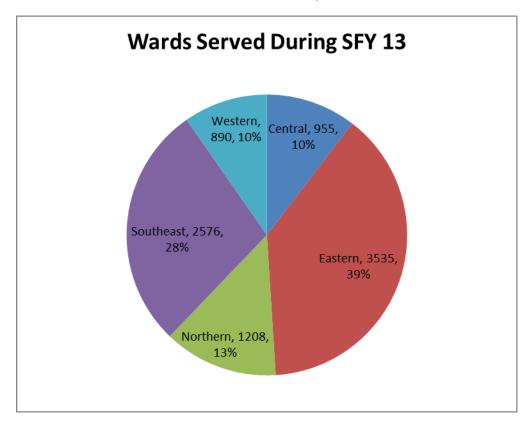
- The following chart shows the breakout by Service Area for Subprograms 30 and 48, Program 347 Child Welfare and Subprogram 10, Program 345 OJS.
- Includes expenditures for state wards, voluntary cases, subsidized quardianships, former ward services, independent living services.
- This data may not match NIS (Enterprise One) data due to refunds and cancellations and/or other payments made through NIS (Enterprise One) that did not originate in N-FOCUS.
- Expenditure data does not contain Administration costs such as staffing, office space, etc.



b. The percentage of children served who are wards of the state and the corresponding budget allocation.

Children served who are State Wards

- Includes all state wards who have the legal status of: Health and Human Services Ward; Office of Juvenile Services Ward; and both Health and Human Services/Office of Juvenile Services Ward.
- Time period is State Fiscal Year 2013 (July June 2013).
- Data extract is from DHHS N-FOCUS system.
- Number of wards served is an unduplicated count.



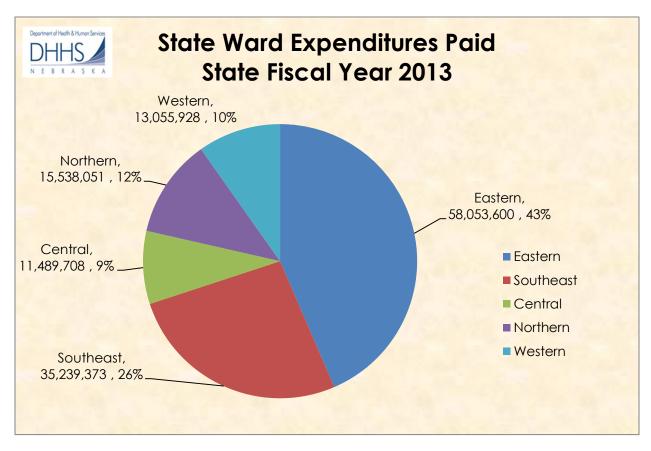
Total Wards served: 9,164

Expenditures for Children served who are State Wards

- Includes payment for services to families of state wards and to families in order to prevent state wardship.
- Time period is State Fiscal Year 2013 (July June).
- Expenditures in payment process are not included.
- The data does not include expenditures paid Medicaid.
- Includes expenditures for services paid from N-FOCUS and the payments listed below to the Lead Agencies that were made outside of N-FOCUS.

NFC - Eastern	
Service Area	\$50,741,733

- The following chart shows the breakout by Service Area for Subprograms 30 and 48, Program 347 – Child Welfare and Subprogram 10, Program 345 - OJS.
- This data may not match NIS (Enterprise One) data due to refunds and cancellations and/or other payments made through NIS that did not originate in N-FOCUS.
- The chart does not include \$5,179,644 in payments. This amount includes subsidized guardianship, guardianships and various other services.
- Expenditure data does not include administration costs such as staffing, office space, etc.



- 2. The number of siblings in out-of-home care placed with siblings as of the June 30th immediately preceding the date of the report, categorized by service area and by lead agency or the pilot project.
 - Data compiled effective June 30, 2013.
 - Children considered are state wards placed with other state ward siblings.
 - Chart shows the number of siblings with how many siblings are placed together.
 - Grand total is the total of children with the number of siblings.
 - Percentage of children placed all at same placement is shown as well as percentage placed with at least one sibling.
 - Data listed by State and each Service Area.
 - Data extract is from DHHS N-FOCUS system.

	Statewide Children Placed with Siblings June 30, 2013										
Number of Siblings in Out of Home Care		Siblings Placed	Siblings	Siblings Placed	Six Siblings Placed Together		Siblings		Grand	with All	Percent with at Least One Sibling
2 Siblings	524	0	0	0	0	0	0	218	742	56.3%	77.9%
3 Siblings	108	384	0	0	0	0	0	105	597		
4 Siblings	88	42	140	0	0	0	0	62	332		
5 Siblings	38	42	32	30	0	0	0	33	175		
6 Siblings	22	33	12	0	24	0	0	17	108		
7 Siblings	2	3	8	0	0	14	0	1	28		
8 Siblings	0	3	0	0	0	0	8	5	16		
Grand Total	782	507	192	30	24	14	8	441	1998		

	Central Service Area Children Placed with Siblings June 30, 2013										
Number of	Two Siblings Placed Together	Siblings Placed	Siblings	Siblings Placed	Siblings Placed	Siblings Placed	Siblings Placed	-		with All	Percent with at Least One Sibling
2 Siblings	60	0	0	0	0	0	0	22	82	62.6%	79.5%
3 Siblings	10	54	0	0	0	0	0	8	72		
4 Siblings	0	12	8	0	0	0	0	4	24		
5 Siblings	8	3	0	0	0	0	0	4	15		
6 Siblings	0	0	0	0	0	0	0	2	2		
7 Siblings	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0		
Grand Total	78	69	8	0	0	0	0	40	195		

	Eastern Service Area Children Placed with Siblings June 30, 2013											
	Placed	Siblings Placed	Siblings	Five Siblings Placed	Six Siblings Placed	Seven Siblings Placed	Siblings Placed	Not Placed With Siblings	Grand	Percent with All	Percent with at Least One Sibling	
2 Siblings	206	0	0	0	0	0	0	90	296	55.3%	79.6%	
3 Siblings	56	165	0	0	0	0	0	55	276			
4 Siblings	54	15	84	0	0	0	0	19	172			
5 Siblings	16	27	16	25	0	0	0	16	100			
6 Siblings	14	12	0	0	12	0	0	4	42			
7 Siblings	2	3	8	0	0	14	0	1	28			
8 Siblings	0	3	0	0	0	0	8	5	16			
Grand Total	348	225	108	25	12	14	8	190	930			

	Northern Service Area Children Placed with Siblings June 30, 2013										
	Placed		Siblings	Five Siblings Placed Together	Siblings Placed	Siblings Placed	Siblings Placed	_	Grand Total	Percent with All	Percent with at Least One Sibling
2 Siblings	78	0	0	0	0	0	0	12	90	63.9%	85.1%
3 Siblings	8	51	0	0	0	0	0	10	69		
4 Siblings	8	6	4	0	0	0	0	6	24		
5 Siblings	6	6	0	0	0	0	0	3	15		
6 Siblings	0	6	4	0	0	0	0	0	10		
7 Siblings	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0		
Grand Total	100	69	8	0	0	0	0	31	208		

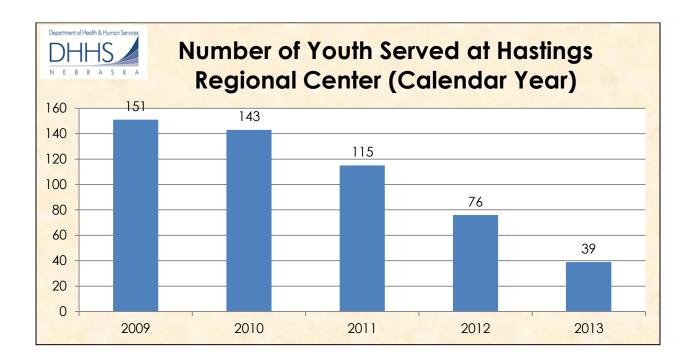
	Southeast Service Area Children Placed with Siblings June 30, 2013										
Number of	Siblings Placed	Siblings Placed	Siblings	Siblings Placed	Siblings Placed	Siblings Placed	Siblings Placed	_	Grand	Percent with All	Percent with at Least One Sibling
2 Siblings	136	0	0	0	0	0	0	72	208	50.4%	72.2%
3 Siblings	28	81	0	0	0	0	0	23	132		
4 Siblings	20	9	36	0	0	0	0	27	92		
5 Siblings	8	6	16	0	0	0	0	10	40		
6 Siblings	6	15	4	0	6	0	0	11	42		
7 Siblings	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0		
Grand Total	198	111	56	0	6	0	0	143	514		

	Western Service Area Children Placed with Siblings June 30, 2013										
Number of Siblings in Out of Home Care	Two Siblings Placed Together	Siblings	Siblings Placed	Five Siblings Placed Together	Six Siblings Placed Together	Siblings	Siblings Placed		Grand Total	Percent with All	Percent with at Least One Sibling
2 Siblings	44	0	0	0	0	0	0	22	66	63.6%	75.5%
3 Siblings	6	33	0	0	0	0	0	9	48		
4 Siblings	6	0	8	0	0	0	0	6	20		
5 Siblings	0	0	0	5	0	0	0	0	5		
6 Siblings	2	0	4	0	6	0	0	0	12		
7 Siblings	0	0	0	0	0	0	0	0	0		
8 Siblings	0	0	0	0	0	0	0	0	0		
Grand Total	58	33	12	5	6	0	0	37	151		

- 3. An update of the information in the report of the Children's Behavioral Health Task Force pursuant to sections 43-4001 to 43-4003; including:
 - a. The number of children receiving mental health and substance abuse services annually by the Division of Behavior Health of the department;
 - Data source is Magellan, August 2013 extract.
 - Youth age is calculated using the first day of Fiscal Year-Date of Birth.
 - Data provided for State Fiscal Year (July June).
 - Chart shows Mental Health (MH), Substance Abuse (SA), both Mental Health and Substance Abuse and Totals by State fiscal year indicated.

<u>Service</u>	FY09	<u>FY10</u>	<u>FY11</u>	FY12	<u>FY13</u>
MH ONLY	2664	2829	2599	1989	2214
SA ONLY	1109	960	751	673	538
ВОТН	143	144	76	65	69
Total	3916	3933	3426	2727	2821

- b. The number of children receiving behavioral health services annually at the Hastings Regional Center;
 - Youth are under age 19 at time of admission.
 - Youth are discharged from program at age 19.
 - Time period is by calendar year (January December).
 - 2013* is through July 1, 2013.
 - Data was obtained from DHHS Division of Behavioral Health.



c. The number of State Wards receiving behavioral health service as of September 1 immediately preceding the date of the report;

The DHHS Behavioral Health Division served **68** youth who were state wards receiving behavioral health services paid for through the Behavioral Health Division. DHHS Children and Family Services N-FOCUS system data shows **549** state wards received behavioral health services paid for by the DHHS Division of Children Family Services. DHHS Medicaid Long Term Care Division served **5,306** youth who were state wards receiving behavior health services paid for by Nebraska Medicaid. The youth are duplicated, which means a youth could have received services from more than one Department Division.

These services included the following: Addendum to Pretreatment Assessment; Drug and Alcohol Assessment; Bonding and Attachment Assessment; Juvenile Offender Community Based Evaluation; Day Treatment Psychiatric Services; Initial Diagnostic Interview; Inpatient Consultation; Intensive Outpatient Psychiatric Services; Out-of-Home Treatment Services; Parenting Assessment; Pharmacological Management Services; Prescription Supplies; Pretreatment Assessment; Psychiatric Consultation; Psychiatric Hospital Care; Psychological Assessment; Psychological Testing; Psychotherapy Family Services: Psychotherapy Group Services; Psychotherapy Individual Services; Juvenile Offender Residential Evaluation; Sex Offender Risk Assessment; Special Needs Counseling; and Substance Abuse Evaluation.

d. Funding sources for children's behavioral health services for the fiscal year ending on the immediately preceding June 30th;

The funding sources for Children's Behavioral Health services are:

- 1. State General Funds:
- 2. Community Mental Health Community Services Block Grant;
- 3. Substance Abuse Prevention & Treatment Block Grant; and
- 4. Nebraska Medicaid and CHIP Programs.

e. Expenditures in the immediately preceding fiscal year by the division, categorized by category of behavioral health service and by behavioral health region; and

- Data provided for State Fiscal Year 2013 (July June).
- Behavioral Health has six regions in Nebraska
- A Service is the type of work performed and Service Category is Children's for the purpose of this report.
- The chart breaks out counts by Mental Health (MH) and Substance Abuse (SA).
- Expenditures are the total dollars paid during time period.
- Payments pending or in process are not included.
- Data extract is from Division of Behavioral Health.

.	•	Service	MH /	T. I. I. D. II.
Region	Service	Category	SA	Total Dollars
1	Outpatient Therapy	Children's	MH	\$132,704.85
I	Outpatient Therapy - SA	Children's	SA	\$52,569.44
-	Professional Partner	Children's	MH	\$275,809.73
1	Professional Partner LB603	Children's	MH	\$51,463.04
1	Professional Partner School Wrap	Children's	МН	\$93,276.76
1	Youth Transitional Program - Pilot	Children's	MH	\$80,244.26
1	Reg. Youth System Coordination	Children's	МН	\$41,057.93
1	Reg. Youth System Coordination	Children's	SA	\$27,664.08
			<u>Total:</u>	<u>\$754,790.09</u>
Region	Service	Service Category	MH / SA	Total Dollars
	(P.L. 100-690) Therapeutic			
2	Consultation	Children's	МН	\$20,432.81
2	Outpatient Therapy - MH	Children's	МН	\$106,206.28
2	Outpatient Therapy - SA	Children's	SA	\$45,396.49
2	Professional Partner	Children's	МН	\$295,024.31
2	Transition Age PPP	Children's	МН	\$1,608.22
2	Professional Partner LB603	Children's	МН	\$80,956.85
	Reg. Youth System			
2	Coordination	Children's	MH	\$36,405.52
	Reg. Youth System			
2	Coordination	Children's	SA	\$10,159.16
			<u>Total:</u>	<u>\$596,189.64</u>
Region	Service	Service Category	MH / SA	Total Dollars
3	(P.L. 100-690) Service	Children's	MH	\$12,812.00
3	(P.L. 102-321) Service	Children's	MH	\$46,553.21
3	ERCS Transition - Youth	Cilidiens	/۷(11	φ 4 0,333.21
3	(Emergency)	Children's	МН	\$125,399.30
3	Home-Based MH	Children's	MH	\$77,711.58
3	Intensive Outpatient - SA	Children's	SA	\$34,193.69
3	Medication Management	Children's	MH	\$3,859.90
3	Outpatient Therapy	Children's	МН	\$174,403.51
3	Outpatient Therapy - SA	Children's	SA	\$15,670.39
3	Professional Partner	Children's	MH	\$800,893.56
3	Professional Partner LB603	Children's	MH	\$94,884.98
	Supported Employment -			
3	Transition Age	Children's	MH	\$76,651.28
3	Transition Age PPP	Children's	MH	\$95,689.09

	Reg. Youth System			
3	Coordination	Children's	МН	\$107,197.48
	Reg. Youth System			
3	Coordination	Children's	SA	\$4,284.46
			<u>Total:</u>	\$1,670,204.43
		Service	MH/	
Region	Service	Category	SA	Total Dollars
4	Community Support - SA	Children's	SA	\$5,494.23
4	Intensive Outpatient - SA	Children's	SA	\$19,803.98
4	Outpatient Therapy	Children's	MH	\$8,107.50
4	Outpatient Therapy - SA	Children's	SA	\$2,587.50
4	Professional Partner	Children's	MH	\$361,045.39
4	Professional Partner LB603	Children's	MH	\$106,142.52
	Professional Partner School			
4	Wrap	Children's	MH	\$119,008.28
4	Transition Age PPP	Children's	MH	\$38,597.28
4	Transition Age PPP (LB603)	Children's	MH	\$25,731.52
4	Reg. Youth System	Clail almanala	A 41.1	401 /70 0 5
4	Coordination Reg. Youth System	Children's	MH	\$21,672.05
4	Coordination	Children's	SA	\$19,061.58
4	Coordination	Criliareris		•
			lotal.	5/2/ 251 83
		Service	<u>Total:</u> MH /	<u>\$727,251.83</u>
Region	Service	Service Category	MH / SA	Total Dollars
Region 5	Service (P.L. 100-690) Service	Service Category Children's	MH /	
_		Category	MH / SA	Total Dollars
5	(P.L. 100-690) Service	Category Children's	MH / SA MH	Total Dollars \$105,042.31
5 5	(P.L. 100-690) Service Intensive Outpatient - MH	Category Children's Children's	MH / SA MH MH	Total Dollars \$105,042.31 \$58,484.95
5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion	Category Children's Children's Children's	MH / SA MH MH SA	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74
5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy	Category Children's Children's Children's Children's	MH / SA MH MH SA MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43
5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA	Category Children's Children's Children's Children's Children's	MH / SA MH MH SA MH SA	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67
5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner -	Category Children's Children's Children's Children's Children's Children's Children's	MH / SA MH MH SA MH SA MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00
5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention	Category Children's Children's Children's Children's Children's Children's	MH / SA MH SA MH SA MH SA MH SA MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90
5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner -	Category Children's Children's Children's Children's Children's Children's Children's Children's	MH / SA MH SA MH SA MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89
5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19)	Category Children's Children's Children's Children's Children's Children's Children's Children's	MH / SA MH SA MH SA MH MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99
5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603	Category Children's Children's Children's Children's Children's Children's Children's Children's Children's	MH / SA MH SA MH SA MH MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66
5 5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH	Category Children's	MH / SA MH SA MH SA MH MH MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66 \$207,937.09
5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH Youth Assessment - SA	Category Children's Children's Children's Children's Children's Children's Children's Children's Children's	MH / SA MH SA MH SA MH MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66
5 5 5 5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH Youth Assessment - SA Reg. Youth System	Category Children's	MH / SA MH SA MH MH MH MH SA	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66 \$207,937.09 \$85,023.52
5 5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH Youth Assessment - SA Reg. Youth System Coordination	Category Children's	MH / SA MH SA MH SA MH MH MH MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66 \$207,937.09
5 5 5 5 5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH Youth Assessment - SA Reg. Youth System Coordination Reg. Youth System	Category Children's	MH / SA MH SA MH MH MH MH SA MH	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66 \$207,937.09 \$85,023.52 \$68,084.79
5 5 5 5 5 5 5 5 5 5 5	(P.L. 100-690) Service Intensive Outpatient - MH Juvenile Diversion Outpatient Therapy Outpatient Therapy - SA LB603 Outpatient Therapy Professional Partner Professional Partner - Prevention Professional Partner - Transition Age (Under 19) Professional Partner LB603 Youth Assessment - MH Youth Assessment - SA Reg. Youth System Coordination	Category Children's	MH / SA MH SA MH MH MH MH SA	Total Dollars \$105,042.31 \$58,484.95 \$19,486.74 \$471,151.43 \$130,006.67 \$22,572.90 \$552,882.00 \$92,409.89 \$8,294.99 \$125,903.66 \$207,937.09 \$85,023.52

Region	Service	Service Category	MH / SA	Total Dollars
6	Community Support - SA	Children's	SA	\$44,873.79
6	Outpatient Therapy	Children's	MH	\$80,043.95
6	Professional Partner	Children's	MH	\$1,055,796.43
6	Professional Partner LB603 - Crisis Response Teams	Children's	МН	\$180,476.02
6	Professional Partner LB603 - Rapid Response	Children's	MH	\$354,276.00
6	Professional Partner - Peer	Children's	MH	\$19,891.00
6	Respite Care - MH	Children's	MH	\$48,364.30
6	Therapeutic Consultation	Children's	MH	\$17,030.57
6	Therapeutic Community	Children's	SA	\$5,630.12
6	Youth Assessment - MH	Children's	MH	\$386.68
6	Youth Outpatient	Children's	MH	\$48,890.31
6	Youth Outpatient at DCYC	Children's	MH	\$149,991.76
6	Youth Outpatient at Sarpy County Justice Center	Children's	МН	\$188,350.59
6	Reg. Youth System Coordination	Children's	МН	\$27,992.95
6	Reg. Youth System Coordination	Children's	SA	\$45,871.87
			<u>Total:</u>	<u>\$2,267,866.34</u>

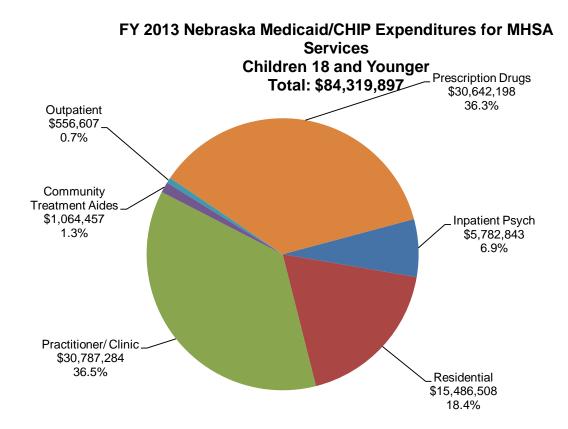
Subtotal DBH Funded Children Services through Regions:	\$8,019,009.32
Children's Helpline	\$1,539,546.28
Family Navigators (including Family Orgs)	\$806,487.29
Subtotal Other Division of Behavioral Health Children Services:	\$2,346,033.57

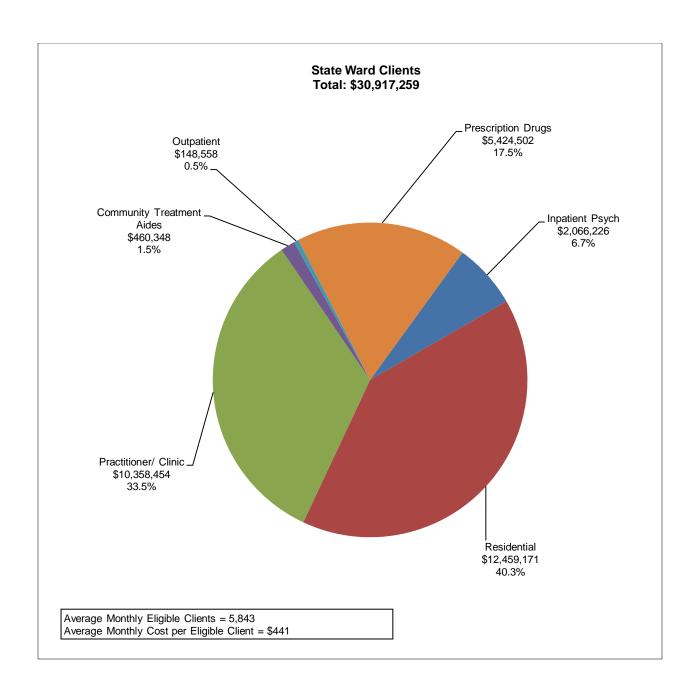
Grand total of Division of Behavioral Health
Expenditures for Children Services FY13 \$10,365,042.89

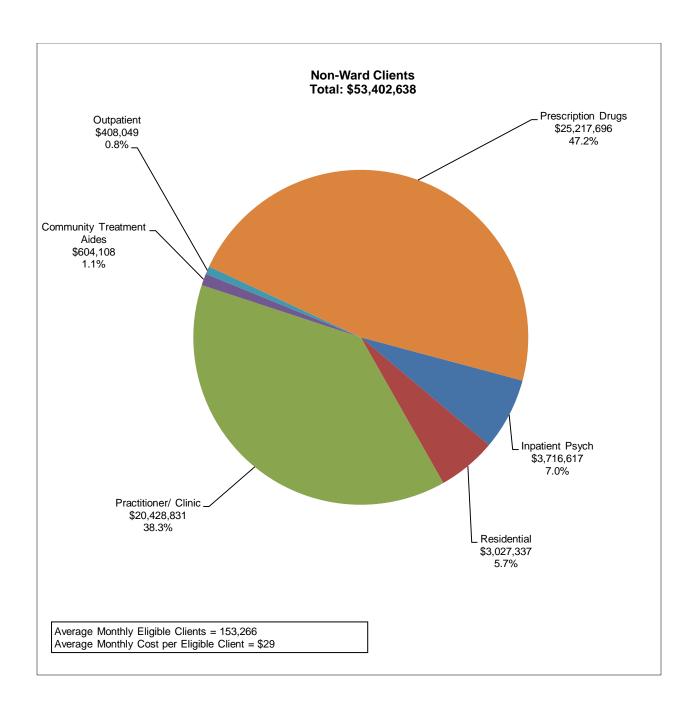
Sources of funding for DBH Children's Behavioral Health Services:

General Funds Community Mental Health Community Services Block Grant Substance Abuse Prevention & Treatment Block Grant

- f. Expenditures in the immediately preceding fiscal year from the medical assistance program and CHIP as defined in Section 68-969 for mental health and substance abuse services for all children and for wards of the state.
 - Data provided for State Fiscal Year 2013 (July-June).
 - Data extract is from Division of Medicaid/Long Term Care.
 - Data is all expenditures for Children 18 and younger State Ward and Non-Ward followed by the breakout charts of State Ward and Non-Ward populations.







4. The following information is obtained for each service area and lead agency or the pilot project:

- a. Case manager education, including college degree, major and level of education beyond a baccalaureate degree;
 - A Bachelor's degree is required to be hired as a Children and Family Services Specialist.
 - DHHS staff education information is effective December 31, 2011. Nebraska Families Collaborative (NFC) lead agency staff education information is effective June 30, 2013.
 - Children and Family Services Division employee data is broken out by position.
 These data include the following position classifications: Administrator I;
 Administrator II; Supervisor; Specialist (Case Manager); and Specialist in
 Training (Case Manager). Specialist in Training Case Managers is in training
 status for first six months of employment.
 - Nebraska Families Collaborative (Lead Agency) data are the total number of employees with level of education. These data include the following position classifications: Director; Supervisor; and Family Permanency Specialists (Case Managers).

Department of Health and Human Services | Children and Family Service Division

Employees Education Level | 2013 data

Type of Degree	CFS Service Delivery Adm I	CFS Service Delivery Adm II	Child/Family Svs Spec Supv	Child/Family Svs Spec Trainee	Child/Family Svs Specialist	Total
Associate Degree in Nursing (ADN)	1					1
Associate of Applied Science (AAS)				2	6	8
Associate of Arts (AA) Associate of Business Administration (ABA)		1		2	9	11
Associate of Science (AS)				2	3	5
Bachelor of Arts (BA)	5	1	30	22	92	150
Bachelor of Fine Arts (BFA)				1	7	8
Bachelor of Music in Music Education					1	1
Bachelor of Science (BS)	7	2	34	49	157	249
Bachelor of Social Work (BSW)	3		4	2	19	28
Doctor of Philosophy (PhD)				1		1
High School Diploma					2	2
Juris Doctorate (JD)	1			1	2	4
Master in Management (MM)	1		1		2	4
Master of Arts (MA)				7	20	27
Master of Business Administration (MBA)	1			1		2
Master of Divinity				1		1
Master of Education (M.Ed)			1	1	6	8
Master of Fine Arts (MFA)					1	1
Master of Health Administration (MHA)					2	2
Master of Public Administration (MPA)	1			1		2

Type of Degree	CFS Service Delivery Adm I	CFS Service Delivery Adm II	Child/Family Svs Spec Supv	Child/Family Svs Spec Trainee	Child/Family Svs Specialist	Total
Master of Science			2	10	17	29
Master of Social Work (MSW)			3		7	10
Total	20	4	75	103	353	555

Nebraska Families Collaborative Employees Education Level | 2013 data

TYPE OF DEGREE	MAJOR AREA OF STUDY	FAMILY PERMANENCY DIRECTOR AND SUPERVISOR	FAMILY PERMANENCY SPECIALIST	TOTAL
Bachelor of Arts/Science/General Studies	Psychology	3	22	25
Bachelor of Arts/Science	Criminal Justice	0	16	16
Bachelor of Arts/Science/General Studies	Human Services	0	10	10
Bachelor of Arts/Science	Social Work	0	13	13
Bachelor of Arts/Science/General Studies	Sociology	1	4	5
Bachelor of Arts/General Studies	General Studies	0	4	4
Bachelor of Arts/Science	Art	0	2	2
Bachelor of Science	Behavioral Science	0	8	8
Bachelor of Arts/Science/General Studies	Business Administration	0	2	2
Bachelor of Science	Family Studies	1	8	9
Bachelor of Science	Bible	0	1	1
Bachelor of Arts	English	0	1	1
Bachelor of Science	Child Development	0	1	1
Bachelor of Arts	Communications	0	1	1
Bachelor of Science	Community Health	0	1	1
Bachelor of Science	Consumer Sci. & Merchandising	0	1	1
Bachelor of Science	Counseling	0	3	3
Bachelor of Arts	Education	0	3	3
Bachelor of Science	Family and Youth Services	0	1	1
Bachelor of Arts	History	0	1	1
Bachelor of Arts	Human Relations	0	1	1
Bachelor of Science	Leadership	0	1	1
Bachelor of Arts	Liberal Arts	0	2	2
Bachelor of Arts	Ministry	0	1	1
Bachelor of General Studies	Public Administration	0	1	1

TYPE OF DEGREE	MAJOR AREA OF STUDY	FAMILY PERMANENCY DIRECTOR AND SUPERVISOR	FAMILY PERMANENCY SPECIALIST	TOTAL
Bachelor of Science	Speech Pathology	0	1	1
Master of Business Administration	Business Administration	2	0	2
Master of Arts/Science	Human Services	5	7	12
Master of Social Work	Social Work	4	6	10
Master of Science/Public Administration	Criminal Justice	3	0	3
Master of Arts/Science	Counseling	4	3	7
Master of Arts/Science	Psychology	2	2	4
Master of Public Administration	Public Administration	1	1	2
Master of Science/Public Health	Mental Health Counseling	0	1	1
Master of Social Work	Education	0	1	1
Master of Arts	Elementary Education	0	0	0
Master of Arts	Family Studies	1	0	1
Master of Arts	History	0	1	1
Master of Arts	Liberal Arts	0	1	1
Master of Science	Managerial Science	0	0	0
Master of Arts	Special Education	0	1	1
Master of Arts	Teaching	0	0	0
Master of Science	Urban Studies	0	1	1
Master of Arts	Youth & Community Studies	0	1	1
Doctorate	Psychology	0	1	1
Doctorate of Philosophy	Counseling	0	1	1
TOTAL		27	138	165

b. Average caseload per case manager;

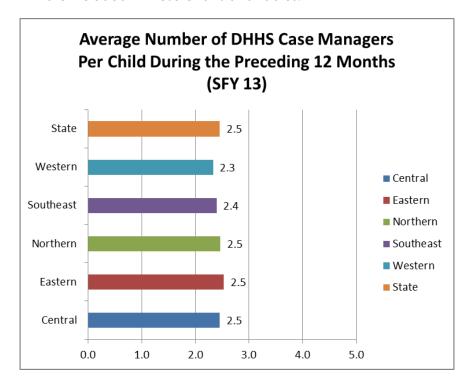
See Attachment A. 2013 Caseload Report

c. Average number of case managers per child during the preceding twelve months;

DHHS average number of case managers

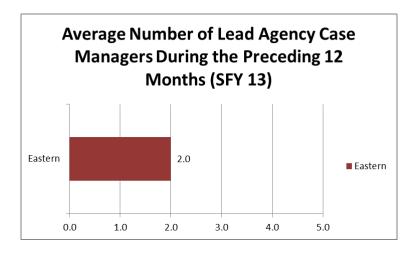
- Time period is State Fiscal Year 2013 (July-June).
- This measure includes all youth who were active participants with Children and Family Services cases on June 30, 2013.
- In the Eastern Service Area, if an employee transferred their employment from DHHS to a Lead Agency or from a Lead Agency to DHHS, they would be counted in both the DHHS and Lead Agency case manager counts.
- For the Eastern Service Area, the DHHS Case Manager count includes workers who conduct Initial Assessments, Children and Family Services Outcome Monitors, and CFS Specialists.
- Cases that do not progress beyond the Initial Assessment phase are not counted in this average.

 HHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



Lead Agency average number of case managers

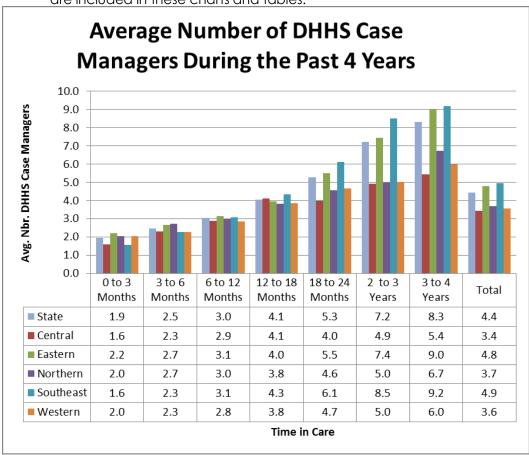
- Time period is State Fiscal Year 2013 (July-June).
- This measure includes all youth who were active participants in Children and Family Services cases on June 30, 2013.
- In the Eastern Service Area, if an employee transferred their employment from DHHS to a Lead Agency or from a Lead Agency to DHHS, they would be counted in both the DHHS and Lead Agency case manager counts.
- Cases that do not progress beyond the Initial Assessment phase are not counted in this average.
- HHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



d. Average number of case managers per child for children who have been in the child welfare system for three months, six months, twelve months and eighteen months and the consecutive yearly average for children until the age of majority or permanency is attained;

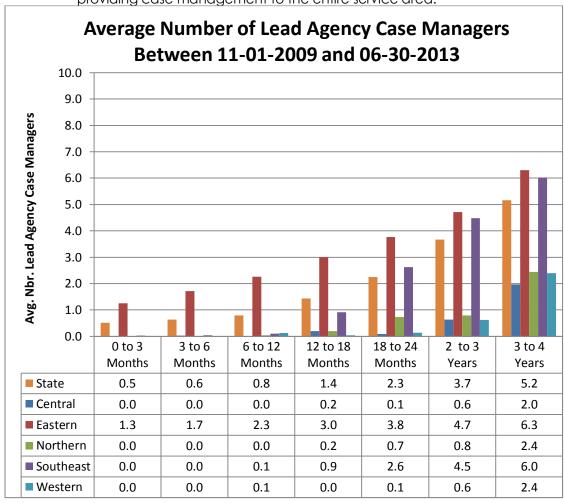
Average number of DHHS Case Managers

- These data utilize June 30, 2013, as the end point to determine each time frame.
- Case Manager case assignment data is the last four years.
- The DHHS Case Manager count includes Case Managers who conduct Initial Assessments and Ongoing Case Managers. In many areas of the state, different workers are assigned for the Initial Assessment and Ongoing phases of the case. In those areas, a transfer from Initial Assessment to Ongoing shows as two case managers early in the life of the case. Other areas of the state have workers who conduct both Initial Assessments and perform Ongoing Case Management.
- For the Eastern Service Area, the DHHS Case Manager count includes workers who conduct Initial Assessments, Children and Family Services Outcome Monitors, and CFS Specialists.
- Cases that do not progress beyond the Initial Assessment phase are excluded.
- DHHS Wards, OJS Wards and children receiving voluntary/non-court services are included in these charts and tables.



Average number of Lead Agency Case Managers

- These data utilize June 30, 2013, as the end point to determine each time frame.
- Lead Agency Contracts started in November 2009.
- Cases that do not progress beyond the Initial Assessment phase are excluded.
- DHHS Wards, OJS Wards and children receiving voluntary/non-court services are included.
- In the Central, Northern and Western Service Areas, Boys and Girls functioned as a Lead Agency through September 30, 2010, when DHHS resumed case management.
- In the Southeast Service Area, Visinet functioned as a Lead Agency until April 2010. DHHS provided case management from April through June 30, 2010.
 KVC functioned as a Lead Agency for the entire service area from July 1, 2010, to February 29, 2012. On March 1, 2012, all case management reverted to DHHS.
- In the Eastern Service Area, Visinet functioned as a Lead Agency until April 2010. DHHS provided case management from April through September 30, 2011. NFC functioned as a Lead Agency for two thirds of the service area from October 1, 2011, to February 29, 2012. On March 1, 2012, NFC began providing case management to the entire service area.



e. Monthly case manager turnover;

DHHS Staff

Protection and Safety Turnover Percent*										
Title	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013	July 2013
CFS Spec Trainee	0.00%	2.60%	0.00%	4.26%	0.00%	0.00%	1.89%	1.89%	6.12%	7.32%
CFS Specialist	1.41%	2.35%	1.73%	1.17%	1.81%	2.04%	1.26%	1.99%	2.21%	2.21%
CFS Supervisors	0.00%	1.37%	0.00%	0.00%	0.00%	0.00%	1.32%	1.32%	2.74%	2.82%

Turnover Percent	July 2013
------------------	-----------

Title	CSA PS	ESA PS	NSA PS	SESA PS	WSA PS
CFS Spec Trainee	0.00%	0.00%	33.33%	0.00%	0.00%
CFS Specialist	0.00%	1.01%	5.00%	2.11%	3.28%
CFS Supervisors	0.00%	6.67%	0.00%	4.76%	0.00%

Turnover Counts July 2013

	,							
Title	CSA PS	ESA PS	NSA PS	SESA PS	WSA PS			
CFS Spec Trainee	0	0	3	0	0			
CFS Specialist	0	1	3	3	2			
CFS Supervisors	0	1	0	1	0			

Aggregate Counts

	Total	Total Term	
Title	Employe	Employe	Turnover
CFS Spec Trainee	41	3	7.32%
CFS Specialist	407.5	9	2.21%
CFS Supervisors	71	2	2.82%

*Note: Turnover rates are calculated using filled positions at the end of the month and includes only those employees who left state government during that month. It does not include employees who transferred from one program or Division to another within DHHS or from DHHS to another state agency. Turnover is as of the last day of posted month.

NFC Turnover Percents										
Title	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013
FPS Trainee	4.50%	16.60%	0.00%	0.00%	0.00%	66.60%	0.00%	14.20%	0.00%	0.00%
FPS	2.94%	2.02%	1.34%	4.92%	2.04%	4.22%	5.00%	2.15%	4.44%	5.22%
FP Supervisor	0.00%	4.50%	4.76%	4.50%	0.00%	0.00%	0.00%	0.00%	0.00%	4.76%

Aggregate Counts July '13							
	Total	Turnov					
Title	Employee	Employee	er				
FPS Trainee	7	0	0.00%				
FPS	134	7	5.22%				
FP Supervisor	21	1	4.76%				

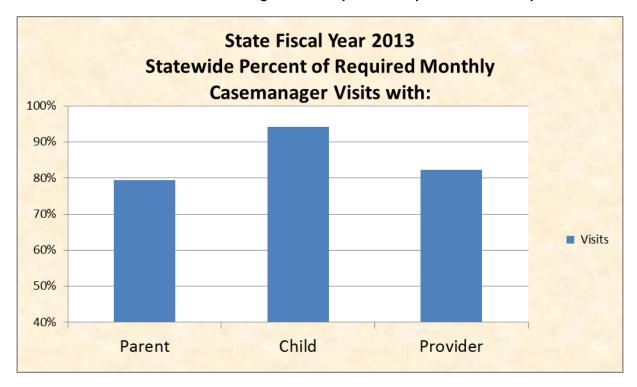
f. Monthly face-to-face contacts between each case manager and the children on his or her caseload;

- Time period is State Fiscal Year 2013 (July June).
- Percentage of monthly visits completed during time period.
- Chart 1 is statewide percentage of monthly visits with parent, child, and provider.
- Chart 2 is percentage of monthly visits by Service Area with parent, child and provider.
- The outcome goal is currently set at 95% of all visits.
- See Chart 1 and 2.
- Data extract is from DHHS N-FOCUS system.

g. Monthly face-to-face contacts between each case manager and the parent or parents of the children on his or her caseload;

- Time period is State Fiscal Year 2013 (July June).
- Percentage of monthly visits completed during time period.
- Chart 1 is statewide percentage of monthly visits with parent, child, and provider.
- Chart 2 is percentage of monthly visits by Service Area with parent, child and provider.
- The outcome goal is currently set at 95% for all visits.
- Data extract is from DHHS N-FOCUS system.

Chart 1: Statewide Percentage of monthly visits with parent, child and provider



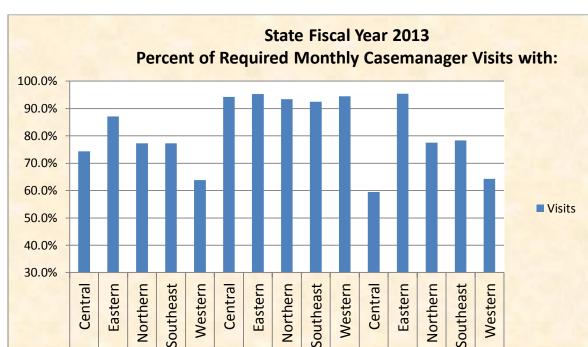


Chart 2: Percentage of visits with parent, child and provider by Service Area

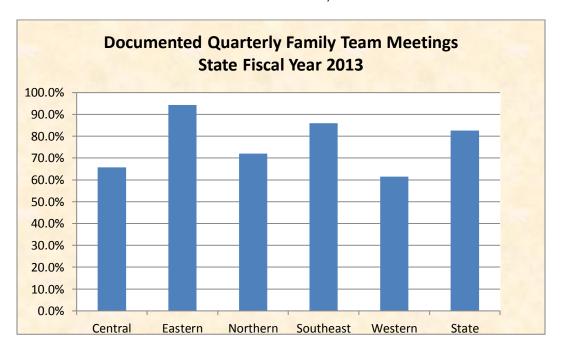
h. Case documentation of monthly consecutive team meetings per quarter;

Child

Provider

- Family team meetings documented on N-FOCUS system.
- Data provided for State Fiscal Year 2013 Data (July June).
- Data extract is from DHHS N-FOCUS system.

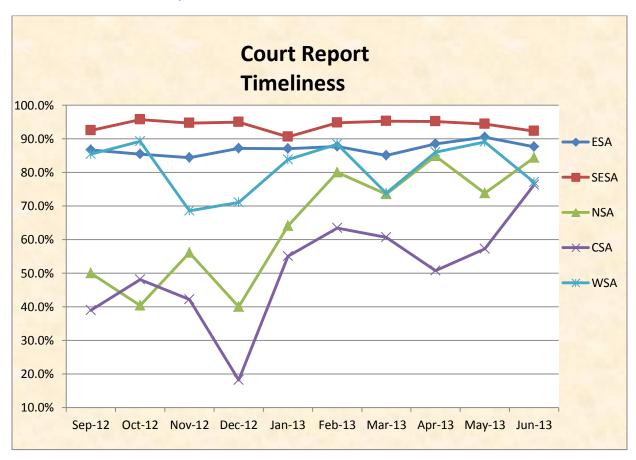
Parent



- i. Case documentation of monthly consecutive parent contacts per quarter;
 - Consecutive data not available. For available data see Charts 1 and 2.
- j. Case documentation of monthly consecutive child contacts with case manager per quarter;
 - Consecutive data not available. For available data see Charts 1 and 2.
- k. Case documentation of monthly consecutive contacts between child welfare service providers and case managers per quarter;
 - See Charts 1 and 2 for data.

I. Timeliness of court reports; and

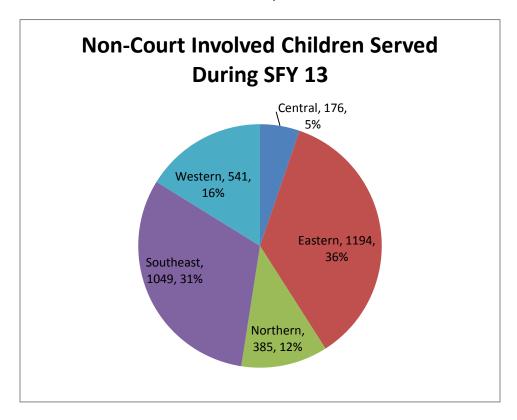
- The following charts show timeliness of court reports for State Fiscal Year 2013 (July-June).
- The data measure the percentage of time the court report is submitted within the required number of days set per court jurisdiction (example: Douglas County Court is three calendar days prior to hearing).
- Full court report means the entire report which includes the case plan was submitted. Timeliness of addendums is not included.
- The data are collected as a part of the Department's quality control case review process.



m. Non-court-involved children including the number of children served, the types of services requested, the specific services provided, the cost of the services provided and the funding source.

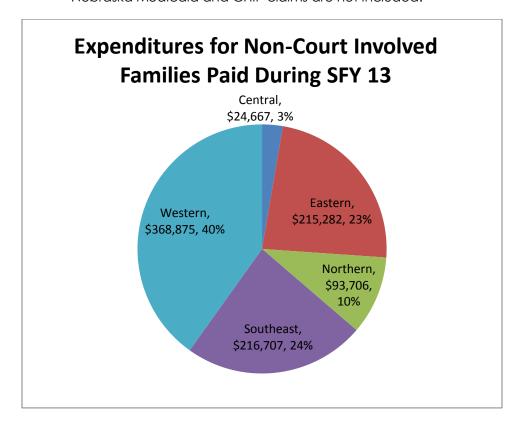
Non-court-involved children

- Data provided for State Fiscal Year 2013 data (July June).
- Youth included are: Youth on Voluntary Placement Agreements, Non-Court Involved Children and Youth on Police Holds.
- Data extract is DHHS N-FOCUS system.



Expenditures for Non-Court Involved Children

- Data provided for State Fiscal Year 2013 data (July June).
- Expenditure data are expenses paid and logged on N-FOCUS system as of June 30, 2013.
- Outstanding expenditures not paid are not included.
- Expenditures include services provided to the parents of non-court involved children. These services are provided to benefit the children.
- Nebraska Medicaid and CHIP claims are not included.



Services provided to Non-Court Families with expenditures

- Data provided for State Fiscal Year 2013 (July June).
- Services are those entered into the N-FOCUS System.
- Nebraska Medicaid and CHIP claims are not included.

Services Provided to Non-Court Families with Expenditures Paid in State Fiscal Year 2013

Addendum Pre-Treatment			
Assessment	\$64.58	Office Exam Treatment	\$18.55
Agency Supported Foster	#100 (OF 40	Out Of Home	# 4 00 5 1 7
Care	\$123,695.40	Maintenance	\$4,835.16
Assessment Drug Alcohol	\$17,091.50	Out Of Home Treatment	\$212,641.81
Clothing	\$1,261.09	Parent Education	\$4,636.00
Day Reporting Center	\$2,640.00	Parent Skills & Visit	\$75,329.25
Dental	\$101.00	Personal Needs	\$411.31
Detention	\$4,484.00	Prescriptions Supplies	\$580.68
Drug Screening Testing	\$25,351.00	Pretreatment Assessment	\$1,676.61
Electric	\$239.12	Psych Consultation	\$180.00
Emergency Foster Care	\$3,864.00	Psych Hospital Care	\$3,397.50
Escort	\$178.84	Psychological Testing	\$178.24
Family Support Services	\$156,737.70	Psychotherapy Family	\$3,565.06
FP Respite Care	\$174.86	Psychotherapy Group	\$1,490.40
Furniture	\$23.99	Psychotherapy Individual	\$1,742.19
Grocery/Meal Purchase	\$867.51	Rent	\$850.00
Group Home Care	\$7,913.00	Residential Safety Service	\$40,108.00
Hospital Care Acute	\$1,567.34	Respite Care	\$624.00
Household Supplies	\$569.91	School Transportation	\$120.00
In Home Safety	\$18,720.00	Special Services OHC Reform	\$3,686.64
Initial Diagnostic Interview	\$600.68	Stipend Agency	\$11,674.75
Intensive Family	φοσο.σσ	onporta / igorie /	φτι,ον ι σ
Preservation	\$58,549.08	Stipend Family	\$657.20
		Substance Abuse	
Interpreter	\$1,894.00	Evaluation	\$556.14
Intervention Hours	\$42,154.07	Tracker Services	\$2,040.00
Legal Fees	\$250.00	Trans Commercial	\$16,244.55
Motel/Hotel	\$905.30	Trans Family Visitation	\$142.00
Motor Vehicle Gas	\$2,209.93	Tuition	\$75.00
Motor Vehicle Private	\$20,568.16	Visit Supervision/Monitor	\$38,882.50
Motor Vehicle Repairs	\$217.65	TOTAL	\$919,237.25

Services and Funding Sources of Non-Court Families

- Data provided for State Fiscal Year 2013 (July June).
- Services are those entered into the N-FOCUS System.
- Nebraska Medicaid and CHIP claims are not included.

Services and Funding Source for Non-Court Families with Services Paid During State Fiscal Year 2013

Services Pai	a During St	ate Fiscal	Year 2013	
Service Type	IV-E: Federal and State 347- 030	Child Welfare: State 347-048	Office of Juvenile Services: State 345-010	Total
Addendum Pre-Treatment Assessment	\$0.00	\$64.58	\$0.00	\$64.58
Agency Supported Fc	\$1,287.24	\$122,408.16	\$0.00	\$123,695.40
Assessment Drug Alcohol	\$0.00	\$17,091.50	\$0.00	\$17,091.50
Clothing	\$0.00	\$1,261.09	\$0.00	\$1,261.09
Day Reporting Center	\$0.00	\$2,640.00	\$0.00	\$2,640.00
Dental	\$0.00	\$101.00	\$0.00	\$101.00
Detention	\$0.00	\$0.00	\$4,484.00	\$4,484.00
Drug Screening Testing	\$0.00	\$25,351.00	\$0.00	\$25,351.00
Electric	\$0.00	\$239.12	\$0.00	\$239.12
Emergency Foster Care	\$690.00	\$3,174.00	\$0.00	\$3,864.00
Escort	\$0.00	\$178.84	\$0.00	\$178.84
Family Support Services	\$0.00	\$156,737.70	\$0.00	\$156,737.70
FP Respite Care	\$0.00	\$174.86	\$0.00	\$174.86
Furniture	\$0.00	\$23.99	\$0.00	\$23.99
Grocery/Meal Purchase	\$0.00	\$867.51	\$0.00	\$867.51
Group Home Care	\$0.00	\$7,913.00	\$0.00	\$7,913.00
Hospital Care Acute	\$0.00	\$1,567.34	\$0.00	\$1,567.34
Household Supplies	\$0.00	\$569.91	\$0.00	\$569.91
In Home Safety	\$0.00	\$18,720.00	\$0.00	\$18,720.00
Initial Diagnostic Interview	\$0.00	\$600.68	\$0.00	\$600.68
Intensive Family Preservation	\$0.00	\$58,549.08	\$0.00	\$58,549.08
Interpreter	\$0.00	\$1,894.00	\$0.00	\$1,894.00
Intervention Hours	\$0.00	\$42,154.07	\$0.00	\$42,154.07
Legal Fees	\$0.00	\$250.00	\$0.00	\$250.00
Motel/Hotel	\$0.00	\$905.30	\$0.00	\$905.30
Motor Vehicle Gas	\$0.00	\$2,209.93	\$0.00	\$2,209.93
Motor Vehicle Private	\$0.00	\$20,568.16	\$0.00	\$20,568.16
Motor Vehicle Repairs	\$0.00	\$217.65	\$0.00	\$217.65
Office Exam Treatment	\$0.00	\$18.55	\$0.00	\$18.55
Out Of Home Maintenance	\$671.34	\$4,163.82	\$0.00	\$4,835.16
Out Of Home Treatment	\$0.00	\$212,641.81	\$0.00	\$212,641.81
Parent Education	\$0.00	\$4,636.00	\$0.00	\$4,636.00

Service Type	IV-E: Federal and State 347- 030	Child Welfare: State 347-048	Office of Juvenile Services: State 345-010	Total
Parent Skills & Visit	\$0.00	\$75,329.25	\$0.00	\$75,329.25
Prescriptions Supplies	\$0.00	\$580.68	\$0.00	\$580.68
Pretreatment Assessment	\$0.00	\$1,676.61	\$0.00	\$1,676.61
Psych Consultation	\$0.00	\$180.00	\$0.00	\$180.00
Psych Hospital Care	\$0.00	\$3,397.50	\$0.00	\$3,397.50
Psychological Testing	\$0.00	\$178.24	\$0.00	\$178.24
Psychotherapy Family	\$0.00	\$3,565.06	\$0.00	\$3,565.06
Psychotherapy Group	\$0.00	\$1,490.40	\$0.00	\$1,490.40
Psychotherapy Individual	\$0.00	\$1,742.19	\$0.00	\$1,742.19
Rent	\$0.00	\$850.00	\$0.00	\$850.00
Residential Safety Service	\$13,550.00	\$26,558.00	\$0.00	\$40,108.00
Respite Care	\$0.00	\$624.00	\$0.00	\$624.00
School Transportation	\$0.00	\$120.00	\$0.00	\$120.00
Special Services OHC Reform	\$0.00	\$3,686.64	\$0.00	\$3,686.64
Stipend Agency	\$338.35	\$11,336.40	\$0.00	\$11,674.75
Stipend Family	\$260.40	\$396.80	\$0.00	\$657.20
Substance Abuse Evaluation	\$0.00	\$556.14	\$0.00	\$556.14
Tracker Services	\$0.00	\$2,040.00	\$0.00	\$2,040.00
Trans Commercial	\$0.00	\$15,971.81	\$272.74	\$16,244.55
Trans Family Visitation	\$0.00	\$142.00	\$0.00	\$142.00
Tuition	\$0.00	\$75.00	\$0.00	\$75.00
Visit Supervision/Monitor	\$0.00	\$38,882.50	\$0.00	\$38,882.50
Grand Total	\$16,797.33	\$897,683.18	\$4,756.74	\$919,237.25

5. All placements in residential treatment settings made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education or local education agencies, any lead agency or the pilot project through letters of agreement, and the medical assistance program including, but not limited to:

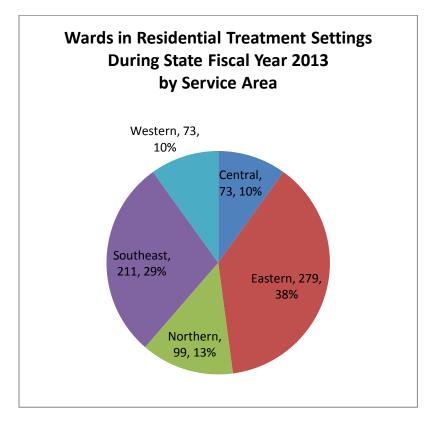
Residential treatment settings include the following facility types:

- 1) Psychiatric Residential Treatment Facility
- 2) Psychiatric Hospital
- 3) Therapeutic Group Home
- 4) IMD Institution for Mental Disease

a. Child variables;

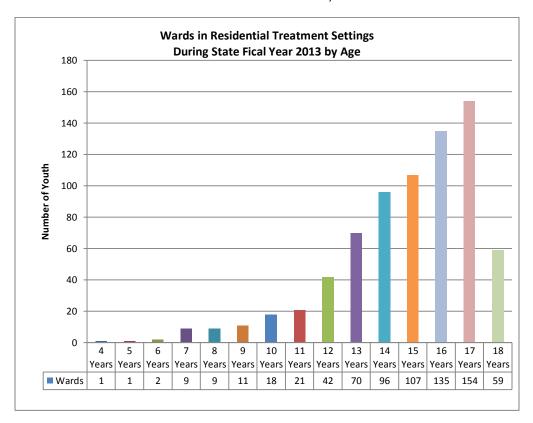
Wards in Residential Treatment Settings by Service Area

- Data provided for State Fiscal Year 2013 (July June).
- Data extract is DHHS N-FOCUS system.
- Number of Wards is an unduplicated count.



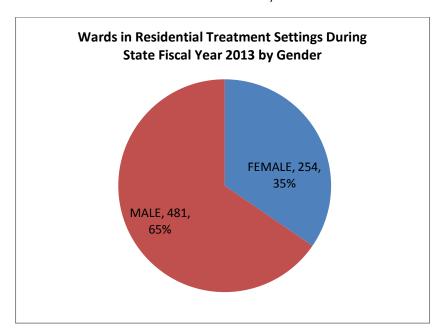
Wards in Residential Treatment Settings by Age

- Data provided for State Fiscal Year 2013 (July June).
- Data extract is DHHS N-FOCUS system.



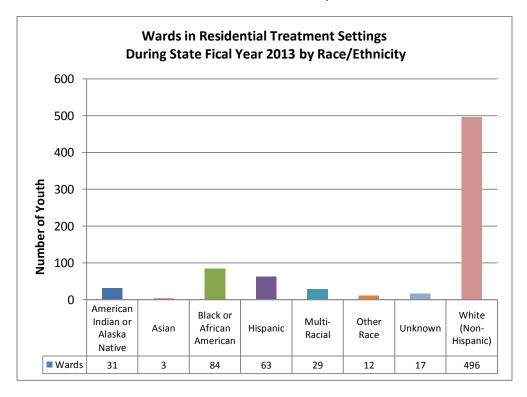
Wards in Residential Treatment Settings by Gender

- Data provided for State Fiscal Year 2013 (July June).
- Data extract is DHHS N-FOCUS system.



Wards in Residential Treatment Settings by Race/Ethnicity

- Data provided for State Fiscal Year 2013 (July June).
- Data extract is DHHS N-FOCUS system.



b. Reasons for placement;

A sample list of reasons for out-of-home placements in residential treatment centers, aroup homes and other facilities includes:

- 1. Mental Health.
- 2. Drug and Alcohol Treatment.
- 3. Nursing Home level of care required to handle physical condition.
- 4. Supervision and structure needed that wasn't available in community.
- 5. Lower IQ Child needing sexual offender treatment.
- 6. Transitional Living Group Home not offered in community.
- 7. Sex offender treatment.
- 8. Sexual Victim treatment.
- 9. Facility that can handle aggressive/assaultive behavior.
- 10. Behavior and Developmental Disability needs.

c. The percentage of children denied Medicaid-reimbursed services and denied the level of placement requested;

- Data provided for State Fiscal Year 2013 (July- June).
- Data obtained from DHHS Medicaid Long Term Care Division.
- Data population is all Medicaid youth applications for treatment were submitted.
- Data is not limited to State Wards only.
- PRTF is Psychiatric Residential Treatment Facility.
- ThGH is Therapeutic Group Home.

Level of Facility	Requests for Medicaid Placement	Medicaid Approved	Medicaid Denied	% Medicaid Denied
PRTF	389	206	182	47%
ThGH	204	55	100	65%
Total	593	261	282	48%

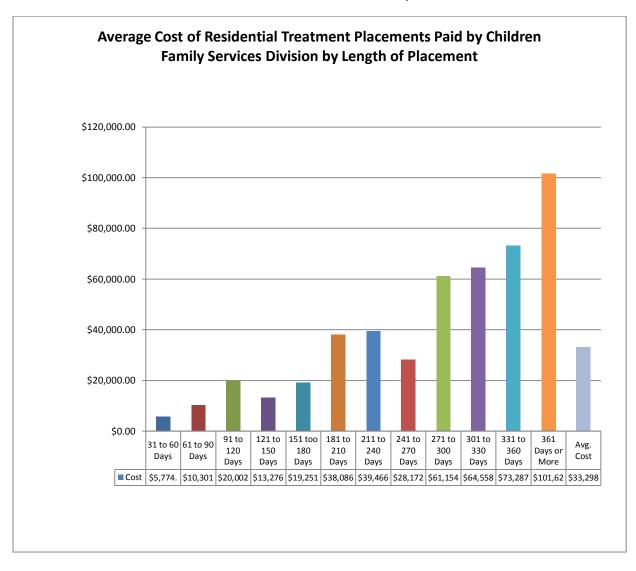
- d. With respect to each child in a residential treatment setting:
 - i. If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement;
 - Data provided for State Fiscal Year 2013 (July-June).
 - Data obtained from DHHS Medicaid Long Term Care Division.
 - Data is not limited to State Ward population.
 - Chart contains the mental health service activity, if any occurred, at the following points: immediately after, six months (180 days) after, one year (365 days) after.
 - Mental Health Services received between points is not reflected on the chart.

	Alternative treatment recommendation	Services confirmed at time of Follow up (For OP w/in 30 days)	6 month	12 month
Outpatient	139	118	100	22
Intensive Outpatient	150	16	13	1
Day Treatment	10	2	4	1
Community Treatment Aid	6	3	2	1
Partial Hospitalization	3	1	0	0
Inpatient Hospitalization	6	4	2	0

ii. Funds expended and length of placements;

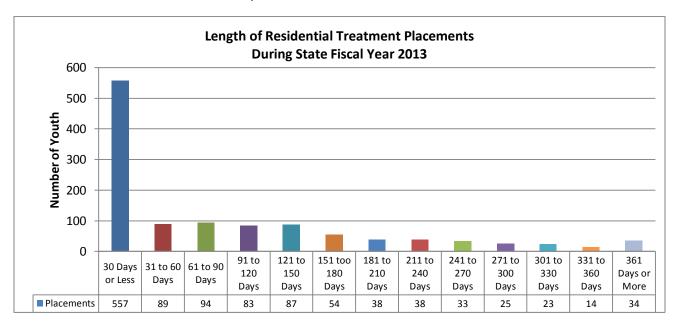
Average Cost of Residential Treatment Placements

- Data provided for State Fiscal Year 2013 (July June).
- Data are DHHS Ward population whose placement was paid by Children and Family Services Division via Letter of Agreement.
- Letters of agreement are paid at the Medicaid rate.
- Data extract is DHHS N-FOCUS system.



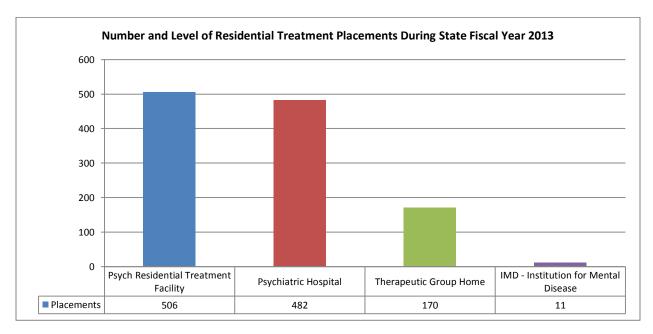
Length of Residential Treatment Placements

- Data provided for State Fiscal Year 2013 (July June).
- Data are DHHS Ward population.
- Data extract is from DHHS N-FOCUS system.
- Count of placements one ward may have more than one residential treatment placement.



iii. Number and level of placements;

- Data provided for State Fiscal Year 2013 (July-June).
- Data are DHHS State Ward population.
- Data extract is DHHS N-FOCUS system.
- A ward could be in more than one placement level during the time period.



iv. Facility variables, and

Number of Placements at Residential Treatment Facilities

- Data provided for State Fiscal Year 2013 (July June).
- Data are DHHS State Ward population.
- Data extract is from DHHS N-FOCUS system.

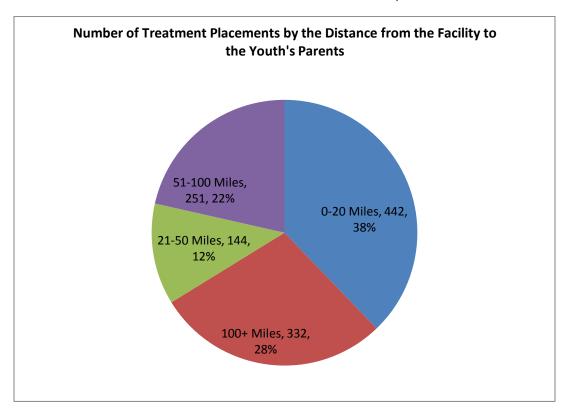
Treatment Facilities with Placements | State Fiscal Year 2013

Facility Name	Facility Type	Number of Placements
ABH ADDICTION & BEHAVIORAL HEALTH SERVICES, INC.	Therapeutic Group Home	34
ALEGENT HEALTH IMMANUEL MEDICAL CENTER	Psych Residential Treatment Facility	43
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Psychiatric Hospital	179
ALEGENT HEALTH IMMANUEL REHABILITATION CENTER	Psychiatric Hospital	23
AWARE, INC.	IMD - Institution for Mental Disease	1
BENCHMARK BEHAVIORAL HEALTH SYSTEM INC.	Psych Residential Treatment Facility	5
BOYS AND GIRLS HOME OF NEBRASKA, INC	Psych Residential Treatment Facility	13
BOYS AND GIRLS HOME OF NEBRASKA, INC. (FUTURES)	Psych Residential Treatment Facility	4
BRYAN LGH MED CENTER WEST-OWNER	Psych Residential Treatment Facility	1
BRIAN LGH MED CENTER WEST-OWNER	Psychiatric Hospital	97
 BRYAN LGH MEDICAL CENTER WEST	Psych Residential Treatment Facility	3
BRIAN EON MEDICAL CENTER WEST	Psychiatric Hospital	39
CATHEDRAL HOME FOR CHILDREN	Psych Residential Treatment Facility	6
CATHOLIC CHARITIES	Therapeutic Group Home	36
CEDAR SPRINGS HOSPITAL	Psych Residential Treatment Facility	2
CHILD GUIDANCE CENTER-THERAPEUTIC GH	Therapeutic Group Home	24
CHILDREN'S HOME SOCIETY OF SOUTH DAKOTA	Psych Residential Treatment Facility	1
COLORADO BOYS RANCH FOUNDATION	Psych Residential Treatment Facility	7
DEVEREUX CLEO WALLACE	Psych Residential Treatment Facility	1
	Psych Residential Treatment Facility	1
EPWORTH VILLAGE - BLATCHFORD	Therapeutic Group Home	21
EPWORTH VILLAGE INC	Psych Residential Treatment Facility	40
EVELVIOR VOLITIL CENTERS INC	Therapeutic Group Home	4
EXCELSIOR YOUTH CENTERS, INC.	IMD - Institution for Mental Disease	6
FATHER FLANAGAN'S BOYS HOME - 555 N. 30TH - RTC	Psych Residential Treatment Facility	110
FATHER F'S BH-305 SUDYKA-BOYS TGH	Psych Residential Treatment Facility	16
FATHER F'S BH-308 SUDYKA-BOYS TGH	Psych Residential Treatment Facility	15
FATHER F'S BH-314 SUDYKA-GIRLS TGH	Psych Residential Treatment Facility	18
GILBERT HOUSE	IMD - Institution for Mental Disease	1

Facility Name	Facility Type	Number of Placements
GOOD SAMARITAN HOSPITAL	Psychiatric Hospital	76
GREAT PLAINS HOSPITAL, INC	Psych Residential Treatment Facility	20
GREAT PLAINS REGIONAL MEDICAL CENTER	Psychiatric Hospital	4
HASTINGS REGIONAL CENTER - BLDG 3	Psych Residential Treatment Facility	72
JACKSON RECOVERY CENTER	Psych Residential Treatment Facility	1
KIDSPEACE MESABI ACADEMY	Psych Residential Treatment Facility	2
KIDSTLC ,INC	Psych Residential Treatment Facility	1
KVC HOSPITALS, INC	Psych Residential Treatment Facility Psychiatric Hospital	11 5
MERCY HOSPITAL	Psychiatric Hospital	29
MIDLANDS HOSPITAL	Psychiatric Hospital	5
NATIONAL DEAF ACADEMY	Psych Residential Treatment Facility	1
NEW HOPE CAROLINAS INC.	Psych Residential Treatment Facility	4
NORFOLK REGIONAL CENTER	Psychiatric Hospital	1
NOVA THERAPEUTIC COMMUNITY	Psych Residential Treatment Facility	56
OMNI BEHAVIORAL HEALTH - ROCKBROOK GROUP HOME II	Therapeutic Group Home	25
OMNI BEHAVIORAL HEALTH - SEWARD GROUP HOME	Therapeutic Group Home	26
REFLECTIONS FOR YOUTH, INC.	IMD - Institution for Mental Disease	1
REGIONAL WEST MEDICAL CENTER	Psychiatric Hospital	12
RTC RESOURCE ACQUISITION CORPORATION	Psych Residential Treatment Facility	1
SAINT FRANCIS COMMUNITY AND RESIDENTIAL SERVICES	Psych Residential Treatment Facility	9
SEQUEL OF KANSAS, LLC (RIVERSIDE ACADEMY)	Psych Residential Treatment Facility	6
SEQUEL SCHOOLS, LLC	Psych Residential Treatment Facility	2
SEQUEL TSI OF IDAHO, LLC	Psych Residential Treatment Facility	2
SOUTHEASTERN WYOMING JUVENILE SERVICE CENTER	Psych Residential Treatment Facility	1
SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC.	IMD - Institution for Mental Disease	1
VALLEY HOPE ASSOCIATION	Psych Residential Treatment Facility	1
VARANGON ACADEMY	Psych Residential Treatment Facility	1
WHITEHALL PROGRAM	Psych Residential Treatment Facility	29
Grand Total		1169

Distance from Youth Parents Residence to the Residential Treatment Facility

- Data provided for State Fiscal Year 2013 (July June).
- Data are DHHS Ward population.
- Parent's residence is the parent who the child was living with prior to placement.
- Data extract is from DHHS N-FOCUS system.



v. Identification of specific child welfare services unavailable in the child's community that, if available, could have prevented the need for residential treatment and state that if available, could prevent out-of-state placements.

Representative children placed out of state and reason for the placement

- Data provided for State Fiscal Year 2013 (July June).
- Data are DHHS Ward population.
- Data are a representative sample of the population placed out of state.

Current Placement	State	Placement Begin Date	Reason for out-of-state placement
Psych Residential Treatment Facility	МО	06/17/2013	No treatment level of care facility available in NE
Psych Residential Treatment Facility	WY	11/08/2012	No Nebraska facility willing to handle his aggressive behaviors

		Placement Begin	
Current Placement	State	Date	Reason for out-of-state placement
Group Home	ΑZ	10/25/2012	No NE facility willing to handle aggressive behaviors
Relative Foster Home (Approved)	MN	03/01/2013	Relative placement available out of state
Medical Hospital	PA	11/18/2010	No treatment level of care available in NE
IMD - Institution for Mental Disease	СО	05/13/2013	Court ordered to this specific placement.
Psych Residential Treatment Facility	SD	12/14/2011	No treatment level of care facility available in NE
Relative Foster Home (Approved)	CA	12/24/2012	Relative Placement pursuing guardianship.
Psych Residential Treatment Facility	CO	08/31/2012	Initially court ordered to a specific placement. That placement closed and this current placement was the closest to meet his needs. Court ordered.
No Placement	MT		ICPC to MT
Psych Residential Treatment Facility	MN	11/28/2012	No sexual offender treatment available in NE
Relative Foster Home (Approved)	WY	05/19/2013	No treatment level of care facility available in NE
Group Home	IA	10/10/2012	No facility available for super-vision, structure and safety
Psych Residential Treatment Facility	МО	06/24/2013	No facility in NE willing to accept due to behaviors- self harming
Group Home	ΑZ	04/18/2013	No NE Facility willing to accept placement
Psych Residential Treatment Facility	MN	02/08/2013	No facility in NE would accept due to sex offending aggressive behaviors
Group Home	ΑZ	06/13/2013	No NE Facility willing to accept placement
Group Home	IA	12/28/2012	No NE Facility willing to accept placement
Group Home	IA	05/29/2013	No NE facility willing to handle aggressive behaviors

		Placement Begin	
Current Placement	State	Date	Reason for out-of-state placement
Relative Foster Home (Approved)	LA	08/10/2010	Other: Relative Placement
Group Home	AZ	04/18/2013	No facility available for supervision, structure and safety
With Parent/Caretaker	AK	06/06/2013	Placed in AK with Non-Custodial Parent
Relative Foster Home (Approved)	CA	03/24/2013	Relative Placement
Non-Custodial Parent	OK	05/24/2013	Relative Placement
Group Home A	IA	05/24/2013	No facility available for supervision, structure and safety
Relative Foster Home (Approved)	ОН	02/08/2013	Relative Placement
Group Home	AZ	06/28/2013	Court Ordered
Psych Residential Treatment Facility	AL	03/11/2013	No low IQ treatment facility available in NE
Psych Residential Treatment Facility	SC	11/27/2012	No sexual offender treatment facility available in NE
Group Home	IA	05/21/2013	Court Ordered
Group Home	IA	04/03/2013	Court Ordered
Psych Residential Treatment Facility Group Home	MO IA	11/23/2012 10/31/2012	No in state bed availability Court Ordered
Group Home	ΑZ	11/02/2012	Court Ordered
Relative Foster Home (Approved)	IA	06/05/2013	Relative Placement
Group Home	ΑZ	06/03/2013	Court Ordered
Relative Foster Home (Approved)	NV	02/01/2013	Relative Placement
Group Home	IA	04/10/2013	No in state bed availability
Non-Custodial Parent	IA	05/08/2013	Relative Placement
Relative Foster Home (Approved)	IA	01/09/2013	Relative Placement

Current Placement	State	Placement Begin Date	Reason for out-of-state placement
Child Specific Foster Home (Approved)	МО		Relative Placement

Child welfare services that if available in the child's community, could prevent out-of-state placements

- Data provided for State Fiscal Year 2013 (July-June).
- Data are a representative sample.
 - 1. Intensive Family Preservation in the child's community
 - 2. Intensive Outpatient Treatment—Substance Abuse and/or Mental Health
 - 3. Intensive Outpatient Sex Offender Treatment
 - 4. In-home Multi-Systemic Therapy
 - 5. Community Treatment Aides
 - 6. Day treatment services for psychiatric needs
 - 7. Treatment Foster Homes
 - 8. Support Services for Mental Health/Substance Abuse issues (children and parents)
 - 9. Outpatient programs for Mental Health/Substance Abuse Issues (children and parents)
 - 10. Community Support Services in child's community
 - 11. In-Home Therapy providers in child's community
 - 12. Outpatient Behavior Programs
 - 13. Parent Mentors in child's community
 - 14. More services covered by Medicaid and easier access for these services
 - 15. Behavioral Camp for parents and children
 - 16. Day Reporting Center
 - 17. Teenage day care
- 6. From any lead agency or the pilot project, the percentage of its accounts payable to subcontracted child welfare service providers that are thirty days overdue, sixty days overdue, and ninety days overdue.

NFC Accounts Payable Aging as of 6/30/13

Days	Authorized not billed	Pending review	Clean Claims	Payables per Banner	Estimated Variance due to late billing	Total
0-45	\$ 573,342.62	\$ 10,652.29	\$ 3,781,844.11	\$181,071.60	\$370,264.98	\$4,917,175.60
45-60	·	\$ 162,974.93			·	\$ 162,974.93
60-90		\$ 69,792.00				\$ 69,792.00
90-120		\$ 27,289.25				\$ 27,289.25
120+		\$ 607,686.22				\$ 607,686.22
Total	\$ 573,342.62	\$ 878,394.69	\$ 3,781,844.11	\$181,071.60	\$370,264.98	\$5,784,918.00

NFC only pays "clean claims." In order to be considered a clean claim, three actions must have occurred:

- 1. The Family Preservation Specialist (FPS) must have authorized the intervention in the NFC Penelope system. Providers should not perform any services without this authorization.
- 2. The provider must bill the service in the NFC Penelope provider portal. All billing should be electronic. If the provider does not bill the service by the end of the day on the 5th of the month following the performance of the service, prompt payment is not guaranteed.
- 3. Utilization management must agree supporting documentation of service performed to all system entries, and must authorize payment. If documentation is not received by the end of the 10th day of the month following the performance of the service, prompt payment is not guaranteed.

<u>Authorized not Billed</u>: These items have been authorized by the Family Preservation Specialist (FPS) in the NFC Penelope system but have not been billed by the service provider. Not a clean claim.

<u>Pending Review</u>: These items have been authorized by the FPS in the Penelope system and have been billed by the provider in the system, but the utilization management team has not received the appropriate supporting documentation to authorize payment. Not a clean claim.

<u>Payables per Banner</u>: These items were paid at the beginning of the following month, and were actually in process in A/P on the last day of the month. These are primarily invoices related to operational expenses (supplies, maintenance, etc.) and mileage claim forms. These are processed by Boys Town A/P as received.

Estimated variance due to late billing: Through experience NFC has found that some providers always bill late, and not all authorizations are included on reports. NFC bases this number on historical expenses and expense trends as well as the number of cases being served. These estimates are decreased and eliminated by actual expenses or adjustments within one to three months, and the majority is within one month.

<u>Days</u>: The number of days that have passed subsequent to the day the item is fully entered in to the portal by the provider.

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

These data are not available. Referrals for services are made utilizing several methods depending on service type. N-FOCUS contains referrals and authorizations for services such as Family Support, Clothing, and Transportation. Medicaid utilizes Magellan to review applications or referrals for treatment services. Data are not collected for the date the individuals receiving the service were notified of the referral. Referrals created on

N-FOCUS has a created date which may or may not coincide with the date the individual was notified. Data are also not collected for the date the individual began receiving services on N-FOCUS.

ATTATCHMENT A.

2013 CASELOAD REPORT

September 13, 2013

Patrick O'Donnell, Clerk of the Legislature State Capitol, Room 2018 P.O. Box 94604 Lincoln, NE 68509

Dear Mr. O'Donnell:

Nebraska Statute 68-1207.01 requires the Department of Health and Human to submit an annual report to the Governor and Legislature outlining child welfare and juvenile services caseloads, factors considered in their establishment, and the fiscal resources needed to maintain them. The report must contain the following:

- A comparison of caseloads established by the Department of Health and Human Services with the workload standards recommended by national child welfare organizations, and the fiscal resources necessary to maintain such caseloads in Nebraska;
- The number of child welfare and case managers employed by the State of Nebraska, the number of child welfare workers that provide direct services to children and families under contract with the State of Nebraska, and the average length of employment in these positions, by health and human services area and statewide;
- The average caseload of child welfare case managers employed by the State of Nebraska and the average caseload of child welfare and juvenile service workers that provide direct services to children and families under contract with the State of Nebraska, and the outcomes of these cases, by health and human services area and statewide; and
- 4. The average cost of training child welfare case managers employed by the State of Nebraska and those providing direct services to children and families under contract with the State of Nebraska, by health and human services area and statewide.

I am submitting this report to fulfill the above requirements for Calendar Year 2012.

Respectfully,

Thomas D. Pristow, Director

Division of Children and Family Services

Department of Health and Human Services

Attachment



Division of Children & Family Services

2012 Caseload Report

Legislative History

In 1990, LB 720 directed the Department of Health and Human Services (DHHS) to establish standards for child welfare and juvenile service caseloads and to report to the Governor and the Legislature every two years on the resources it needs to implement those standards. In response, DHHS's Joint Labor/Management Workload Study Committee examined several key factors that workers identified as affecting their workload, including: (1) urban or rural work locations; (2) vacant positions; (3) availability of clerical support; and (4) travel requirements. The Committee summarized their recommendations in a Workload Study Findings and Recommendations Summary Report in July 1992.

In 2005, LB 264 required DHHS to include in its legislative report information on child welfare and juvenile service workers who are employed by private entities with which the State of Nebraska contracts for child welfare and juvenile services. The law requires DHHS to submit the report annually.

In 2012, LB 961 required DHHS and the pilot project Nebraska Families Collaborative (NFC) to utilize the workload criteria of the standards established as of January 1, 2012, by the Child Welfare League of America (CWLA). DHHS is required to submit an annual report that includes changes in the standards of the CWLA or its successor.

Below is a table containing the operational definitions utilized in accordance with CWLA guidance.

Table 1 Caseload Type	Definition	Caseload Standards	Description	Measurement/ Count
Initial Assessment	Active, open child abuse/neglect investigations conducted by Initial Assessment Worker	1:12 families (urban) 1:10 families (rural)	This does not mean that the worker can be assigned 10 or 12 new cases each month unless all 10 or 12 cases from the previous month are closed. This is a rolling number. Cases assigned the previous month are carried over and counted toward the total number of 10 or 12.	Family
	Mixed; Initial Assessment and On-Going Caseload	1:7 Children Out of Home. One child=a case 1:3 Families in home. One family=a case 1:4 Families for Initial Assessment. One family=a case Total of 14 cases assigned	For On-Going Case management: In-Home or out-of-home Voluntary or Court-Involved	Case
On-Going: Includes ICPC and Court Supervision	Children residing In- Home=no children have been removed from the home due to DHHS involvement	1:17 Families	Open and active voluntary with children placed in the home. These children have never been removed and are not court involved.	Family
	*Children residing in a planned, permanent home (parent, adoptive parent, legal guardian)	1:17 Families	Open and active court involved families with the child(ren) in a planned, permanent home. These are children who are still in DHHS custody and court involved.	Family
	Mixed; one or more wards in home, one or more wards out of home within the same family	1:10 OOH Wards 1:7 In-Home families Total 1:17	Open and active Court Involved children. Count only wards and does not involve non-ward siblings.	Ward =each ward out of the home count as one case each Family=any number of wards in the home count as one case
	Children are out of the home	1:16 Children	These are court involved and non-court involved cases where children are placed formally out of the parental/guardian home (This includes voluntary placement agreements).	Child=Each child placed outside the home is counted as one case

^{*}A planned permanent placement will be defined as a home which will provide permanency for a child, this includes:

Child returns from out of home care and resides with a parents

Child resides in a pre-adoptive placement with a signed adoptive placement agreement

Child's permanency plan is guardianship and child lives with identified guardian

During this reporting period, DHHS contracted with the Nebraska Families Collaborative (NFC) for case management services in the Eastern Service Area (ESA). DHHS remains responsible for case management in the Southeast Service Area (SESA), Northern Service Area (NSA), Central Service Area (CSA) and the Western Service Area (WSA). DHHS conducts all initial assessments in each of the five Service Areas.

Comparison of caseloads established by DHHS with the workload standards recommended by national child welfare organizations, and the fiscal resources necessary to maintain such caseloads in Nebraska and average caseload of child welfare and juvenile service workers employed by the State of Nebraska and under contract with the State of Nebraska

In developing the case load standards (Table 1) as required by LB 961, the following assumptions were made:

- Continuity of case management for families is high priority
- CWLA states caseload standards are to be used a guide
- The calculation is a rolling average
- Caseload Standards will not be exceeded solely for the purposes of assigning a new case
- There is no universal formula for computing caseload size per CWLA
- Caseload Standards are the maximum when calculating caseload size
- On-Going case management standards should be used when calculating caseload size when the Initial Assessment is completed

Caseload size is directly impacted by a variety of factors:

- A. New workers who have completed the training requirements are initially assigned four cases until such time that they are able to demonstrate an ability to provide case management to additional families.
- B. Vacancies also impact caseload size. Vacancies can occur for a number of reasons:
 - 1. An employee chooses to leave the agency (vacancy) or
 - 2. An employee chooses to change positions within the agency i.e. hired as a supervisor, leave case management and join the quality assurance team; (turn-over) or
 - 3. DHHS engages in progressive discipline which could result in termination of employment, or
 - 4. DHHS chooses to end employment during the probationary phase of a new worker's employment.
- C. Proposed legislation and impending law also impact workforce stability. With significant system changes comes fear of job security as well as changes regarding career opportunities for many in the workforce. DHHS began realizing both turnover and vacancies with the introduction of LB561.

DHHS has employed a number of strategies during 2012 and 2013 in an effort to develop and support new workers, retain and support experienced workers and enhance competency by providing relevant on-going training closer to home or through technology.

- A. In July 2012, DCFS began piloting a CFS Mentoring program in the Western Service Area. Current CFS Specialists, who possess and demonstrate strong case management skills, are identified as mentors and are given additional responsibilities to work with new workers/trainees. The mentors are trained and compensated for this work and their caseload is significantly reduced in order to take on mentoring responsibilities. Anecdotal and survey information has demonstrated the mentoring program is producing the desired outcomes; supporting new workers by matching with seasoned workers, improved new worker job satisfaction, reducing caseload size for workers who are providing mentoring support and providing new workers with direct access to experienced workers, and provides seasoned workers new opportunities for personal growth and development. The mentoring program was designed and developed as a result of feedback from new and current workers and supported by local and state level leadership as well as by the DHHS training unit.
- B. Monthly vacancy and turnover reports were revised and are now reviewed and analyzed during the monthly Statewide Continuous Quality Improvement (CQI) Team meetings. Members of the CQI Team review and analyze monthly data reports and attempt to connect the quantitative data with both internal and external factors known to impact the data i.e. employee exit survey information, system changes/legislation, realigning service areas with judicial districts, caseload size within a service area. This monthly analysis provides insight with understanding changes within the workforce. One case manager and one supervisor from each Service Area attend the monthly CQI meetings along with all Administrators from the Service Areas and Central Office.
- C. During the past year a Protection and Safety/OJS Training Tools Webpage was developed. This page provides resources and links to other webpages for CFS staff. Most resources and links were developed for training and are made available on the webpage as references to enhance the work with children, youth and families. This webpage is frequently updated and resources added as they become available.
- D. Nebraska is currently collaborating with all DHHS Divisions to assess Divisional efforts in regards to Trauma Informed Care and trauma screenings. DCFS and the Division of Behavioral Health (DBH) are aligning resources and planning has begun to add mandatory training for CFS employees to include Trauma 101 and Vicarious Trauma/Compassion Fatigue. A conference regarding Trauma Informed Practices has been planned for September 12-13, 2013 in Lincoln, Nebraska. Speakers will include: Dr. Bruce Perry, Nathan Ross and Sharon Wise. Local Champion Trauma employees from the DBH will speak on Vicarious Trauma and Compassion Fatigue. Participants will include: Children and Family Services case managers and program specialists, Adult and Family Peer Support Specialists, Consumers and Family members, Child and Adult Service Providers, Administrators, Judges, County Attorneys, Foster Families, Peer Specialists, Early Development Services Coordinator, School Psychologist, Nebraska Department of Education Program Specialist/coordinators. This conference is in conjunction with the DBH Transformation Transfer Initiative Grant whose main focus is Trauma through the Lifespan.

E. As part of DCF's reorganization efforts, in January 2012, DCFS acquired a Unit Administrator to lead the newly created Training and Professional Development Unit. This position reports to the Deputy Director and is a "Special Assignment Position" established as a result of a partnering relationship with the UNL-Center on Children, Families and the Law. Responsibilities include new worker training, the development of a strategic plan for on-going training, retention and satisfaction of CFS employees,, improve communication between program and training as well as to implement the training needs identified through DCFS's CQI process.

DCFS will also utilize the in-process work being done by a sub-committee of the Children's Commission who is focused on developing strategies for the following goal: Foster a consistent, stable, skilled workforce serving children and families.

The Division of Children and Family Services (DCFS) reorganized during the summer of 2012. These organizational changes allow DCFS to focus attention on and support the priorities identified by the Division. Also, on July 1, 2012, and in accordance with LB961, the structure of the Service Areas were realigned with the Judicial Districts as set forth by the Supreme Court. Due to the realignment, significant system changes were required to be made and tested with the N-FOCUS data system. These changes were needed in order to stratify all existing as well as all new reports including the caseload report.

Several factors impacted DCFS' ability to develop and produce an accurate caseload size report a comprehensive impact analysis due to the re-alignment (LB961). The impact analysis reviews all existing reports and is a time consuming process as all reports and programs need to be assessed to identify requisite changes. Once the technical work begins on the system change, several phases of testing occur including 'System Test', which is the first round of testing. Coding changes are then sent back to the Technical team to recode the programs and a second level of testing occurs which is 'CAT' (Customer acceptance testing).

DCFS began performing the first round of system testing for the caseload report in late 2012. While the data in the first iteration looked accurate, after a very detailed analysis of worker assignments by the Service Area Administrators, DCFS discovered several factors that were skewing the data.

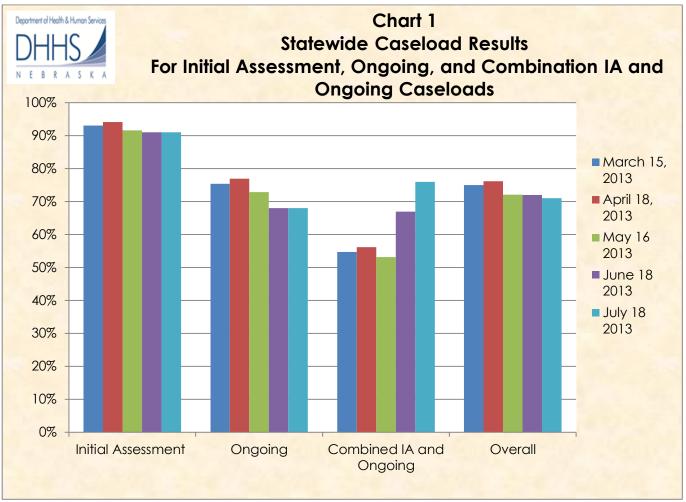
- 1. Delays in transferring a youth from initial assessment to ongoing at NFC which occurs in certain circumstances, and
- 2. Case being transferred from initial assessment status to ongoing status but remaining with the initial assessment worker.

These and other unique circumstances resulted in youth being counted in an ongoing worker's caseload, as well as the initial assessment worker's caseload. As such, DCFS had to analyze options regarding taking into account these factors to create a report that only counts a youth once for caseload size reporting purposes.

In March of 2013, DCFS finalized our methodology to measure caseload by un-duplicating all the cases and creating a weighted average for workers that legitimately have both initial

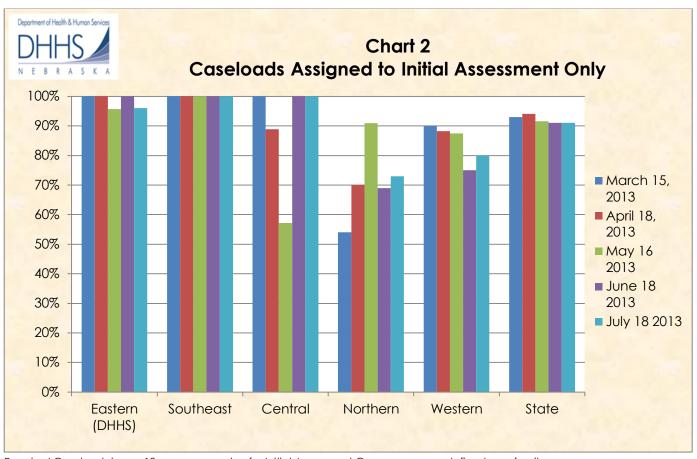
assessment and ongoing work even for a short period. While these duplicate roles may only last for a day or two, they impacted the integrity of the data and had to be addressed.

The data below depicts Caseload Results for Initial Assessment, Ongoing, and Combined Initial Assessment and Ongoing Caseloads. The data is from five points in time, March 15, April 18, May 16, June 18 and July 18 all in 2013. The data report illustrates the percentage of compliance with caseload size standards on five different points in time.



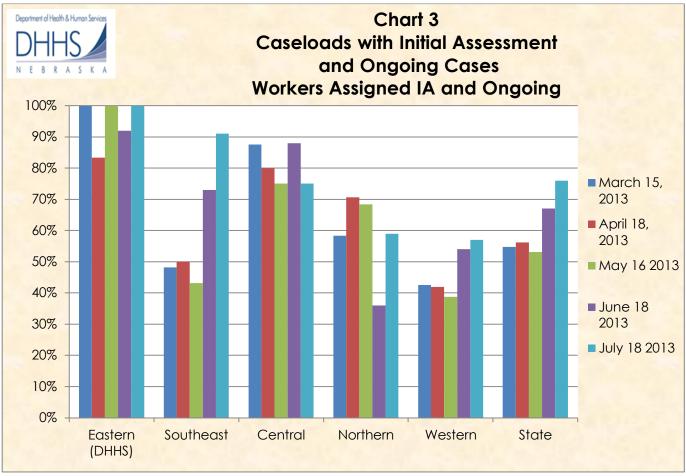
Required caseload per worker out of home youth standard <=16 Required caseload per worker in home families standard <=17 Required caseload per worker initial assessment Standard <=12

The data below depicts the percentage of compliance with caseloads assigned for initial assessment. Initial assessments assigned to workers in the Eastern Service Area do not provide ongoing case management. Initial assessments workers in the Central, Northern and Western Service area may have combined caseloads of initial assessment and ongoing case management. Southeast Service Area will assign initial assessments to on-going workers if there is a case manager assigned to the family for which a new report is accepted during on-going case management.



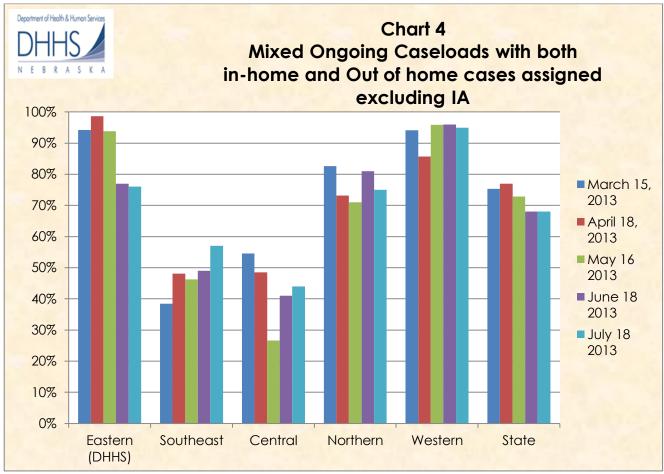
Required Caseload size <= 12 cases per worker for Initial Assessment Cases, cases are defined as a family.

The data depicted below illustrates the percentage of compliance with the caseloads standards for combination caseloads of initial assessment and ongoing case management. The Eastern and Southeastern Service Areas are the only two Service Areas where Initial Assessment caseloads are not assigned On-going cases.



Required Caseload size <= 14 cases per worker

The data depicted below demonstrated the percentage of compliance standards with ongoing caseloads of both in-home and out of home cases excluding initial assessment.



Required Caseload size <= 17 cases per worker for In-Home cases, cases are defined as a family Required Caseload size <= 16 cases per worker for Out-of-Home youth

Fiscal Resources Necessary to Maintain Caseloads

Table 2 displays the amount of fiscal resources that DHHS would need to maintain its active staff, staff in training, and filling vacant positions within DHHS. Lead contractor staff and costs for maintaining their staff is not included in these calculations as these costs fall under contract. For that reason, Table 2 displays only the amount of fiscal resources DHHS would need to maintain its own staff as of December 31, 2013.

	Authorized Positions	Average Salary per Staff	Average Benefits per Staff	Total Costs			
CFSS	380	\$35,658.68	\$14,263.47	\$18,970,471			
CFSS-TRAINEE	56	\$29,867.91	\$11,947.16	\$2,341,644			
VACANCIES**	43	\$33,973.00	\$13,589.20	\$2,045,175			
TOTAL STAFF	479		·	\$23,357,290			
Number of CFSS and CFSS-Trainee positions as of 12/31/12							

The number of child welfare and juvenile service workers (case managers) employed by the State of Nebraska and under contract with the State of Nebraska, and the average length of employment in these positions, by health and human services area and statewide

Tables 3, 4 and 5 show a count and percentage of CFSS and CFSS Trainee Workers by service area and statewide. The total number of CFSS/CFSS Trainees for the Nebraska was 433 as of September 2013. Statewide, worker's average length of employment within DHHS is 5.89 years.

Table	Table 3. Count of CFSS and CFSS Trainee Workers by Job Title and Service Area as of 9/3/2013.						
		CSA	ESA	NSA	SESA	WSA	Total
Job Title	CHILD/FAMILY SERVICES SPECIALIST	46	99	60	137	56	398
	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	6	2	6	15	6	35
Total		52	101	66	152	62	433

Table 4. Percentage of CFSS and CFSS Trainee Workers by Job Title and Service Area as of 9/3/2013.							
		CSA	ESA	NSA	SESA	WSA	Total
Job Title	CHILD/FAMILY SERVICES SPECIALIST	10.62%	22.86%	13.86%	31.64%	12.93%	91.92%
	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	1.39%	0.46%	1.39%	3.46%	1.39%	8.08%
Total		12.01%	23.33%	15.24%	35.10%	14.32%	100.00%

Job Title		CSA	ESA	NSA	SESA	WSA	ALL SERVICE AREAS
CHILD/FAMILY SERVICES	Length of Service						
SPECIALIST	Minimum	3 months	6 months	16 days	4 months	1 day	1 day
	Maximum	30 years	40 years	32 years	34 years	27 years	40 years
	Average (in years)**	5.61	8.23	5.40	3.01	5.21	5.28
CHILD/FAMILY SERVICES	Length of Service						
SPECIALIST TRAINEE	Minimum	3 months	3 months	16 days	1 day	20 days	1 day
	Maximum	5 years	9 months	2 years	2 years	3 months	5 years
	Average (in months)**	15.17	6.00	5.33	4.40	0.83	5.89
CFSS and CFSS TRAINEE	Length of Service						
	Minimum	3 months	3 months	16 days	1 day	1 day	1 day
	Maximum	30 years	40 years	32 years	34 years	27 years	40 years
	Average (in years)	5.06	8.07	4.94	2.73	4.71	4.88

Years, months, and days given for minimum and maximum lengths of service are rounded to nearest whole number.

Table 6 shows the average length of stay for calendar year 2012 by position for Nebraska Families Collaborative, the contract agency providing ongoing case management in the Eastern Service Area (ESA).

Table 6. NFC Job Title	Length of Stay
Family Permanency Specialist	1.46 years
Family Permanency Supervisor	1.58 years

^{**}Average length of service is given in years for Child/Family Services Specialists and in months for Child/Family Services Specialist Trainees as their averages tended to be less than 1 year.

Outcomes of cases, by health and human services area and statewide

Youth Exiting Care in Calendar Year 2013 Includes In Home and Out of Home, HHS and OJS						
Service Area	Reunification	Adoption	Independent Living	Guardianship	Other Reason	Grand Total
CENTRAL	343	38	31	27	34	473
	72.52%	8.03%	6.55%	5.71%	7.19%	100.00%
EASTERN	1102	193	126	74	67	1562
	70.55%	12.36%	8.07%	4.74%	4.29%	100.00%
NORTHERN	410	38	24	32	16	520
	78.85%	7.31%	4.62%	6.15%	3.08%	100.00%
SOUTHEAST	767	148	126	37	44	1122
	68.36%	13.19%	11.23%	3.30%	3.92%	100.00%
WESTERN	433	35	27	37	30	562
	77.05%	6.23%	4.80%	6.58%	5.34%	100.00%
STATE	3055	452	334	207	191	4239
	72.07%	10.66%	7.88%	4.88%	4.51%	100.00%

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) data

A primary goal of CFS' child welfare and juvenile services staff is to protect children and youth from abuse and neglect, to promote permanency and stability in their living situations to safely serve more children in their own homes, to safely reduce the number of children and youth in state custody, and to provide for community safety. In 2012, CFS discharged 4,239 children and youth from state care into some form of permanency with the majority (72%) being reunified with parents.

The average cost of training child welfare and juvenile service workers (case managers) employed by the State of Nebraska and those providing direct services to children and families under contract with the State of Nebraska, by health and human services area and statewide

Training continues to be conducted in partnership between the DHHS and the Center on Children, Families, and the Law (CCFL) at the University of Nebraska-Lincoln.

	Costs
DHHS Costs for CCFL Services	\$2,585,502
CCFL Contribution	\$805,805
CFS Staff Costs While in Training	\$4,435,694
Total Training Costs	\$7,827,001

As of March 2013, NFC took sole responsibility for training staff. NFC training curriculum is reviewed and approved by DHHS. Currently NFC provides ongoing case management in the Eastern Service Area. The cost of training staff for the initial period of hire for the 2012 calendar year was \$1,162,678 for an average cost of \$950 per staff. NFC reports ongoing training for their staff at a cost of \$115,705 which is an average of \$1251 per staff.

This concludes the Department's 2012 annual report on child welfare/juvenile services caseload levels. The Department appreciates the opportunity to share this information each year and welcomes continued review by the Legislature and the public.