

September 15, 2023


Brandon Metzler, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509



Dear Mr. Metzler:

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

2022-23 ANNUAL NON-COURT CHILD WELFARE REPORT

*Pursuant to Neb. Rev. Stat. § 43-4407
September 15, 2023*



Prepared on behalf of Nebraska's Seven Child Advocacy Centers by:



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Executive Summary

Pursuant to Neb. Rev. Stat. §43-4407, Nebraska's seven child advocacy centers (CACs) are charged with reporting annually to the Legislature by September 15 on voluntary or non-court child welfare cases managed by the Department of Health and Human Services (DHHS) in the counties they serve.

The report that follows is the eleventh annual report filed on non-court cases with the Legislature by the Nebraska Alliance of Child Advocacy Centers (Nebraska Alliance), on behalf of its members – Nebraska's seven CACs. A map of Nebraska's CAC service regions can be found on page three of this report.

The report contains information on Nebraska's non-court child welfare cases between July 1, 2022 and June 30, 2023 based on information and data provided to CACs by DHHS, as well as information gathered through multidisciplinary team reviews of non-court cases.

Recommendation: Update Laws on Non-Court Case Reporting

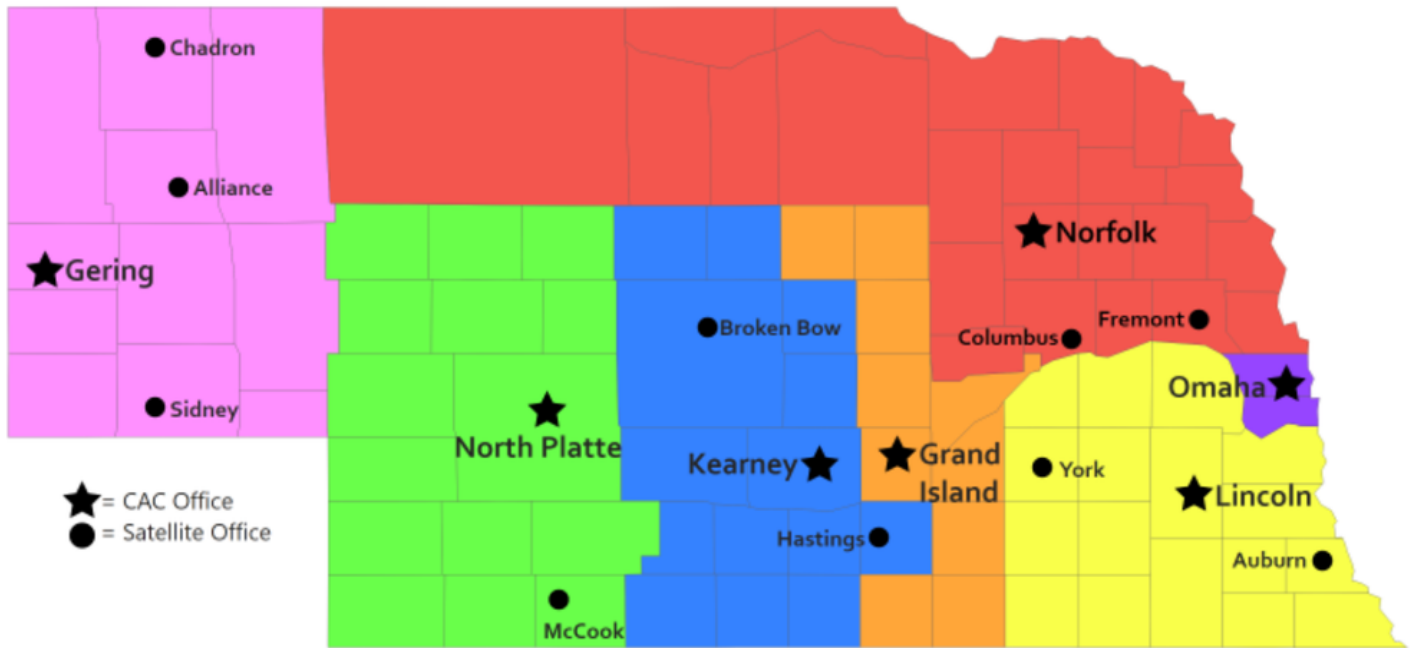
2023 marks 11 years since the Legislature initially provided a framework to DHHS and the CACs on reporting on non-court cases.

Although some parts of the process continue to work well, others need to be updated to ensure that this process continues to be a valuable use of time and resources.

The Nebraska Alliance recommends the Legislature:

- Continue to require DHHS provide monthly reports to CACs and local multidisciplinary teams (MDTs) on non-court cases in their area. These reports allow for collaboration across systems, especially between the county attorneys and DHHS.
- Modify CAC reporting requirements to the Legislature to better reflect the work child advocacy centers undertake regarding non-court case review.
 - For example: Replace reporting on case plan presence and family compliance with more objective criteria, such as current decisions on safety and risk levels of future maltreatment.

Nebraska's CAC Service Regions



Gering
(308) 632-7274



North Platte
(308) 534-4064



Kearney
(308) 865-7492



Grand Island
(308) 385-5238



Lincoln
(402) 476-3200



Omaha
(402) 595-1326



Norfolk
(402) 371-4880

What is a Non-Court Child Welfare Case?

Non-court or voluntary cases are cases where ongoing child welfare services and assessment are provided to families without the involvement of the juvenile court. According to DHHS policy, non-court cases are opened at the conclusion of an investigation or initial assessment of a report of child abuse or neglect when:

- The family scores as high or very high risk and/or a safety threat has been identified;
- The family voluntarily agrees to work with DHHS or its contractor; and,
- The local county attorney has not filed a petition in juvenile court.

Per policy, non-court cases close when:

- Children are safe and the family's risk has been reduced to low or moderate;
- Children are safe, the family no longer wants services, and DHHS does not believe court intervention is necessary; or
- When a family cannot be located, despite reasonable efforts.

DHHS policy on non-court cases is laid out in the Department of Health and Human Services Standard Work Instruction titled "Ongoing Case Management" under Chapter 5.7. However, on May 12, 2021, this policy was repealed from the DHHS website and is not available as of the completion of this report.

What is a Child Advocacy Center?

Child advocacy centers (CACs) provide a cadre of services to assist with high quality, trauma-informed investigations of child abuse and neglect. Services provided include forensic interviews, medical evaluations, advocacy and mental health. Nebraska's CACs are all nationally accredited through the National Children's Alliance.

CACs are also mandated by Nebraska law to assist county attorneys in the coordination of local multidisciplinary teams (MDTs) focusing on investigation and treatment of child abuse. MDTs are convened by local county attorneys and made up of different professionals, service providers, and local experts working on child welfare. Per Neb. Rev. Stat. § 28-728, each of Nebraska's 93 counties is assigned to a local CAC for MDT coordination, as shown on page 3.

Role of CACs and Multidisciplinary Teams in Non-Court Cases

In 2012, the Legislature took action to require local MDTs focused on child abuse and neglect treatment to develop protocols for addressing non-court cases. Protocols are to address teams, staff cases, coordinate and monitor safety plans and treatment offered to children and families.

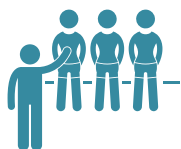
Teams across the state vary in the approach they have taken to protocols on non-court cases. Some areas have dedicated non-court teams. Some MDTs review every non-court case, and others are more selective due to the high volume of non-court cases in their area.

The law also requires DHHS to provide CACs with monthly reports on non-court cases in their jurisdiction. This information is used by CACs to help set agendas for team staffing. CACs are required to report to the Legislature.

Key Players in the Non-Court Case



The **Family's** voice is key to success. Non-court is voluntary and families can decline services. A family engaging in non-court services can mitigate a safety threat or reduce the risk of future child maltreatment.



The **Child and Family Services Specialist** is the family's case manager with DHHS. Their job is to engage the family and connect them with wraparound services to address any safety threat and strengthen the family.



The **Child Advocacy Center Coordinator** is responsible for the overall functioning of the MDT. The coordinator tracks information on non-court cases, helps set review agendas, and facilitates the sharing of information and recommendations.



The **Service providers** and **Informal Supports** help meet the family's needs and provide services to reduce risk and address safety. They may be paid professionals or community members and those in the family's network. Often, professional service providers will participate in MDT meetings.



The **County Attorney** makes the final decision on whether or not charges will be filed to involve a family with juvenile court. Many factors impact this decision, including the evidence that a safety concern exists and the success of services provided so far. The County Attorney convenes local MDTs and uses information from the MDT to inform their decisions.

Incorporating Family Voice

Over the past decade, child welfare experts have increasingly understood that the success of our work in protecting children depends on how effective we are at engaging their families. Family engagement increases when effective relationships are built and the family is able to provide input and have their lived experience and expertise honored.

Nebraska's current law on non-court reporting requires DHHS and MDTs to report on the level of "family compliance" with agency plans. However, as best practices and system philosophy has shifted, DHHS and MDTs are trying to move away from this framework to one of partnership with families.

Family Voice In Practice

Sharing power is a deliberate approach to engagement with families seeking to combine the knowledge and training of the provider with the lived experience of the family receiving services.

Project Harmony began partnering with DHHS and other key stakeholders to plan for the incorporation of family voice at MDT meetings. This initiative is currently being implemented with non-court and several other teams.

Data Limitations

This report is compiled based on point in time reports given to the CACs by DHHS, which CACs then must re-enter into a separate data system.

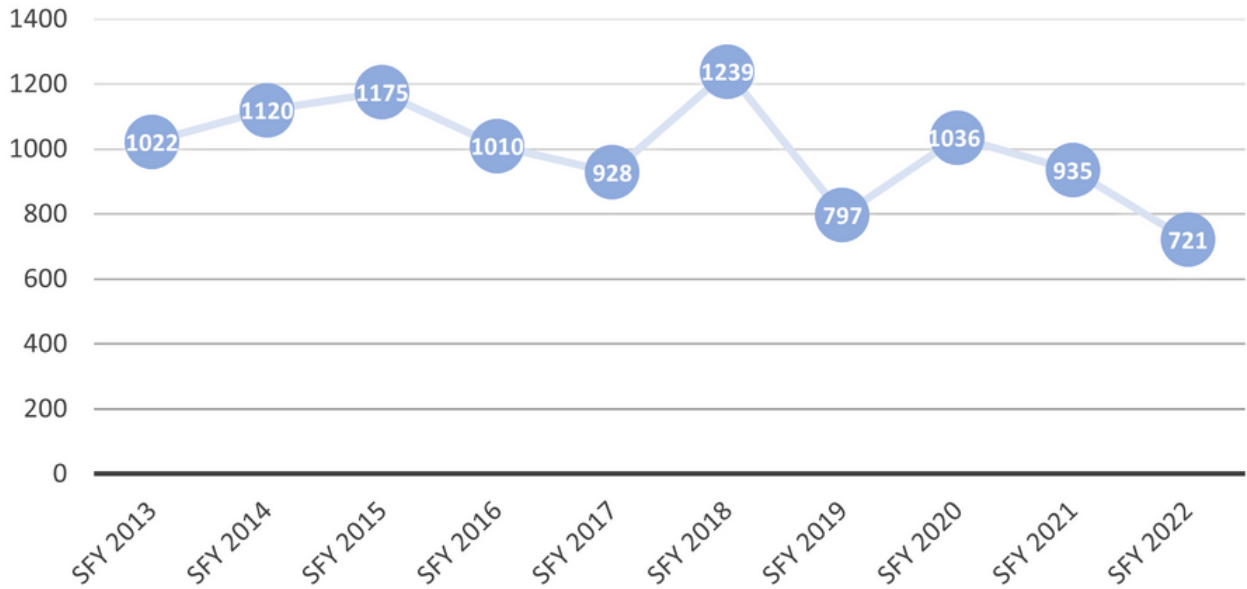
This reporting structure is time intensive and also results in data limitations:

- SFY 2021-2022 is omitted from this report due to alternative reporting submitted in memo format.
- CACs often receive incomplete reports – missing data prevents presenting a full statewide picture.
- CACs have established their own processes for tracking data, which are not universal across the state. This has led to inconsistencies in reporting, especially on case plans and family compliance.
- Reporting measures established do not tell a full story about practice on non-court cases. For example, reports on case plan presence do not answer whether DHHS complied with its 60 day requirement.

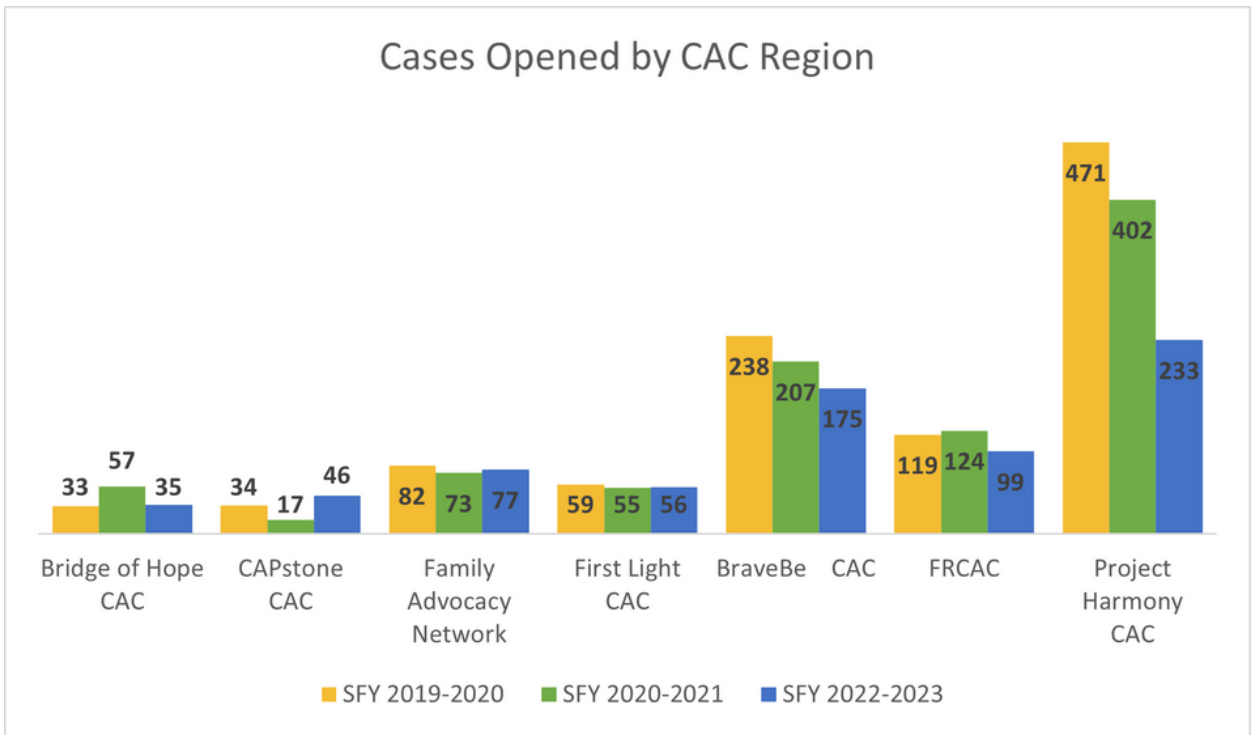
Opened Cases

721 non-court cases opened in Nebraska between July 1, 2022 and June 30, 2023, a 23% decrease from SFY 2020-2021.

Nebraska Non-Court Cases Opened by State Fiscal Year

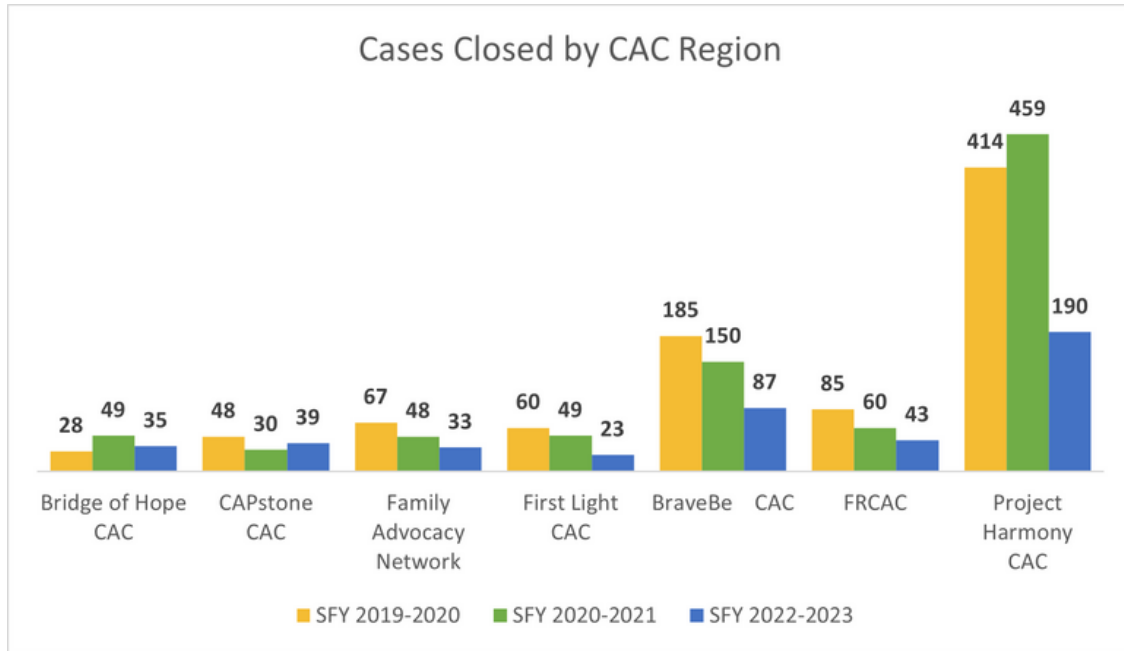


Cases Opened by CAC Region



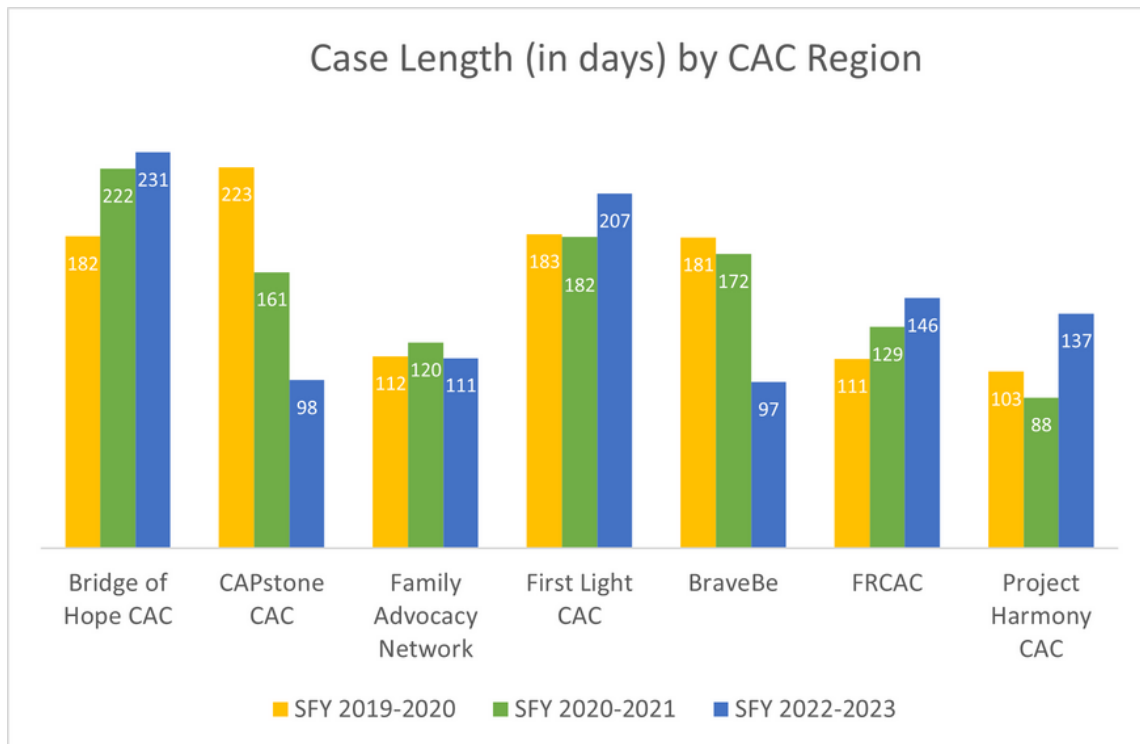
Cases Closed

450 non-court cases closed between July 1, 2022 and June 30, 2023, which is a 47% decrease in number of cases closed from SFY 2020-2021.



Average Length of Closed Cases

The average time a non-court case was open was 147 days. There was a large degree of regional variation in average length that the cases were open.

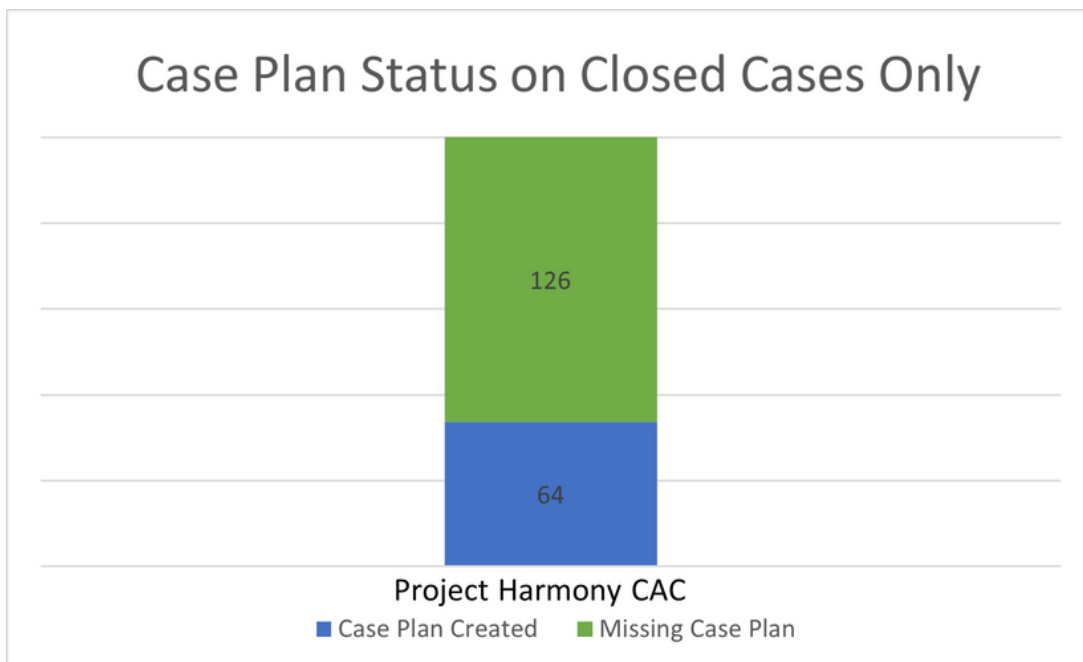
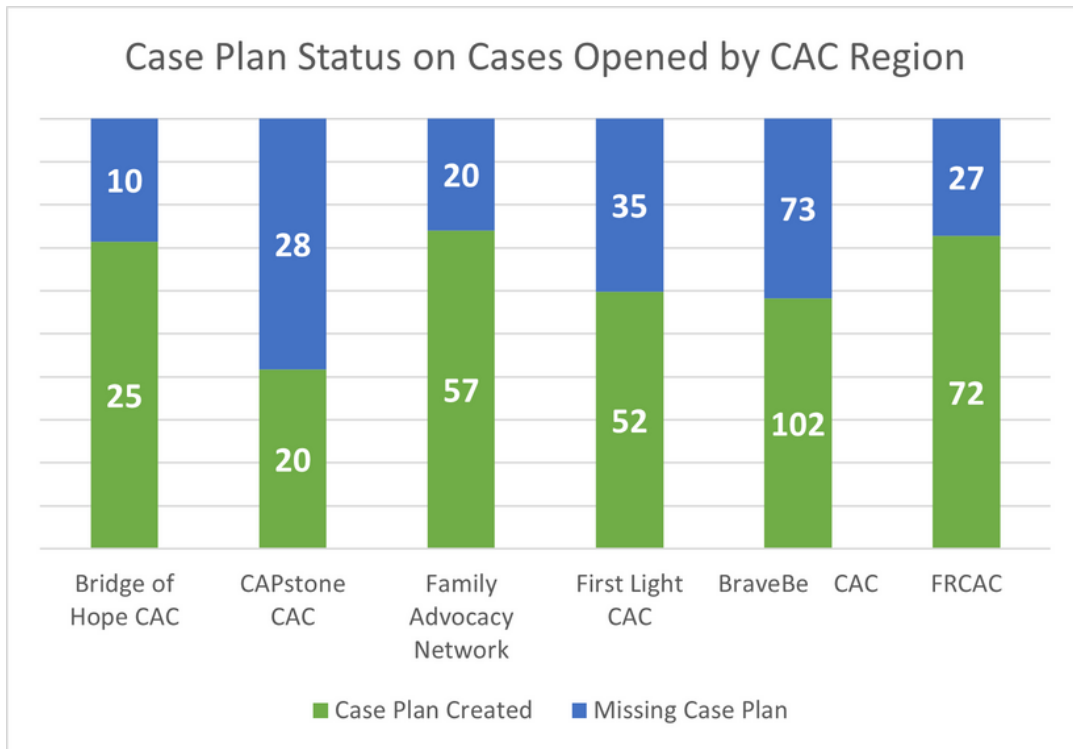


Case Plans

Neb. Rev. Stat §68-1207 and DHHS policy requires every non-court case to have a case plan created no later than 60 days after the case opens and updated every 6 months.

Of the regions tracking case plans while cases are open in SFY2022-23, 63% had a case plan in place. That's a 19% decrease from SFY 2020-2021.

Project Harmony (Eastern Service Area) tracks case plans at the closure of the case. 34% of cases closed in Project Harmony's service region had a case plan in place. This is a 58% decrease from SFY 2020-2021.

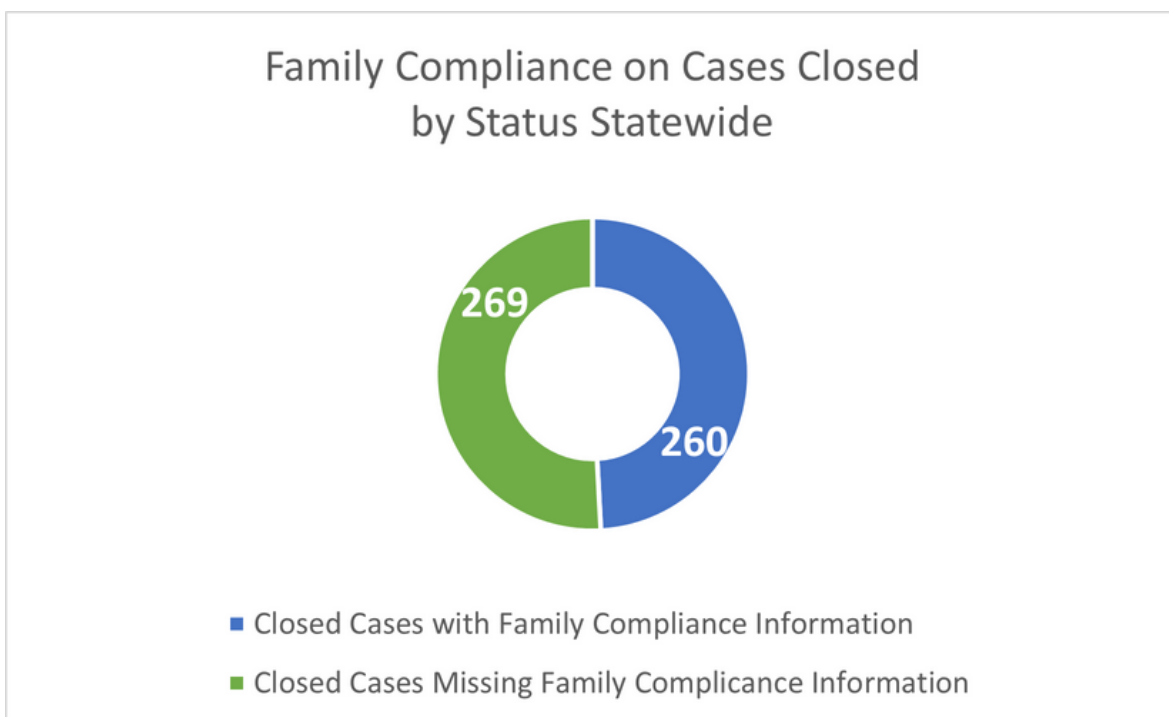
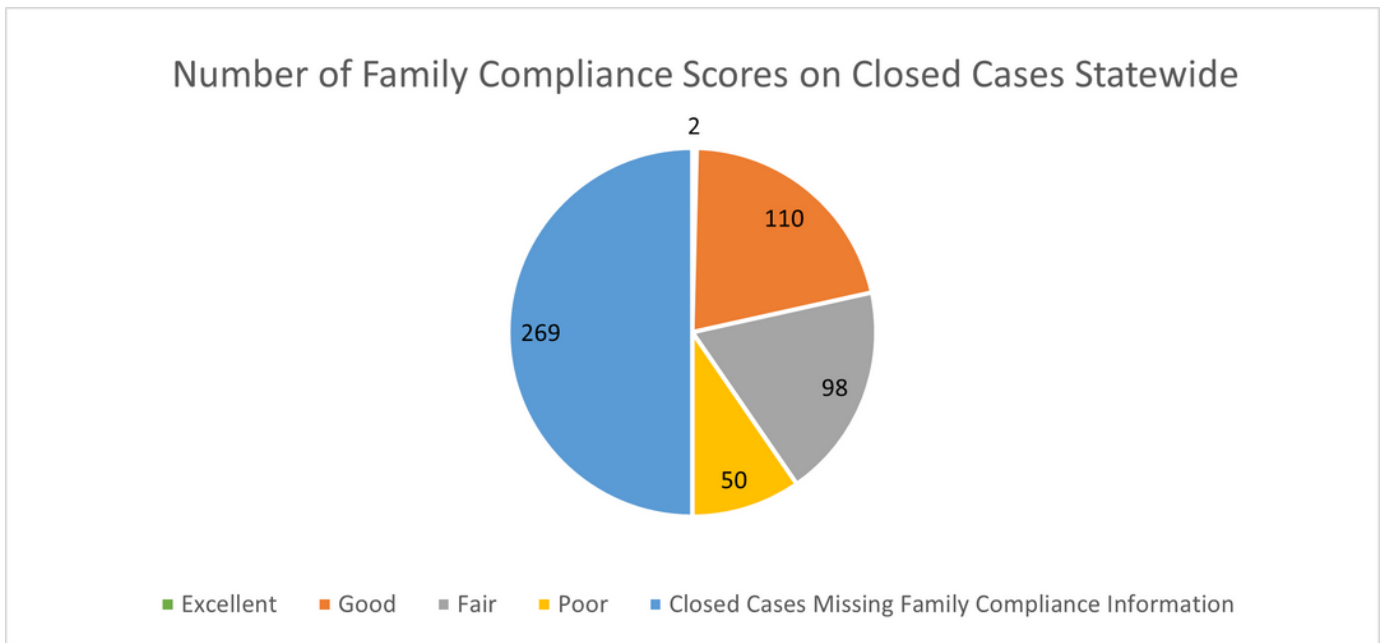


Family Compliance with Case Plans

Reports by DHHS are supposed to include the status of family compliance with case plans. Much of this information is missing from reports and local MDTs have also noted the data is subjective – they often disagree with DHHS's assessment.

Of the most populous areas in the state, BraveBe (Southeastern Service Area) had 3 missing family compliance scores while Project Harmony (Eastern Services Area) had 182 missing family compliance scores.

51% of cases closed this year were missing family compliance scores.





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