

September 13, 2018

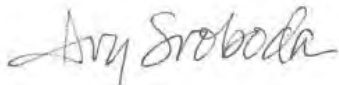
Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509



Dear Mr. O'Donnell:

Pursuant to Neb. Rev. Stat. 43-4407, enclosed please find the annual report prepared by the Nebraska Alliance of Child Advocacy Centers, comprised of the information provided by each of the seven Child Advocacy Centers.

Sincerely-



Ivy Svoboda
Executive Director
Nebraska Alliance of Child Advocacy Centers

September 2018



Child Welfare Non-Court Involved Cases



"Enhancing Nebraska's Response to Child Abuse."

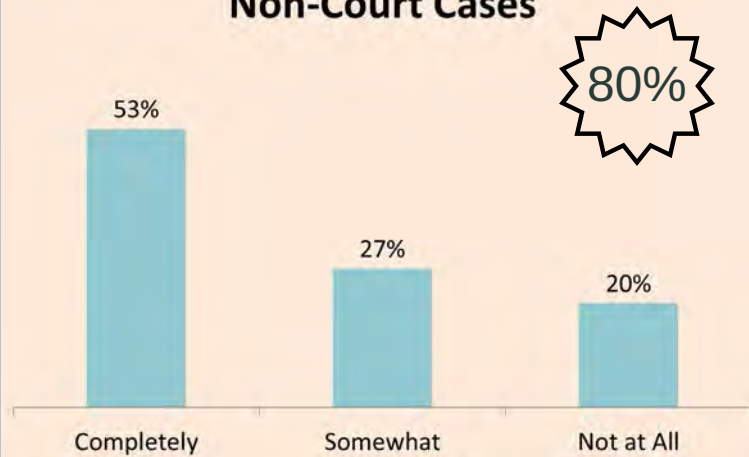
www.nebraskacacs.com

Case Results

Non-Court Involved Cases

July 2017 - June 2018

Overall Success Rate of Closed Non-Court Cases



80% of closed cases were either "completely successful" or "somewhat successful."

1239 New Cases

928 new cases in 2016-2017
1010 new cases in 2015-2016
1175 new cases in 2014-2015
1120 new cases in 2013-2014

Multi-Disciplinary Teams expressed concerns for children's safety in cases involving parental drug use. Teams highlighted the following areas for improvement:

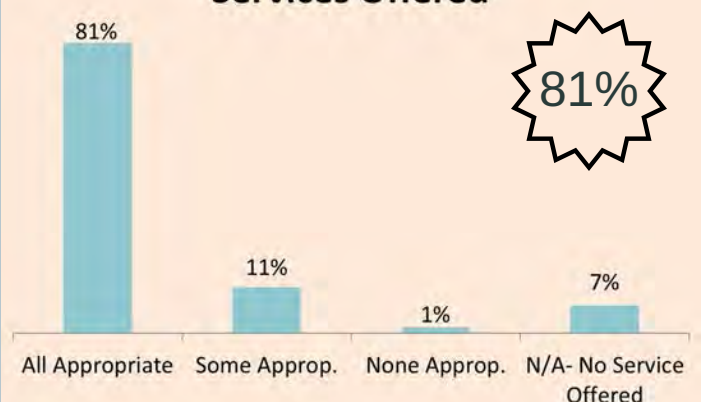
- * The process of monitoring parents for sobriety and children for exposure.
- * Steps to address voluntary cases where parents do not complete substance abuse evaluations or proceed with recommendations for treatment services.
- * Lack of available treatment services, particularly in rural areas.

Overall Parental Compliance



58% of non-court involved caretakers had "good" parental compliance.

Overall Appropriateness of Services Offered



81% of cases closed with an agreement that all services provided were appropriate.

Case Results

Non-Court Involved Cases

July 2017 - June 2018

Percent of New Cases with a Case Plan



Overall, 65% of cases had an active case plan that identified goals and services that families must achieve.

65%

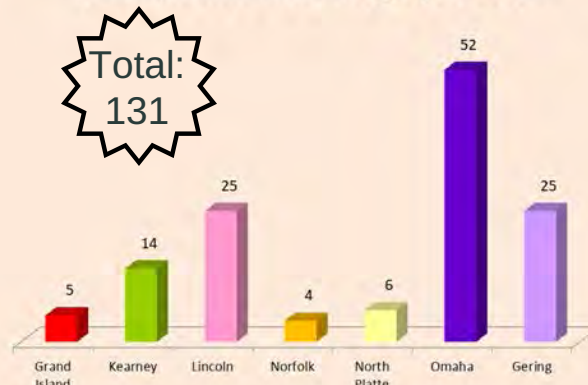
This is a 17% decrease from last year.

The expectation is for families to have a case plan within first 60 days.

Cases stayed open an average of 107.2 days or 3.6 months.

The expectation is for non-court cases to close within 90 days.

Total # of Court Filings per CAC



An affidavit may need to be filed for court involvement for families who need more intensive supervision. 131 cases or 11% resulted in a court filing. Conversely, 901 cases or 89% of non-court cases closed with NO court intervention.

Areas Needing Attention

- Monitoring of Services
- Case Plan/ N-FOCUS Documentation
- Case Review

With both an increase in the amount and severity of the non-court cases, the Child Advocacy Centers need additional resources to track/coordinate case review and to follow-up with the teams' recommendations to determine if the suggested services were effective.

Multi-Disciplinary Team members expressed the importance of direct support workers attending case reviews. Additionally, members reported a need for improved communication in the decision to open a case as non-court and regarding when to close a non-court case.

The lack of documentation of case plan updates in N-FOCUS and the inconsistency of all non-court cases appearing on monthly reports, particularly when families decline services, continues to be of concern to the team.



Definitions

Non-Court Involved Cases

Non-court cases include families who are offered ongoing services provided by DHHS (or a contracted agency like NFC), but do not have juvenile court involvement. These services are voluntary and may include family support, case management, and referrals to community agencies for mental health, substance abuse, or other resource assistance.

Case Closings

At closing, non-court cases are reviewed at team meetings coordinated by each CAC. These teams are comprised of county attorneys, initial assessment workers, ongoing caseworkers, and professionals from the community.

Case Plan

The case plan identifies goals and services families must achieve.

Court Filing

At times, it may be necessary to file an affidavit in court on a non-court involved family who needs more intensive supervision.

Criteria Examined At Case Closure

Overall Success of the Case

Completely: Family met all case plan goals

Somewhat: Family met some case plan goals

Not at all: Family did not meet any case plan goals or refused voluntary services

Parental Compliance

Good: Parents are consistently working toward completion of case plan

Fair: Parents are inconsistently working toward completion of case plan (e.g. they need

multiple reminders to complete tasks, make appointments, etc.)

Poor: Parents are not working towards completion of case plan and/or they refused voluntary services

Appropriateness of Services Offered to the Family

All appropriate: Caseworker referred family to all services that could help them

Some appropriate: Caseworker referred family to some services, but may have missed others (e.g. referred for substance abuse services but not domestic violence services in a family with clear domestic violence issues)

None appropriate: Caseworker did not refer family to any services that could help them

No services offered: Caseworker did not have a chance to refer to services (e.g. family refused voluntary services)

Success



What makes a team successful?

Five core areas make a successful Multi-Disciplinary Team:

- ✔ Mandates outlining the makeup of the team and team functions.
- ✔ Trust and communication within the team.
- ✔ Strong leadership guiding the team to maintain focus and unity.
- ✔ Building a shared identity and respecting diversity while working toward a common purpose.
- ✔ Continuous feedback and evaluation.

Successful Case Closure



In a case of physical abuse allegations, an adoptive mother reported that she wished to terminate the adoption of her child as the child's behavior was beyond her control. He was frequently seen at the emergency room for his mental health and there was a long wait list for services. Treatment options for this child were extremely limited due to his age, IQ and complex mental health diagnosis. The Multi-Disciplinary Team reviewed the case and made several recommendations to increase in-home services, respite care and the provision of 24/7 on-call support. Recommendations also included a change in the child's therapy and with the Developmental Disability Service Coordination. Thirty days later, the team reviewed the case progression and assisted in problem-solving barriers to successful implementation of recommendations. The team made further suggestions for the mother to sign releases of information between the school and medical professionals. Through the team collaboration, an admission date for a specialized clinic to address the child's mental health and behaviors was discovered. Though the case remains open, the child's mother has obtained parent education and much needed support to make progress in addressing the child's very complex mental health needs safely in the home.

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Contact Information



Participating CACs:

