

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:

1. 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;
2. 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;
3. 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

Department of Health & Human Services



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:

1. Child returns from out of home care and resides with a parents
2. Child resides in a pre-adoptive placement with a signed adoptive placement agreement
3. 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, re-aligning 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.

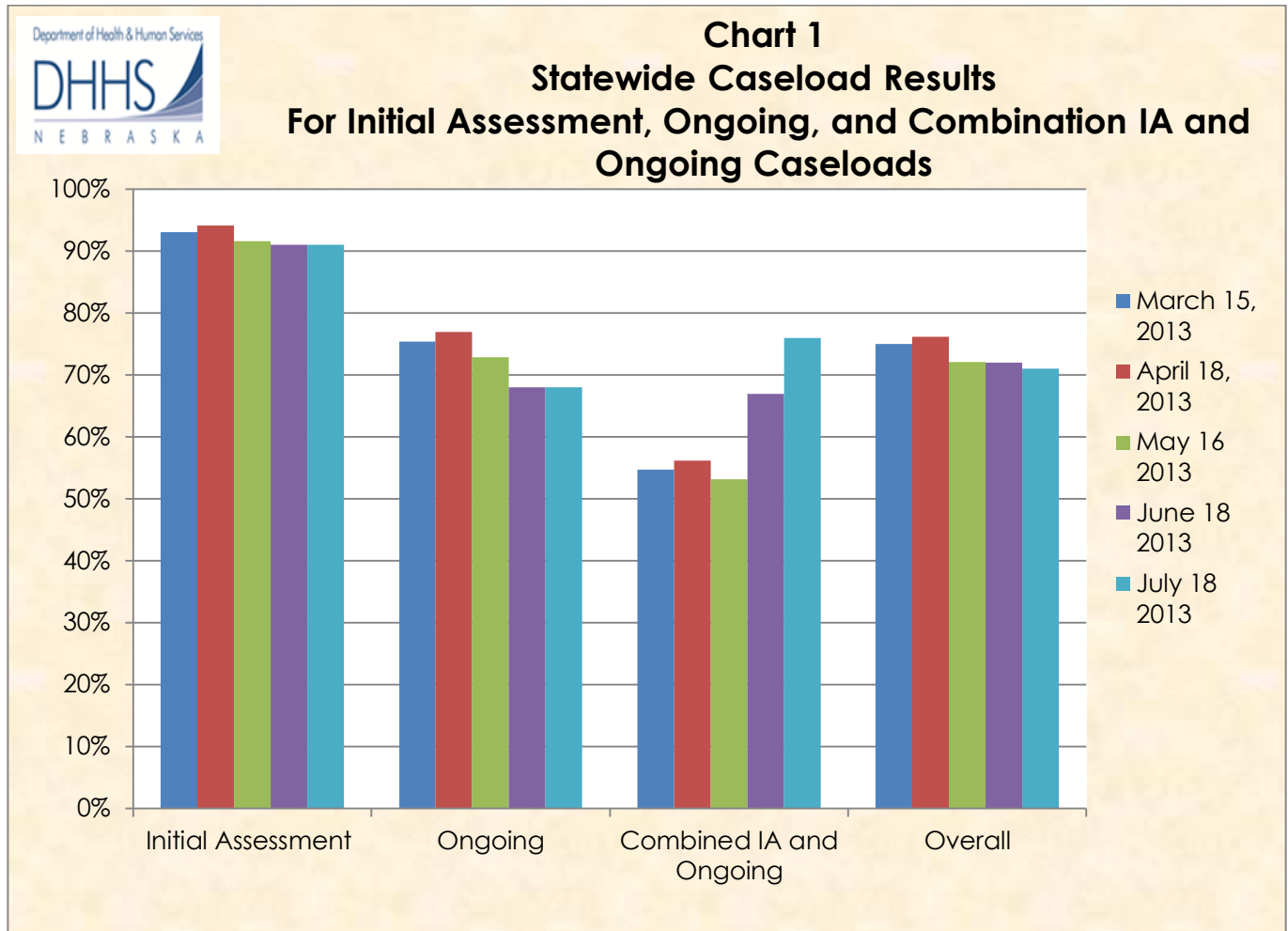
1. Delays in transferring a youth from initial assessment to ongoing at NFC – which occurs in certain circumstances, and
2. Case being transferred from initial assessment status to ongoing status but remaining with the initial assessment worker.

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

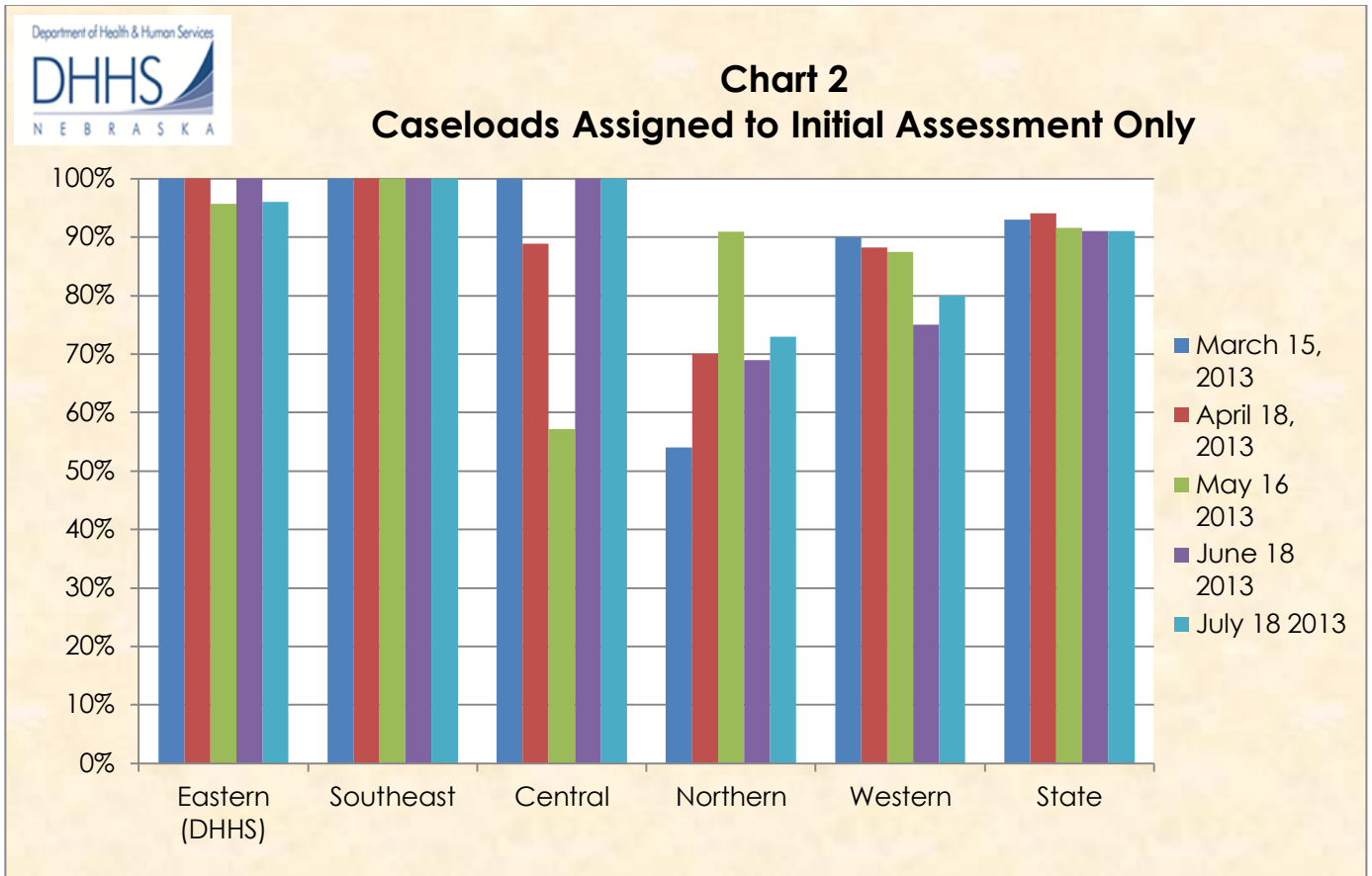
assessment and ongoing work even for a short period. While these duplicate roles may only last for a day or two, they impacted the integrity of the data and had to be addressed.

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.



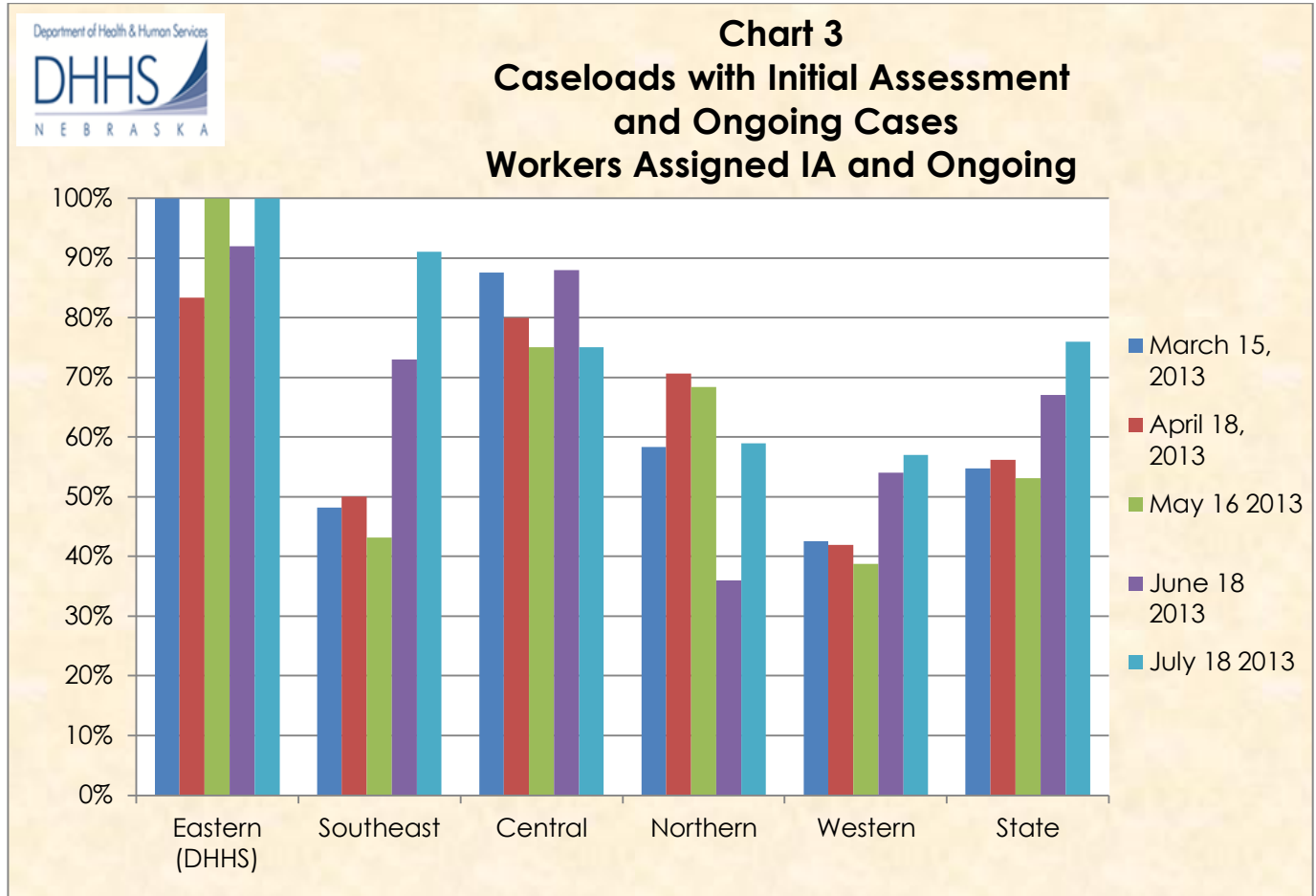
Required caseload per worker out of home youth standard <=16
 Required caseload per worker in home families standard <=17
 Required caseload per worker initial assessment Standard <=12

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.



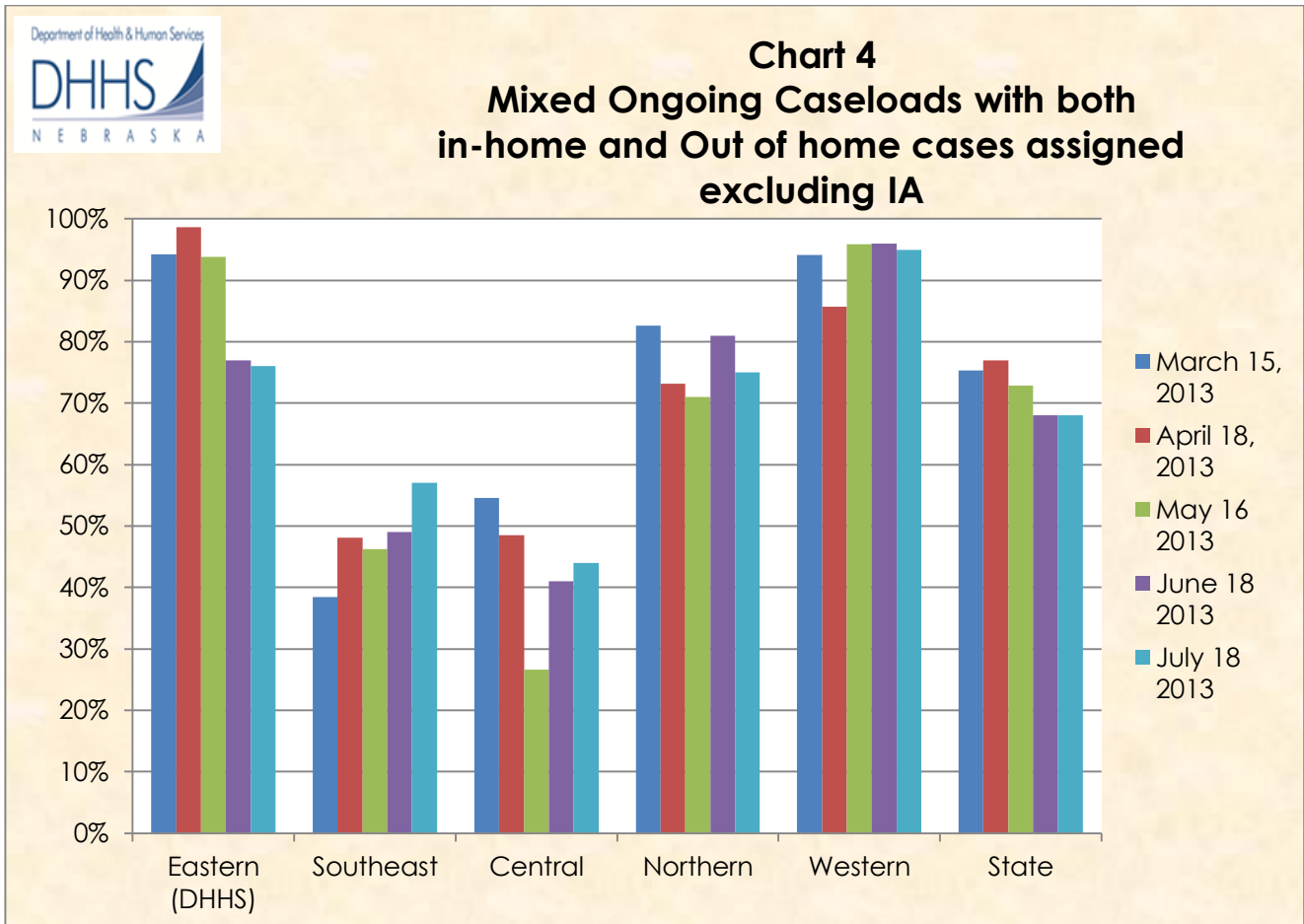
Required Caseload size <= 12 cases per worker for Initial Assessment Cases, cases are defined as a family.

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 on-going 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.

Table 2. Number of DHHS , CFSS and CFSS-Trainee positions as of 12/31/12 with average annual salary and average annual benefits.				
	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				
**Authorized unfilled positions				

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 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%

Table 5. Length of Service as of 9/3/2013.							
Job Title		CSA	ESA	NSA	SESA	WSA	ALL SERVICE AREAS
CHILD/FAMILY SERVICES SPECIALIST	Length of Service						
	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 SPECIALIST TRAINEE	Length of Service						
	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
<p>Years, months, and days given for minimum and maximum lengths of service are rounded to nearest whole number.</p> <p>**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.</p>							

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

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.