

September 14, 2012

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
PO Box 94604
Lincoln, Nebraska 68509

Dear Mr. O'Donnell,

Nebraska Revised Statutes 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.

On June 15, 2012, I submitted this report to fulfill these requirements for Calendar Year 2011. In order to satisfy the requirements of the newly passed LB 1160 (2012), I am electronically submitting this report again.

Please note that this report addresses a time in which significant changes to the child welfare and juvenile services system occurred. In January 2011, the Department transferred full case management responsibilities to KVC and Nebraska Families Collaborative, its two lead contractors in the Eastern and Southeast Service Areas. This transition impacted much of the data used to create this report. Additionally, this report was written prior to the close of the legislative session. It does not reflect any new legislation passed in 2012. I ask that you read the report within this context.

Please contact me with any questions, 402-471-1878.

Respectfully,



Thomas D. Pristow, MSW, ACSW
Director, Division of Children and Family Services



Division of Children & Family Services

2011 Caseload Report

June 15, 2012

Executive Summary:

This report includes caseload and staffing data for the Division of Children and Family Services (CFS) child welfare and juvenile services and the lead agencies with which the Department of Health and Human Services contracts for these services. This report does not reflect any of the legislative changes that occurred in 2012. The following are a few highlights from the 2011 Caseload Report:

- As of December 31, 2011, CFS was providing services to 6,168 state wards and 3,967 children who were not state wards, and their families. Of the 5,079 families served, 85.8% of were involved in the court system and 14.2% were not.
- In 2011, caseloads declined to 104% per state standards and 106% per national standards, due to a 6.2% decrease in children and a 38.1% increase in staff available to provide case management services.
- The Northern Service Area fell below standards at 90%. Caseloads in the Southeast Service Area were the highest at 115% per state standards and 114% per national standards.
- The average length of employment for CFS staff increased from 2010 to 2011. Turnover among Children and Family Services Specialists (CFSS) reached its second highest rate in the last eight years. Turnover among supervisors has reached its highest rate in the last eight years. Turnover among CFS staff is highest in the Eastern and Southeast Service Areas.
- Turnover among one lead contractor is higher than CFS staff; turnover for the other lead contractor is lower, depending on the position at hand. Turnover among Family Permanency Specialists (FPSs) ranges from 43.60% to 88.80% depending on the agency and turnover among Family Permanency Specialist Supervisors (FPSSs) ranges from 30.20% to 105.60% depending on the agency.
- The average length of employment for CFS staff has increased from 2010 to 2011.
- The average length of employment for contract staff ranges from 0.6 to 1.7 years depending on their position within the agency and the agency with which they are employed.
- In 2011, CFS discharged 4,175 children and youth from state care into some form of permanency with the majority (68.7%) being reunified with parents.

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 1992.¹

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.

Caseload Standards:

To evaluate child welfare and juvenile service caseloads, during calendar year 2011, DHHS used the standards recommended in the Workload Study Findings and Recommendations Summary Report mentioned above and the Child Welfare League of America (CWLA).² CWLA established the national standards in 1992, the same year in which the State-recommended caseload standards were established, and have since updated the standards in 2003. Table 1 displays both the Nebraska and CWLA standards.

Table 1. Nebraska and CWLA Standards

| Caseload Category | Nebraska Standards (1992) | CWLA Standards (1992) | CWLA Standards (2003) |
|---|---------------------------|-----------------------|--------------------------|
| Child Abuse & Neglect Intake Reports | 97 families ³ | 85 families | 85 families ⁴ |
| Initial Safety Assessments | 10 families | 12 families | 12 families |
| In-Home Services | 14 families | 17 families | 17 families |
| Out-of-Home Placement With Reunification Plan | 15 families | 15 families | 12 families |
| Out-of-Home Placement Long Term or Independent Living | 18 children | 20 children | 12-15 children |

Case Management Services and Entities:

DHHS provides case management services to children, youth and families involved with the Division of Children and Family Services (CFS). As of December 31, 2011, CFS was providing

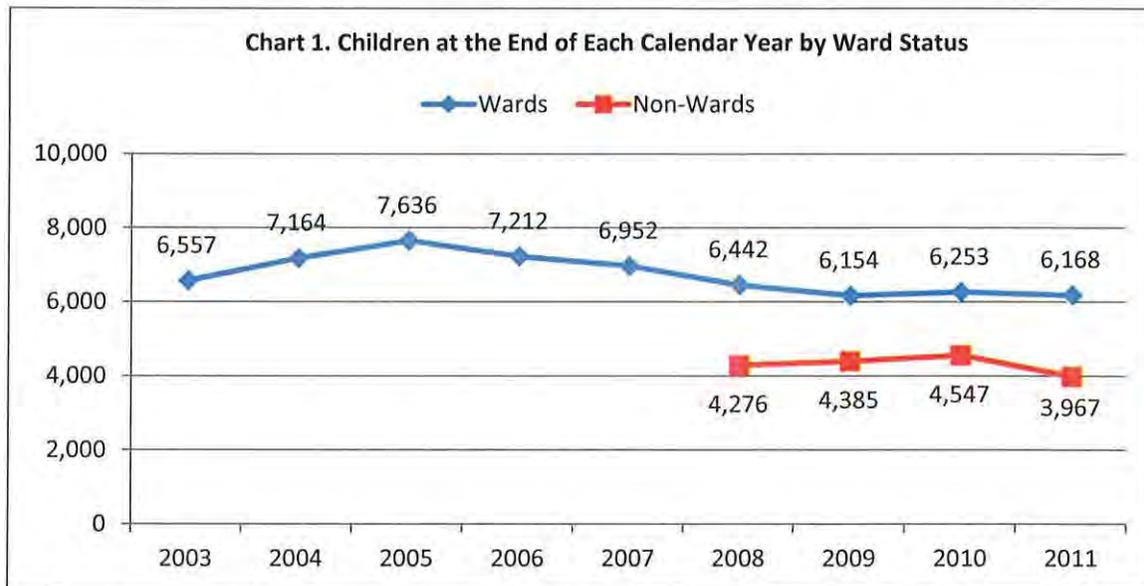
¹ Department of Social Services Joint Labor/Management Workload Study Committee. (1992). *Child Protective Services Findings and Recommendations of Department of Social Services Joint Labor/Management Workload Study Committee.*

² Child Welfare League of America. (2003). *Child Welfare League of America Standards of Excellence for Child Welfare Practice.* Washington, D.C.: Author.

³ The Department of Social Services Joint Labor/Management Workload Study Committee recommended a standard of child abuse and neglect intake reports ranging from 82 to 112, with a median of 97.

⁴ The CWLA has not established a standard for Child Abuse/Neglect Intake Reports. The guideline being used in this report comes from a 1986 ACTION for Child Protection report.

services to 6,168 state wards and 3,967 children who were not state wards, and their families. Of the 5,079 families served, 85.8% of were involved in the court system and 14.2% were not.



Note. DHHS began capturing data on non-wards when they implemented the new safety assessment process, the Nebraska Safety Intervention System, in 2007.

Source. CFS Case and Child Count Report and Permanency Objective Report.

In November 2009, the Department entered into 5 year contracts for service coordination and service delivery under the Families matter initiative, with the following five organizations: Boys and Girls of Nebraska, KVC Behavioral HealthCare (KVC), Inc., Visinet, Inc., CEDARS Youth Services and the Nebraska Families Collaborative (NFC) which is a partnership between Boys Town, Child Saving Institute, Heartland Family Service, Nebraska Family Support Network, and OMNI Behavioral Health. Full implementation of the contract occurred by April 2010. Under contract, Family Permanency Specialists (FPS) employed by the lead contractors assumed the day-to-day functions of service planning, acquisition, coordination, and delivery. CFS staff assessed cases, made key case planning decisions, analyzed and oversaw service delivery, and performed other case management duties.

On April 1, 2010 CEDARS Youth Services provided official notification to the Department of its decision to terminate their contract on June 30, 2010 as costs were higher than projected during contract development. On July 1, 2010, KVC assumed responsibility for the cases previously managed by CEDARS Youth Services.

On April 9, 2010 the Department terminated its contract with Visinet after Visinet notified DHHS of their intent to file a petition for bankruptcy proceedings. DHHS assumed responsibility for the cases from April 15 until June 30, 2010 in Southeast. July 1, 2010, KVC assumed responsibility for the cases in the Southeast Services Area previously managed by Visinet. On January 3, 2011, the remaining cases in Eastern were assumed by NFC and KVC.

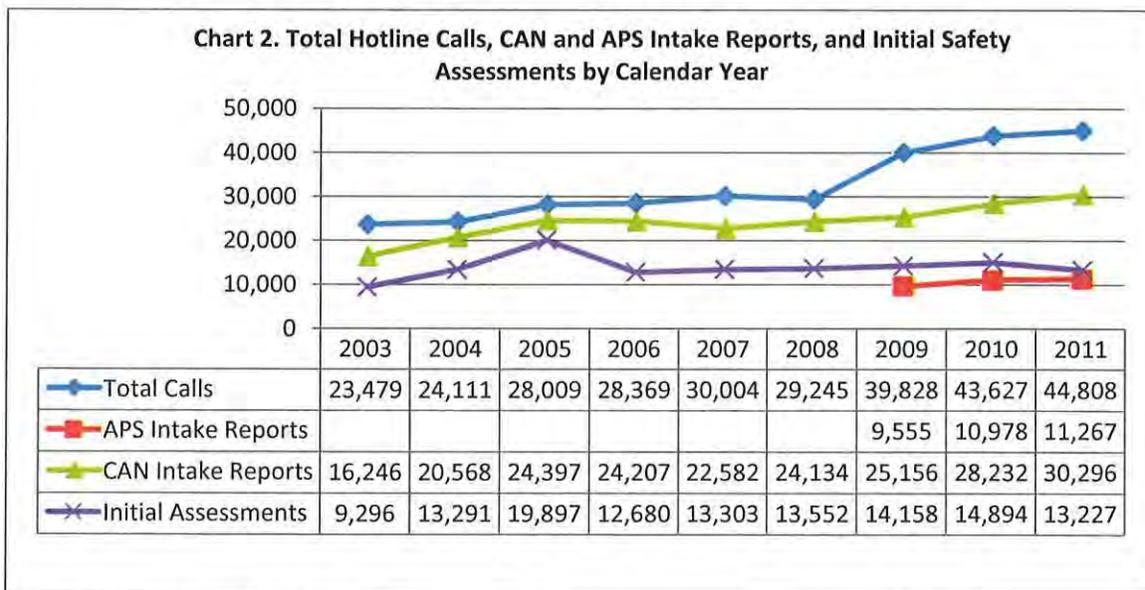
On September 30, 2010, DHHS and Boys and Girls Home announced a mutual agreement to end the contract effective October 15, 2010. DHHS assumed service coordination and contract for service delivery in the agency’s Western, Central and Northern Service Areas,

Data in this report is organized by agency and Service Area to determine caseloads at all levels. The work of the FPSs from the lead contractors and the CFSSs in the Central, Northern, and Western Service Areas are factored into these estimates.

Child/Adult Abuse/Neglect Hotline:

DHHS operates Nebraska’s Child Abuse/Neglect Hotline (Hotline). The Hotline receives calls alleging abuse and neglect (or intakes reports), informational inquiries, and other calls. Calls alleging abuse and neglect can be further categorized into child abuse and neglect (CAN) intakes and adult protective services (APS) intakes. CAN intakes can move on to be accepted for an initial safety assessment. APS intakes can move on to be investigated, although these investigations are not factored into this report. Once an APS intake is received and determined to need investigation, it is assigned to an APS worker. This report does not address the caseloads of APS workers, only the caseloads of child welfare and juvenile service workers.

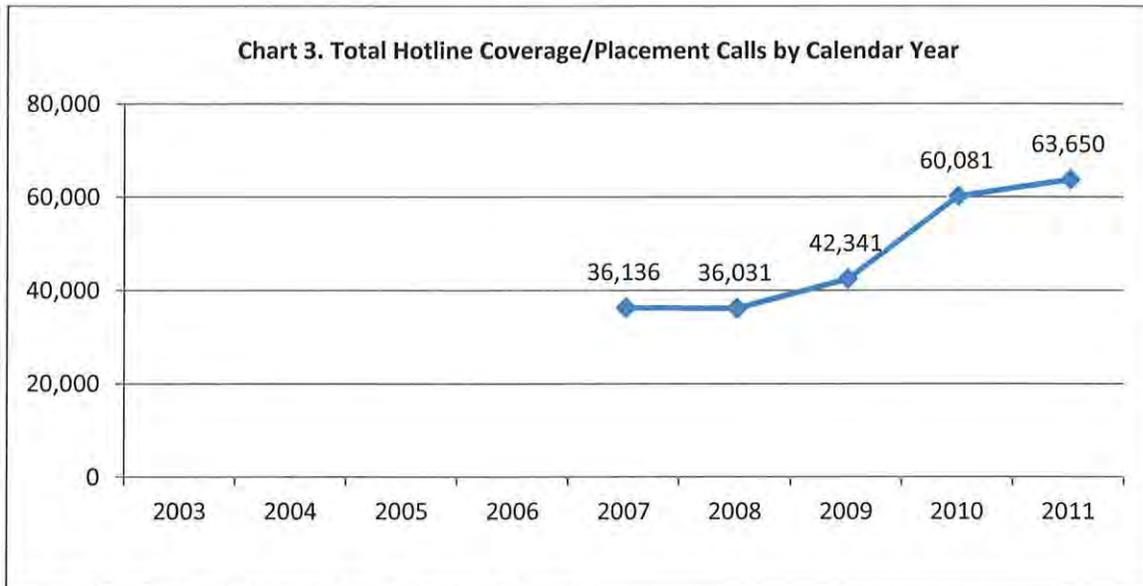
As in other years, hotline calls continued to increase in 2011. APS and CAN intake reports increased 2.6% and 7.3% respectively. Initial safety assessments, however, decreased by 11.2%.



Source. CFS Annual Report Safety – Intakes.

Please note that because these categories are subcategories of one another and show the progress of a call through an initial report to an initial safety assessment, the sum of the last three categories does not equal the first. Also, the Hotline receives other calls and informational inquiries not charted above (although they are factored into caseload estimates later in this report).

It should be noted that in addition to the Hotline calls charted above, Hotline staff in the Eastern Service Area handle a number of calls on placement and coverage issues (i.e., finding placements, securing transportation, looking up Medicaid numbers, processing background checks, etc.). In 2011, the Hotline handled 63,650 coverage and placement calls; a 5.9% increase from 60,081 in 2010. However, the length of time it took to handle and process these calls decreased, ultimately requiring fewer staff than last year (as indicated in Attachments A, B, and D).



Source. Automated Call Distribution ST – PS Group Status Report.

Juvenile Services Assessments:

In addition to initial safety assessments, CFS conducts the Youth Level of Service/Case Management Inventory (YLS/CMI) on youth receiving services as an Office of Juvenile Services (OJS) ward. The YLS/CMI is conducted at different stages of a youth’s commitment to determine the proper level of service they should receive. In 2011, CFS conducted 2,620 YLS/CMI assessments.⁵ This is a 34.5% decrease from 3,999 assessments in 2010.

Caseloads by Standard and Caseload Category for 2011:

Table 3 displays statewide caseload levels for trained CFS and contract staff in the workforce as of December 31, 2011 (column 4), in comparison to the caseload levels recommended in the 1992 Nebraska (column 5) and 2003 CWLA standards (column 6). Attachments A and B provide additional tables displaying caseload levels for CFS and contract staff by agency, Service Area, and State.

As indicated in the table, national and state caseload standards are specific to different categories of work (e.g., child abuse and neglect intake reports, initial safety assessment, etc.). There are currently no standards, however, for receiving general Hotline calls or processing other types of calls such as placement or coverage calls. CWLA does not offer a standard for

⁵ Source. Children and Family Services YLS Count Extract.

handling child abuse/neglect intake reports. The standard for this category was adopted from the 1986 ACTION for Protection report.

An example of a caseload standard specific to one category of work is that, according to CWLA standards, initial assessment workers should be assigned to work with no more than 12 families on average. To compare Nebraska's performance to this standard, DHHS must calculate the average number of cases per initial assessment worker. Because CFSSs perform duties in multiple categories, identifying the exact number of workers who currently perform duties within each category is not a straightforward process. DHHS cannot directly calculate the average number of cases per worker per category. DHHS estimated these figures for each category based on overall calculations across categories. The way in which these estimates were calculated is included in Attachment E.

Table 3. Caseloads per Standards as of December 31, 2011

| Caseload Category (Column 1) | Monthly Workload (2) | Current Staff Allocation (3) | Average Caseload (4) | 1992 Nebraska Standards (5) | Estimated FTEs Needed to Meet Ne. Standards (6) | 2003 CWLA Standards (7) | Estimated FTEs Needed to Meet CWLA Standards (8) |
|--|-------------------------|---------------------------------|-------------------------|--------------------------------|--|----------------------------|---|
| Non-Child Abuse/Neglect Calls | 270.42 | 0.35 | 772.67 | No standard* | 0.37 | No standard* | 0.37 |
| Coverage and Placement Calls (Eastern Service Area) | 3,612.17 | 29.40 | 122.88 | No standard* | 30.87 | No standard* | 30.87 |
| Child Abuse/Neglect Intake Reports | 1,422.42 | 14.94 | 95.19 | 97 families** | 14.66 | 85 families*** | 16.73 |
| Initial Safety Assessments | 1,102.25 | 96.30 | 11.45 | 10 families | 110.23 | 12 families | 91.85 |
| In-Home Services | 2,278.00 | 141.41 | 16.11 | 14 families | 162.71 | 17 families | 134.00 |
| Out-of-Home Placement With Reunification Plan | 2,155.00 | 150.92 | 14.01 | 15 families | 141.00 | 12 families | 176.25 |
| Out-of-Home Placement Long-term or Independent Living | 1,033.00 | 63.68 | 16.22 | 18 children | 57.39 | 12 to 15 children (13.5) | 76.52 |
| Total Workers Needed | | | | | 517.23 | | 526.59 |
| Total Workers Currently In the Workforce | | | | | 497.00 | | 497.00 |
| Total Workers in Training | | | | | 60.00 | | 60.00 |
| Total Vacancies | | | | | 119.50 | | 119.50 |

| Caseload Category (Column 1) | Monthly Workload (2) | Current Staff Allocation (3) | Average Caseload (4) | 1992 Nebraska Standards (5) | Estimated FTEs Needed to Meet Ne. Standards (6) | 2003 CWLA Standards (7) | Estimated FTEs Needed to Meet CWLA Standards (8) |
|---|-------------------------|---------------------------------|-------------------------|--------------------------------|--|----------------------------|---|
| Additional Workers Needed (excluding training and vacant positions) | | | | | 20.23 | | 29.59 |
| Additional Workers Needed (if all workers were trained and vacant positions filled) | | | | | -159.27 | | -149.91 |

* There are no standards for these categories. Guidelines from a 1986 ACTION for Protection report were used to calculate caseloads in these categories.

** The Department of Social Services Joint Labor/Management Workload Study Committee recommended a standard of child abuse and neglect intake reports ranging from 82 to 112, with a median of 97.

*** The CWLA has not established a standard for Child Abuse/Neglect Intake Reports. The guideline being used in this report comes from a 1986 ACTION for Child Protection report.

These calculations provide the average caseload within each caseload category, and allow for a direct comparison between the current worker allocation (column 3) within each caseload category and the number of workers that are needed to meet state and national standards within each caseload category (columns 6 and 8).

Table 4 displays the number of workers needed to meet caseload standards, the number of CFSS and FPS staff that was actually available, and the average caseloads for these staff as a percent of the Nebraska and CWLA standards. As displayed in Table 4, statewide caseloads were at 104% of the 1992 Nebraska standards and 106% of the CWLA standards as of December 31, 2011. Attachment B provides this information by agency and Service Area.

Table 4. Caseloads per Standards as of December 31, 2011*

| | |
|---------------------------|--------|
| Nebraska Standards | |
| Total Workers Needed | 517.23 |
| Total Workers Available | 497.00 |
| Total Workers in Training | 60.00 |
| Total Vacancies | 119.50 |
| Caseload as % of Standard | 104% |
| CWLA Standards | |
| Total Workers Needed | 526.59 |
| Total Workers Available | 497.00 |
| Total Workers in Training | 60.00 |
| Total Vacancies | 119.50 |
| Caseload as % of Standard | 106% |

*Excludes APS workers.

Table 5 provides the caseloads of staff by Service Area as a percent of the Nebraska and CWLA standards (also provided in Attachment B). The Northern Service Area fell below standards at 90%. The remaining areas were slightly above state and national standards (anywhere from 1% to 6% depending on the Service Area and standards applied). Caseloads in the Southeast Service Area are the highest at 115% per Nebraska standards and 114% CWLA standards.

Table 5. Caseloads per Standards by Service Area as of December 31, 2011

| Service Area | Nebraska Standards | CWLA Standards |
|------------------------|--------------------|----------------|
| Central Service Area | 103% | 104% |
| Eastern Service Area | 101% | 106% |
| Northern Service Area | 90% | 90% |
| Southeast Service Area | 115% | 114% |
| Western Service Area | 101% | 101% |

Table 6 provides the caseloads of staff in the Eastern and Southeast Service Areas by agency as a percent of the Nebraska and CWLA standards. In these areas, FPSs carry higher caseloads than CFSSs. While CFSSs operated within state and national standards in both areas, the FPSs were above both standards in both Service Areas.

It should be noted that CFSSs handle hotline calls, intake reports, and safety assessments while FPSs provide ongoing in-home and out-of-home services. The DHHS caseloads for the Eastern and Southeast Service Areas displayed in the table below are for initial assessment staff only and remain within state and national standards to ensure that child abuse and neglect intakes are thoroughly assessed. Caseloads for NFC and KVC in the Eastern and Southeast Service Area include ongoing services. Per contract, lead contractors are required to maintain a 1 worker to 16 family ratio.

Table 6. Eastern and Southeast Caseloads per Standards by Agency as of December 31, 2011

| Service Area and Agency | Nebraska Standards | CWLA Standards |
|-------------------------|--------------------|----------------|
| Eastern Service Area | 101% | 106% |
| DHHS | 83% | 77% |
| KVC-ESA | 116% | 131% |
| NFC | 115% | 130% |
| Southeast Service Area | 115% | 114% |
| DHHS | 92% | 80% |
| KVC-SESA | 124% | 127% |

Caseload Comparison for Previous Years:

In 2003, caseloads for CFSS staff were at 129% of the level recommended by state standards. The following year, LB 1089 provided funding for DHHS to hire an additional 120 child welfare and juvenile service CFSS staff. After the allocation of the additional positions, caseloads began to decline to 119% per the Nebraska standards in 2004, 114% in 2005, and 96% in 2006.

In 2007, caseloads increased to 122% per state and national standards. Approximately 12% (per CWLA standards) to 15% (per Nebraska standards) of this increase was due to the implementation of a new safety assessment process, the Nebraska Safety Intervention System (NSIS). NSIS enabled CFS workers to work with families without court involvement to assure safety in the family home. The system increased tracking of these cases. Prior to the

implementation of NSIS, non-court involved cases comprised a small number of cases and those cases, and were not included in caseload calculations.

Caseloads decreased slightly to 119% per state standards and 118% per national standards in 2008 and increased to 142% per state standards and 143% per national standards in 2009. This increase was due to the termination of case management service contracts with five Integrated Care Coordination Units (ICCU) operated by Behavior Health Regions that were serving families with more complex needs and that required more intensive services. The termination of these contracts resulted in a 14% decrease in available staff statewide in 2009. Prior to this, ICCU staff comprised 20% of the available workforce throughout the state.

In 2010, caseloads continued to increase to 154% per state standards and 155% per national standards. In 2011, caseloads declined to 104% per state standards and 106% per national standards. The reasons for this decline were twofold: there was a 6.2% decrease in children from 2010 to 2011, and a 38.1% increase in available staff due to contract staff assuming full case management responsibilities under the Families Matter initiative.

Table 7. Caseloads per Standards by Calendar Year

| Calendar Year | Nebraska Standards | CWLA Standards |
|---------------|--------------------|----------------|
| 2003 | 129% | --- |
| 2004 | 119% | --- |
| 2005 | 114% | --- |
| 2006 | 96% | 104% |
| 2007* | 122% | 122% |
| 2008* | 119% | 118% |
| 2009* | 142% | 143% |
| 2010* | 154% | 155% |
| 2011* | 104% | 106% |

--- Data to compare the Nebraska and CWLA standards from 2003-2006 is not available.

* Caseload calculations include non-court involved cases.

Table 8 displays a caseload comparison for the last four years by Service Area and calendar year. Caseloads in the Central, Eastern, and Western Service Areas decreased and caseloads in the Northern and Southeast Service Areas increased from 2007 to 2008. From 2008 to 2009, caseloads in all Service Areas except for the Northern Service Area increased. From 2009 to 2010, caseloads increased in the Central, Eastern, and Southeast Service Areas and decreased in the Northern and Western Service Areas.

In 2011, caseloads decreased in all five Service Areas. The Southeast Service Area experienced the largest decrease (84% decrease per state standards and 81% decrease per national standards), followed by the Eastern Service Area (50% decrease per both standards). The decline was large in the other Service Areas as well, ranging from 22% to 42% depending on the Service Area and standard applied.

Table 8. Caseloads per Standards by Service Area and Calendar Year

| Service Area | 2007 | | 2008 | | 2009 | | 2010 | | 2011 | |
|--------------|--------------------|----------------|--------------------|----------------|--------------------|----------------|--------------------|----------------|--------------------|----------------|
| | Nebraska Standards | CWLA Standards |
| Central | 115% | 115% | 106% | 107% | 129% | 131% | 138% | 140% | 103% | 104% |
| Eastern | 134% | 137% | 116% | 118% | 134% | 139% | 151% | 156% | 101% | 106% |
| Northern | 108% | 106% | 126% | 121% | 122% | 119% | 115% | 112% | 90% | 90% |
| Southeast | 115% | 116% | 126% | 124% | 168% | 167% | 199% | 195% | 115% | 114% |
| Western | 122% | 121% | 117% | 115% | 152% | 146% | 143% | 140% | 101% | 101% |
| State | 122% | 122% | 119% | 118% | 142% | 143% | 138% | 140% | 103% | 104% |

Attachment D provides more detailed information on the changes in caseload levels from 2010 to 2011 within each Service Area. It also displays changes in the number of hotline calls, intake reports, available staff, and children served, to provide a more meaningful context.

Staff Resources:

As of December 31, 2011, there were 497 CFSSs and FPSs available to carry out intake, assessment, and case management functions. During this time, there were 60 workers in training. Once these workers complete training and are available to carry out case management functions, staff numbers would increase to 557 available staff and caseloads would fall well within state and national standards (assuming other staff and workload variables remain constant). Additionally, there were 119.50 vacancies as of December 31, 2011. The bulk of these vacancies are in CFS (110.50), nearly two thirds (62.4%) in the Eastern Service Area.

Staff Costs

DHHS Staff Costs:

Table 9 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 9 displays only the amount of fiscal resources that DHHS would need to maintain its own staff as of December 31, 2011.

Table 9. DHHS Staff Costs as of December 31, 2011

| Authorized Positions | Average Salary per Staff | Average Benefits per Staff | Indirect Cost per Staff* | Total Cost per Staff | Total Costs |
|---|--------------------------|----------------------------|--------------------------|----------------------|--------------|
| 280 (DHHS Available Staff) | \$35,069 | \$10,287 | \$14,471 | \$53,581 | \$15,002,680 |
| 23 (DHHS Trainees) | \$28,823 | \$12,516 | \$17,606 | \$65,191 | \$1,499,393 |
| 110.50 (DHHS Vacancies) | \$33,307 | \$11,887 | \$16,722 | \$61,916 | \$6,841,718 |
| 413.50 (Total Staff, Trainees, and Vacancies) | | | | | \$23,343,791 |

* Per staff indirect costs based on approved federal indirect rate of 37% of salaries and benefits.

**Vacancies if FTEs are fully funded.

Costs per staff obtained from the Department of Health and Human Services, Operations, Financial Services.

DHHS and Contract Staff Costs:

Table 10 displays the amount of fiscal resources needed to maintain a sufficient amount of staff throughout the state for DHHS and lead contractors combined to meet caseload standards. Please note that this table includes the number of staff needed throughout the state, regardless of employer. However, because the salary and benefit amount offered by the lead contractors varies, DHHS used DHHS salary and benefits amounts to calculate these costs for all CFS and contract staff.

Table 10. DHHS and Contract Staff Costs per Standards as of December 31, 2011

| Authorized Positions | Total Staff Needed | Average Salary per Staff | Average Benefits per Staff | Indirect Cost per Staff* | Total Cost per Staff | Total Costs |
|----------------------|--------------------|--------------------------|----------------------------|--------------------------|----------------------|--------------|
| Nebraska Standards | 517.23 | \$35,069 | \$10,287 | \$14,471 | \$53,581 | \$27,713,701 |
| CWLA Standards | 526.59 | \$35,069 | \$10,287 | \$14,471 | \$53,581 | \$28,215,219 |

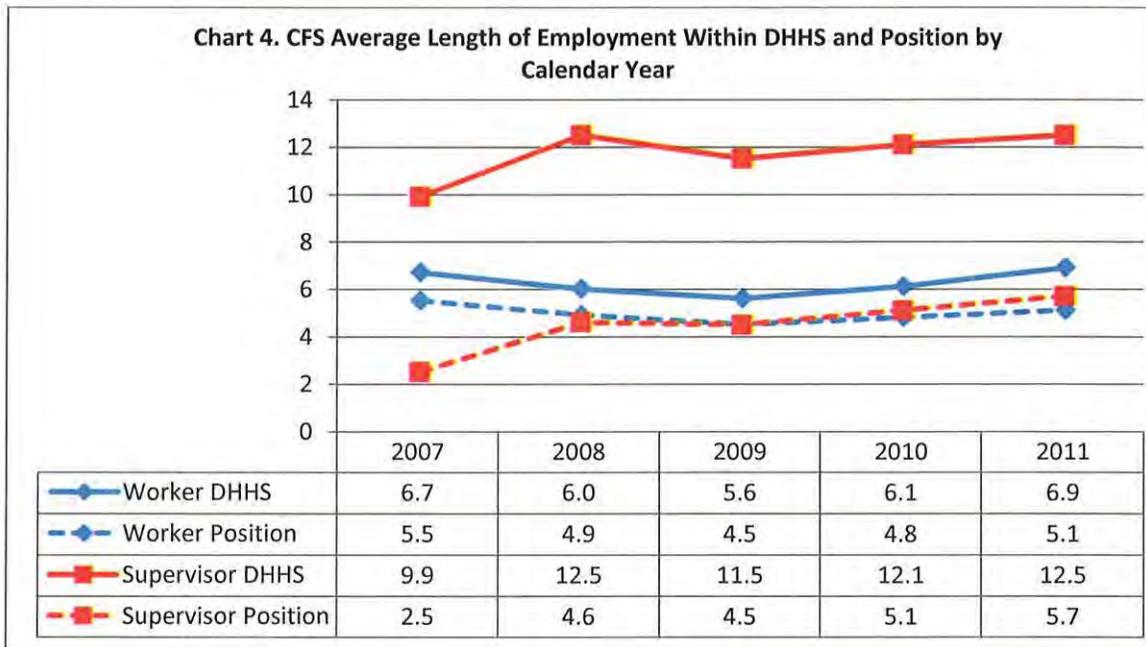
* Per staff indirect costs based on approved federal indirect rate of 37% of DHHS salaries and benefits.

Costs per staff obtained from the Department of Health and Human Services, Operations, Financial Services.

Length of Employment:

DHHS Length of Employment:

To examine employment trends, DHHS maintains length of employment data by date of employment within the Department and by date of employment in the worker's current position. Chart 4 displays the average length of employment in years by position (i.e., worker or supervisor).



Source. Department of Health and Human Services, Operations, Human Resources and Development CFS Staff Report.

The average length of employment for CFS staff has increased across the board between calendar year 2010 and 2011. Workers' average length of employment within DHHS increased from 6.1 years in 2010 to 6.9 years in 2011. Workers' average length of employment within their position increased to a lesser extent, from 4.8 years in 2010 to 5.1 years in 2011. Supervisors' average length of employment within DHHS increased from 12.1 in 2010 to 12.5 in 2011. Supervisors' average length of employment within their position increased from 5.1 years in 2010 to 5.7 years in 2011.

Lead Contractor Length of Employment:

During calendar year 2011, lead contractors monitored length of employment data and reported this data using the same calculations and format as DHHS for this report. At the end of 2011, the average length of employment for FPSs within the agency ranged from 0.8 to 1.4 years and the average length of employment for FPSs within their position ranged from 0.8 to 1.1 years. The average length of employment for Family Permanency Specialist Supervisors (FPSSs) within the agency ranged from 1.5 to 1.7 years. The average length of employment for FPSSs within their position ranged from 0.6 to 1.3 years.

Table 11. Lead Contractors' Average Length of Employment for Calendar Year 2011

| Position | KVC-ESA | KVC-SESA | NFC |
|--|---------|----------|-----|
| Family Permanency Specialists | | | |
| Within the Agency | 1.4 | 1.0 | .8 |
| Within the Position | 1.1 | 0.9 | .8 |
| Family Permanency Specialist Supervisors | | | |
| Within the Agency | 1.7 | 1.5 | 1.6 |
| Within the Position | 0.6 | 1.3 | 1.0 |

Source. KVC and Nebraska Families Collaborative.

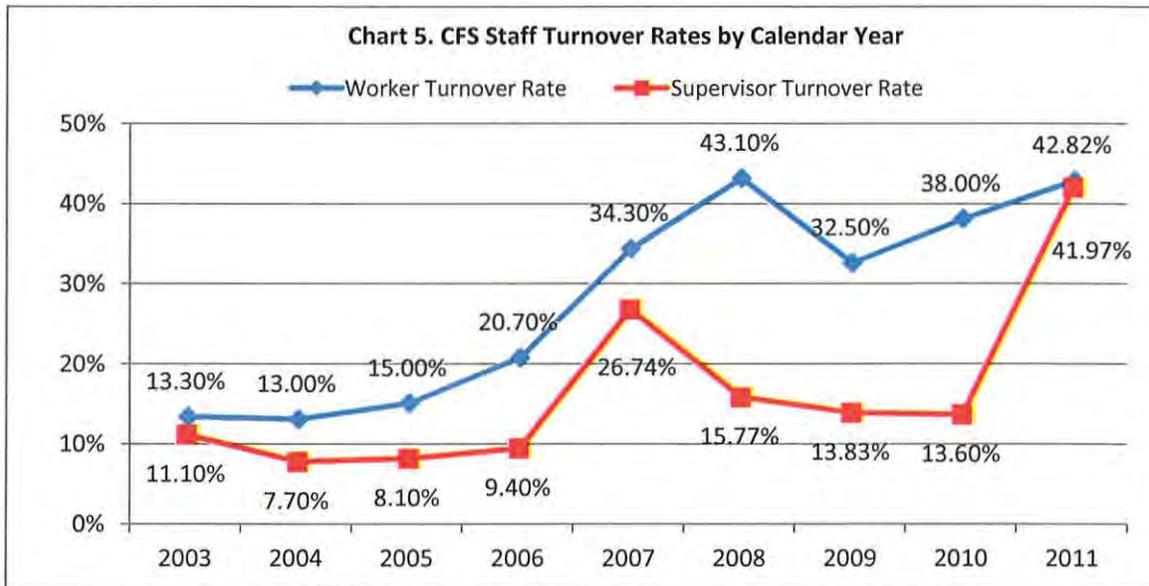
Turnover

CFS Turnover:

CFS monitors turnover rates among staff. To calculate turnover rates, CFS divides the number of employees who leave a position by the average number of employees who have held that position throughout the year. Excluded from this calculation are “internal transfers,” or staff who transfer to another position within the same Service Area. Trainees who successfully complete training and are promoted to a CFSS position are omitted as well.

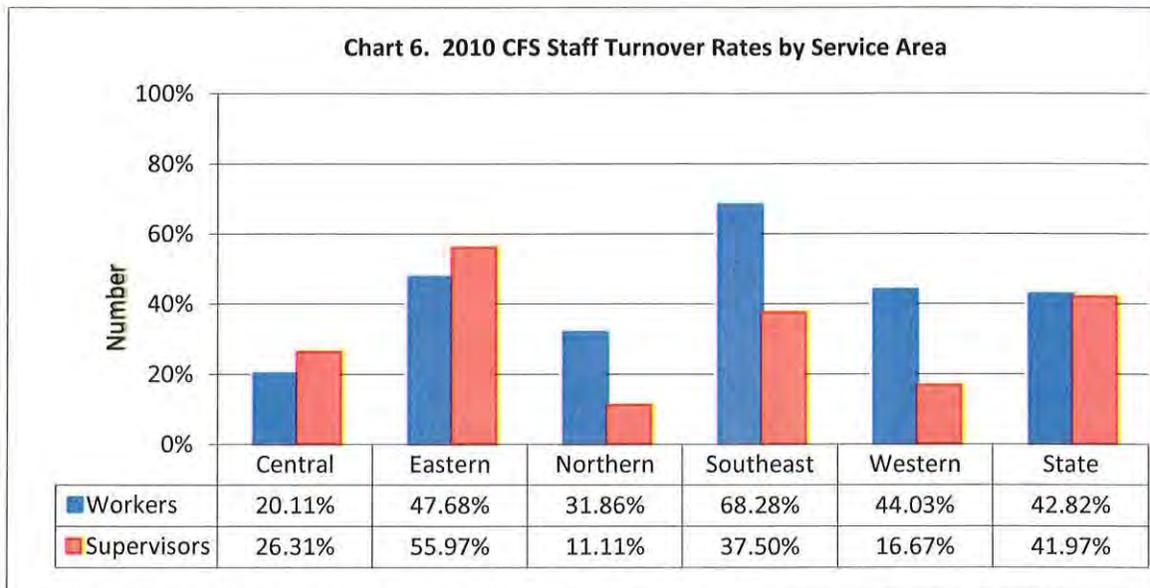
CFS staff turnover increased between 2010 and 2011. Turnover has increased in the last eight years, reaching its second highest peak (42.82%) in 2011, with the highest being in 2008 (43.10%). For the first time, turnover among supervisors has nearly equaled worker turnover at 41.97%. This is the highest turnover among supervisors in the last eight years.

It should be noted that some DHHS staff became employed by lead contractors at the time case management duties were transferred so they could continue to provide direct services to children and families. Likewise, staff returned to DHHS in some situations, particularly those coming from an agency with which contracts ended in 2010.



Source. Department of Health and Human Services, Operations, Human Resources and Development CFS Staff Report.

Staff turnover was highest in the two services areas in which Families Matter contracts were still in effect. The Southeast Service Area experienced 68.28% worker turnover and the Eastern Service Area experienced 47.68% worker turnover in 2011. Typically, these two Service Areas have experienced higher worker turnover rates than other areas in prior years as well. Turnover among supervisors was highest in the Eastern Service Area (55.97%), with the Southeast Service Area following at 37.50%.



Source. Department of Health and Human Services, Operations, Human Resources and Development CFS Staff Report.

Lead Contractor Turnover:

Lead contractors monitor turnover among staff using the same calculations as CFS. Turnover among one lead contractor is higher than CFS staff; turnover among the other lead contractor is lower, depending on the position at hand. Turnover among FPSs ranges from 43.60% to 88.80% depending on the agency and turnover among FPSSs ranges from 30.20% to 105.60% depending on the agency.

Table 12. Lead Contractors' Turnover Rates by Agency for Calendar Year 2011

| Position | KVC-ESA | KVC-SESA | NFC |
|--|---------|----------|--------|
| Family Permanency Specialists | 78.00% | 88.80% | 43.60% |
| Family Permanency Specialist Supervisors | 105.60% | 83.88% | 30.20% |

Source. KVC and Nebraska Families Collaborative.

Training Resources:

Training for CFS and contract staff is provided through a variety of sources. DHHS contracts with the Center on Children, Families, and the Law (CCFL) at the University of Nebraska-Lincoln to provide new worker and in-service training to their staff. CFS staff receives additional training from DHHS Human Resources (HR) and external presenters.

Contract staff receive new worker training from CCFL as well, with in-service training provided by the lead contractors themselves or external presenters. Lead contractors provide ongoing training to their staff.

Center on Children, Families, and the Law

During 2011, CCFL delivered a total of 6,270.25 hours of new worker training and in-service training to CFS and contract staff. Training is designed to prepare CFS and contract staff to

provide child welfare and juvenile services in Nebraska and to support the ongoing refinement of skills and best practices needed to deliver these services.

Children and Family Services New Worker Training:

The Child Welfare and Juvenile Services Training Curriculum is provided to FPSs, CFSSs, and supervisors who are new to child welfare and juvenile services. This model of training consists of a combination of competency-based classroom lecture and discussions, labs, and on-the-job field training that are provided through core courses, specialized courses based on job assignment, and required in-service courses during the first year of employment.

The training model used in the classroom component addresses: general safety concepts; case management and supervision; safety assessments; case plans; service referrals; the placement of children and youth; case reviews; judicial determinations; data collection and reporting; adoption; and determination and re-determination of eligibility. Staff may also receive training on recognizing and intervening in child abuse and neglect and working with juvenile offenders, if relevant to their ultimate assignment.

The lab training component of the curriculum occurs individually or in small groups, and in a workplace environment or a community setting related to the workplace, in order to provide a realistic simulation of the subject matter. These lab experiences are facilitated by the CCFL Field Training Specialist.

On-the-job field training is a learning experience that takes place outside of the classroom. The on-the-job field training activities are always linked to classroom and lab training in order to maximize the learning environment. Field training allows trainees to apply the knowledge they acquire in the training classroom to on-the-job situations, through observation, simulation, shadowing, and supervised practice.

Three hundred eight (308) trainees were enrolled in the Children and Family Services New Worker Training program in 2011. Please note that staff participating in training cross over years, so some staff were hired in 2010 but continued training in 2011 and some staff hired in 2011 will continue training in 2012. Table 13 presents the total number of new worker trainees by agency and position.

Table 13. Children and Family Services New Worker Training Participants

| Position and Agency | Number |
|--|--------|
| Children and Family Services Specialists/Supervisors (CFS) | 115 |
| Family Permanency Specialists/Supervisors (KVC) | 119 |
| Family Permanency Specialists/Supervisors (NFC) | 74 |
| Total | 308 |

Source. Center on Children, Families, and the Law.

Over half (58.2%) of the training took place in classroom or lab settings, although a sizable amount (41.8%) took place in the field. Table 14 presents the total number of new worker training hours delivered in 2011.

Table 14. Children and Family Services New Worker Training Hours by Setting

| Setting | Hours |
|----------------------------|-------|
| Classroom and Lab Sessions | 3,527 |
| On-the-Job Field Training | 2,733 |
| Total | 6,060 |

Source. Center on Children, Families, and the Law.

In-Service Training:

CFSSs are required to participate in minimum of 24 hours of supervisor-approved training annually. The number of in-service training hours fluctuates annually and is based on the training needs identified by CFS administration. Input on their own perceived training needs is sought from individual staff, as well as management in the Service Areas. Table 15 displays the number of training hours delivered to staff by presenters in 2011.

Table 15. In-Service Training Hours by Training Delivery

| Training Delivery | Hours |
|---------------------|----------|
| CCFL Staff | 210.25 |
| DHHS Staff | 615.25 |
| External Presenters | 403.75 |
| Total | 1,229.25 |

Source. Center on Children, Families, and the Law.

CFS staff may also have obtained training through external entities, which sometimes is not reported to the central repository. For example, staff may participate in a two-hour webinar sponsored by a National Child Welfare Resource Center. These types of activities are considered training and many times go unreported.

Training Cost:

Table 16 displays DHHS' total cost of the training provided by CCFL and DHHS HR staff in State Fiscal Year (SFY) 2011. The information presented includes travel expenses, training site square footage, equipment, development time, materials, evaluation and assessment time, distance learning expenses, and presenters' salary. CCFL provides a 25% match required to access Federal Title IV-E funds for the training, as indicated in the table below.

Table 16. Financial Training Costs for SFY 2011

| | Costs |
|-----------------------------------|-------------|
| DHHS Costs for CCFL Services | \$2,290,549 |
| CCFL Contribution | \$844,339 |
| CFS Staff Costs While in Training | \$3,784,736 |
| Total Training Costs | \$6,919,624 |

Source. Department of Health and Human Services, Operations, Financial Services Foster Care Training Recap.

It should be noted that training for DHHS and lead contractors is funded by state funds as well as federal Title IV-E funds.

KVC and NFC

For calendar year 2011, CCFL, DHHS, and lead contractors together identified and developed training plans for CFS and contract staff. Lead contractors borrowed and adapted training curricula, materials, and resources that CCFL uses to train CFS staff to train their own staff. Each lead contractor added to this material information relevant to their own agencies and staff. In addition to the CCFL training content, lead contractors trained their staff on topics such as the NSIS, Structured Decision Making, roles and responsibilities, court and legal issues, placement documentation, and general case management practices.

New Worker Training:

Contract staff received 218 hours of initial training from their respective agencies.

Table 17. Initial Training Participants by Lead Contractor

| Lead Contractor | Number |
|--|--------|
| Family Permanency Specialists/Supervisors (KVC-ESA) | 32 |
| Family Permanency Specialists/Supervisors (KVC-SESA) | 89 |
| Family Permanency Specialists/Supervisors (NFC) | 97 |
| Total | 218 |

Source. KVC and Nebraska Families Collaborative.

The data posted below suggests that the bulk of training occurred in classroom and lab settings, although this is not certain. NFC did not report on-the-job field training hours because they were not tracking those hours in 2011. The agency has since begun tracking these hours and DHHS will begin reporting them in the 2012 annual caseload report.

Table 18. Initial Training Participants by Lead Contractor

| Setting | KVC-ESA Hours | KVC-SESA Hours | NFC Hours | Total Hours |
|----------------------------|---------------|----------------|-----------|-------------|
| Classroom and Lab Sessions | 3,136 | 8,722 | 5,944 | 17,802 |
| On-the-Job Field Training | 1,984 | 5,518 | N/A | 7,502 |
| Total | 5,120 | 14,240 | 5,944 | 25,304 |

Source. KVC and Nebraska Families Collaborative.

In-Service Training:

Contract staff received 155 hours of ongoing training from their employer.

Table 19. In-Service Training Participants by Lead Contractor

| Lead Contractor | Number |
|--|--------|
| Family Permanency Specialists/Supervisors (KVC-ESA) | 26 |
| Family Permanency Specialists/Supervisors (KVC-SESA) | 80 |
| Family Permanency Specialists/Supervisors (NFC) | 49 |
| Total | 155 |

Source. KVC and Nebraska Families Collaborative.

The majority (80.0%) of training was presented by contract staff and the remainder by external presenters.

Table 20. In-Service Training Hours by Training Delivery

| Setting | KVC-ESA Hours | KVC-SESA Hours | NFC Hours | Total Hours |
|---------------------|---------------|----------------|-----------|-------------|
| Contract Staff | 806 | 2,480 | 2,510.50 | 5,796.50 |
| External Presenters | 234 | 720 | 497.75 | 1,451.75 |
| Total | 1,040 | 3,200 | 3,008.25 | 7,248.25 |

Source. KVC and Nebraska Families Collaborative.

Training Cost:

Table 21 displays the lead contractors' total cost of training their staff. The information presented includes travel expenses, training site square footage, equipment, development time, materials, evaluation and assessment time, distance learning expenses, and presenters' salary.

Table 21. Financial Training Costs for SFY2011

| Lead Contractor | Cost |
|-----------------|-----------|
| KVC-ESA | \$117,949 |
| KVC-SESA | \$326,771 |
| NFC | \$207,424 |
| Total | \$652,144 |

Source. KVC and Nebraska Families Collaborative.

Department Outcomes:

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 serve more children in their own homes, to reduce the number of children and youth coming into state custody, and to provide for community safety. In 2011, CFS discharged 4,175 children and youth from state care into some form of permanency with the majority (68.7%) being reunified with parents.

Table 22. Youth Exiting State Legal Custody During Calendar Year 2011 by Outcome

| Setting | Reunification | Adoption | Guardianship | Independent Living | Other | Total |
|---------|---------------|----------|--------------|--------------------|-------|--------|
| CSA | 296 | 52 | 51 | 40 | 14 | 453 |
| | 65.3% | 11.5% | 11.3% | 8.8% | 3.1% | 100.0% |
| ESA | 1,244 | 183 | 74 | 147 | 87 | 1,735 |
| | 71.7% | 10.5% | 4.3% | 8.5% | 5.0% | 100.0% |
| DHHS | 245 | 32 | 21 | 37 | 25 | 360 |
| | 68.1% | 8.9% | 5.8% | 10.3% | 6.9% | 100.0% |
| KVC | 445 | 58 | 20 | 50 | 16 | 589 |
| | 75.6% | 9.8% | 3.4% | 8.5% | 2.7% | 100.0% |
| NFC | 554 | 93 | 33 | 60 | 46 | 486 |
| | 70.5% | 11.8% | 4.2% | 7.6% | 5.9% | 100.0% |
| NSA | 342 | 39 | 40 | 27 | 22 | 470 |
| | 72.8% | 8.3% | 8.5% | 5.7% | 4.7% | 100.0% |
| SESA | 591 | 160 | 42 | 133 | 21 | 947 |
| | 62.4% | 16.9% | 4.4% | 14.0% | 2.2% | 100.0% |
| WSA | 393 | 49 | 55 | 40 | 33 | 570 |
| | 68.9% | 8.6% | 9.6% | 7.0% | 5.8% | 100.0% |
| Total | 2,866 | 483 | 262 | 387 | 177 | 4,175 |
| | 68.6% | 11.6% | 6.3% | 9.3% | 4.2% | 100.0% |

* Other reasons are transfer to another agency, runaway and death.

Source. Child and Family Services – Annual Report for Permanency and Wellbeing.

This concludes the Department's 2011 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.