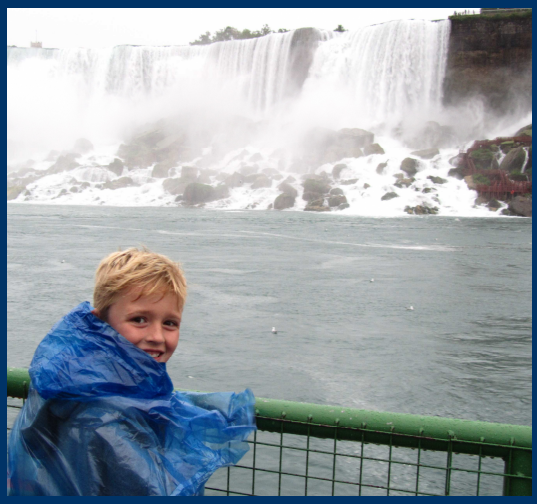
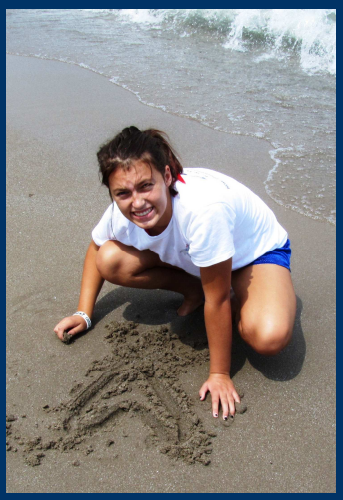
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS


CHILD WELFARE NON-COURT INVOLVED CASES: A REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEE

SEPTEMBER 2013

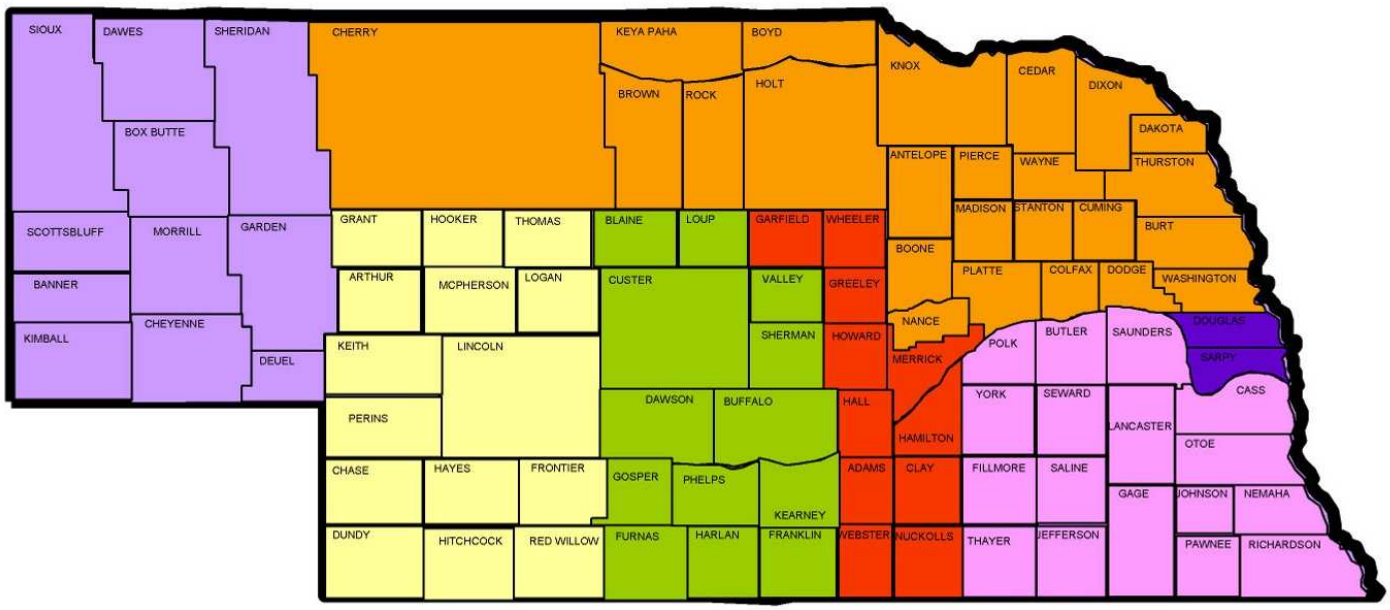
The Nebraska Alliance

The Nebraska Alliance of Child Advocacy Centers consists of seven (7) fully accredited Child Advocacy Centers (CACs) with the mission to enhance Nebraska's response to child abuse. Our State Chapter was awarded State Chapter Accreditation by National Children's Alliance (NCA) following an extensive application and site review process. Accreditation is the highest level of membership with NCA and denotes excellence in service provision. As an accredited State Chapter, the Nebraska Alliance has been recognized for providing CACs and multi-disciplinary teams with the resources they need to consistently offer unique and vital services to child victims of abuse and their families; and for serving as the voice for all CACs in Nebraska.

Capstone
Scottsbluff/Gering
Contact: Debi Fitts
director@capstonenebraska.com
308-632-7274

Northeast NE CAC
Norfolk
Contact: Mark Zimmerer
mazimmerer@frhs.org
402-644-7402

Project Harmony
Omaha
Contact: Gene Klein
gklein@projectharmony.com
402-595-1326



Bridge of Hope
North Platte
Contact: Anne Power
anne@bridge-of-hope-cac.org
308-534-4064

Central Nebraska CAC
Grand Island
Contact: Brady Kerkman
director@cn-cac.org
308-385-5238

Child Advocacy Center
Lincoln
Contact: Lynn Ayers
lynn@smvoices.org
402-476-3200

Family Advocacy Network
Kearney
Contact: Jamie Vetter
jdirwin@familyadvocacynetwork.org
308-865-7492

LB1160 Overview

LB1160 Reads:

"Each service area administrator and any lead agency or the pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or a lead agency or the pilot project when the child is identified as a voluntary or non-court-involved child welfare case. The monthly report shall include the plan implemented by the department, lead agency, or the pilot project for the child and family and the status of compliance by the family with the plan. The child advocacy center shall report to the Health and Human Services Committee of the Legislature on September 15, 2012, and every September 15 thereafter, or more frequently if requested by the committee."

Child Advocacy Center Role in LB1160

Child Advocacy Centers (CACs) have worked with the Department of Health and Human Services to obtain data on cases that are non-court involved. The CACs run reports from NFOCUS on a monthly basis and the Coordinators at each CAC take it to Multi-Disciplinary Team meetings for review following guidelines set forth by Nebraska Revised Statutes 28-728 to 28-729 .

Over the past year through collaboration with other CACs in the Nebraska Alliance, the CAC Coordinators have developed and refined a way to track the case information so they are consistent across the state as to what information is collected, shared, and obtained from the Teams at the time of review. The areas of focus are: case discussion/ review, current case plan establishment, and at the time of case closing— the overall parental compliance, appropriateness of services, and overall success of the case.

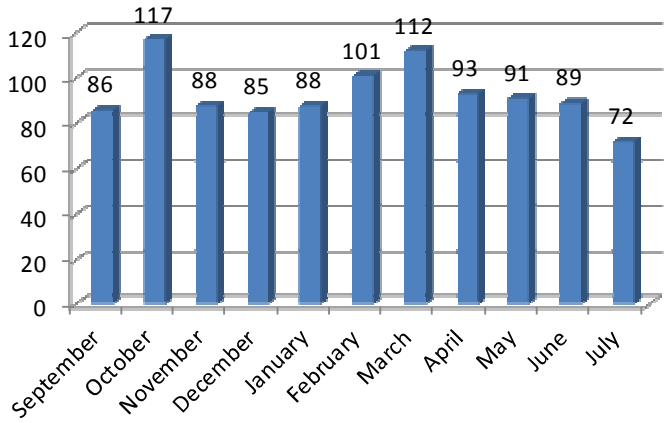
What is a Non-Court Case?

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. The vast majority of children involved in these cases remain in their homes. Others may stay with relatives or family friends until the safety threat which brought the family to DHHS attention is resolved.

New Non-Court Cases

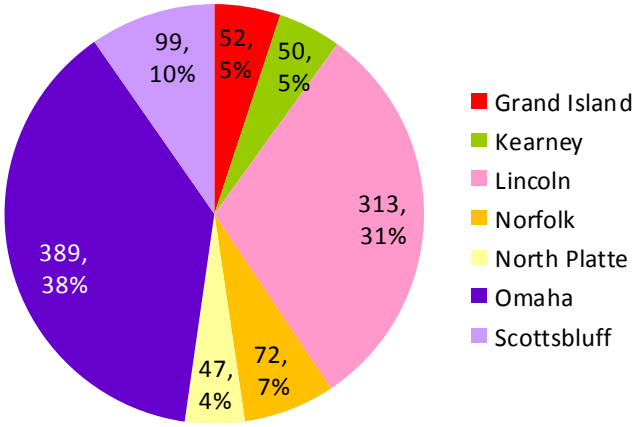
From September 1, 2012 to July 31, 2013, 1,022 new non-court cases opened throughout the state. Figure 1 is a representation of the number of cases that opened statewide each month during the reporting period. An average of 93 cases opened per month. Figure 2 shows the number of non-court cases that opened in each Child Advocacy Center (CAC) region during the reporting period. Almost 70% of new non-court cases opened in the areas served by Project Harmony and the Lincoln Child Advocacy Center.

FIGURE 1. Number of New Non-Court Cases



TOTAL: 1022 New Non-Court Cases

FIGURE 2. Percentage of the Total Number of New Cases Distributed to Each CAC



Estimated 2500 children served

FIGURE 3. Percent of New Cases with a Case Plan

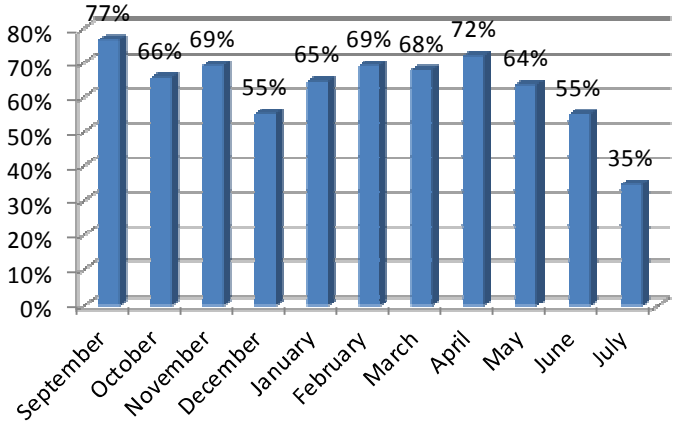


Figure 3 shows the percentage of non-court cases that had an active case plan. A case plan identifies the goals and services the families must achieve with the assistance of the case manager. On average, 64% of these cases had an active case plan.

Case Closings

During the reporting period, 678 non-court cases closed without court intervention. On average, cases stayed open 144 days (almost 5 months).

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, coordinators from the CAC and professionals from the community who have expertise in child and family issues. Each non-court case is evaluated on the following criteria: overall success of case, overall parental compliance, and overall appropriateness of services offered to the family. Table 1 provides definitions for each criterion.

TABLE 1. Definitions of Criteria Examined at Case Closure

Measure	Possible Outcomes
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 DV services in a family with clear DV 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).

Figure 4 shows that statewide, 83% of closed cases were either "completely successful" or "somewhat successful." Figure 5 shows that 49% of non-court involved caretakers had "good parental compliance." Finally, Figure 6 shows that 62% of cases closed with an agreement that all of the services provided to the family were appropriate.

FIGURE 4. Overall Success Rate of Closed Non-Court Cases

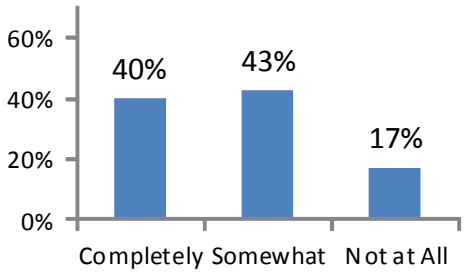


FIGURE 5. Overall Parental Compliance

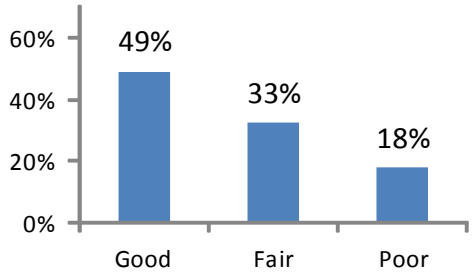
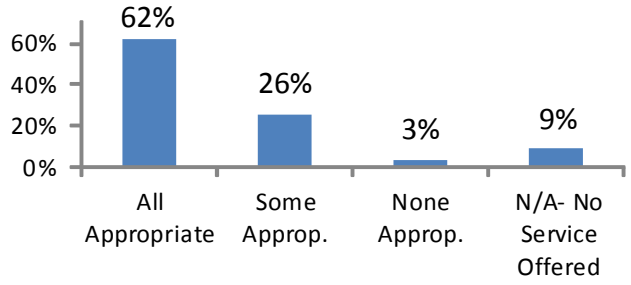


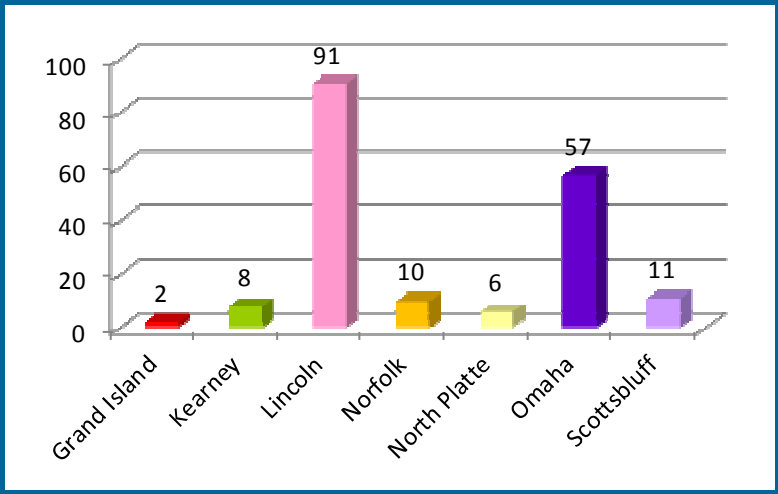
FIGURE 6. Overall Appropriateness of Services



Court Filings

At times, it may be necessary to file an affidavit in court on a non-court involved family who needs more intensive supervision. During the reporting period, there were 185 court filings (18% of the 1,022 new non-court cases). On average, 113 days (almost 4 months) passed between case opening and court filing. Figure 7 is a breakdown of the number of court filings by CAC.

FIGURE 7. Court Filings by CAC



Implications

Each CAC submitted an annual 1160 narrative which outlined successes, areas for improvement and systems' issues. The following is an analysis of common themes that emerged from each CAC's 1160 narrative.

AREAS FOR IMPROVEMENT

1. Data Collection and Documentation

Several CACs commented that the percentage of non-court involved cases with an active case plan did not equal 100%. One CAC wrote that most families probably have case plans, but they are not being documented in N-FOCUS. Without a case plan, it can be difficult for the multi-disciplinary teams to thoroughly evaluate each family's goals and potential service needs.

Another documentation issue revolved around safety plans, which are required for non-court involved children who are deemed "conditionally safe" during the initial assessment. Safety plans should include the specific safety threats that were identified, along with specific objectives that will be used in order to mitigate these threats. All of this information should be documented in N-FOCUS in a timely manner.

A "data delay" was noted in a few CAC 1160 narratives. Some CACs complained that some non-court cases are not showing up on an 1160 report from DHHS until they have been open for several months. By the time the CAC is aware of the case's existence, it may be time to close the case.

Implications Continued

2. Challenges of the Multi-Disciplinary Team Meetings

Coming to a consensus about how non-court involved cases should proceed is another difficulty encountered during team meetings. At times, it can be difficult for case coordinators to find common ground between those who want to pursue a court filing and those who want to maintain non-court services.

Several CACs commented that for some counties, it can be difficult to get the appropriate team members to come to meetings on a regular basis.

Areas Needing Improvement

- ***Data Collection and Documentation***
- ***Challenges of the Team Meetings***
- ***Lack of and Accessibility to Resources***

Many of the rural county teams served by the various CACs only meet once per quarter. These CACs noted that it can be difficult for the team to stay up-to-date on non-court involved cases. For example, a new non-court case may open immediately after the quarterly team meeting and close before the next one.

3. Lack of and Accessibility to Resources

CACs with multiple rural counties noted that it can be difficult to locate services for non-court involved families in these areas. These services include mental health and substance abuse treatment. In urban areas, there may be services available yet gaining access to them may be difficult due to volume.

Systems' Issue

New CFS Intakes During a Non-Court Case and/or After Case Closure

Some non-court involved families continue to be the subjects of CFS hotline calls, even when their cases are still open. However, these intakes may not rise to the level of a safety threat. The county attorney or DHHS may not have enough evidence for a court filing, but the concerns about these families remain.

Some CACs have also been tracking how many families receive new CFS intakes after their non-court cases have closed. One CAC noted that DHHS caseworkers are being pressured to keep their caseloads low, so they may be closing cases prematurely. This could result in families coming back into the CFS system after their non-court cases close.

Systems' Issue

- ***New Intakes to the Hotline of the Non-Court Cases***

Recently, DHHS contracted with the state's Public Behavioral Health Network (Regions) for them to provide services to families with mental health issues. The Family Empowerment Program is an avenue available to high risk families who may not need CFS involvement. After the initial assessment is finished, their CFS case is closed and the Region provides services. Because these families are high or very high-risk for future maltreatment, CAC coordinators should be informed of them and they should be reviewed at team meetings in accordance with LB 993. Some CACs have struggled to receive information about families who are being referred to this program. Furthermore, there is some confusion as to which cases are being referred to the Regions and which are becoming non-court involved. The criteria for each type of case sometimes overlap. CACs will continue to work with DHHS in order to clarify the criteria and receive information about the families who are referred to the Family Empowerment Program.

Successes

Community Agencies Serving on Teams

Having multidisciplinary team members who are mental health professionals has been very helpful for some CACs. Their expertise on mental health issues and possible community resources for families has been invaluable.

Preventing Out-of Home Care

Many CACs commented that having a multidisciplinary team to review non-court cases has helped reduce the number of children in out-of-home care. Through team meetings, county attorneys have become aware of families who may be at a higher risk for future maltreatment. Instead of pushing for an immediate court filing, many county attorneys are willing to continue monitoring the families to see if a non-court intervention will work. One CAC commented that in its area, no non-court case went court-involved in six months.

Successes

- *Community Agencies Serving on Teams*
- *Preventing Out-of Home Care*
- *Teamwork and Communication*

Teamwork and Communication

Most CACs praised the multidisciplinary teams that review non-court involved cases. Specifically, they have observed improved communication and cooperation between the various agencies who serve on these teams.

Caseworkers who work with non-court involved families are becoming increasingly comfortable with presenting their cases to the teams. Some are even requesting that the multidisciplinary team review their non-court involved cases so that they can get feedback on possible services and ways to engage the families.

Through the past year, CACs and the professionals who serve on the non-court treatment teams have worked to create a system where non-court involved cases are being monitored. Although there are some areas that need to be improved, overall the CACs feel that this new system is working well.

"Information is freely being shared, and this process has only improved communication...at the beginning of this process there were a lot of reluctant team members and lack of communication, but now that a process has been put in place and is steadily running effectively, team discussion, open communication has only increased."

-MDT Team in FAN Service Area

A Closer Look at the Cases

In order to discover certain characteristics of families who become non-court involved, a statewide sample was reviewed with a total of 716 children represented in 289 cases. Table 2 summarizes the number of cases by each Child Advocacy Center's (CAC).

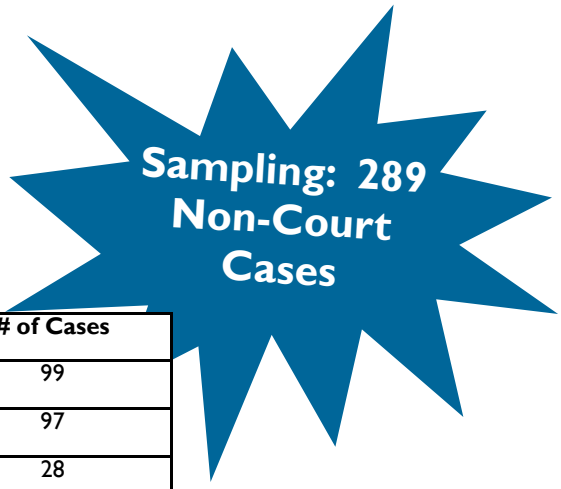


TABLE 2. Location of Cases

Name and Location of Child Advocacy Center	# of Cases
Project Harmony (Omaha)	99
Lincoln Child Advocacy Center (Lincoln)	97
Northeast Nebraska Child Advocacy Center (Norfolk)	28
Central Nebraska Child Advocacy Center (Grand Island)	15
Family Advocacy Network (Kearney)	16
Bridge of Hope Child Advocacy Center (North Platte)	16
CAPstone (Scottsbluff)	18

A Closer Look...Families

ABUSE TYPES/FAMILY ISSUES

Overwhelmingly, physical neglect was the most common allegation. Table 3 summarizes abuse/neglect allegations. **Please note:** Some intakes had more than one allegation, so the total number of cases will exceed 289 cases.

TABLE 3. Abuse/Neglect Types

Abuse/Neglect Type	# of Cases
Physical Neglect	243
Physical Abuse	47
Sexual Abuse	15
Dependency	11
Emotional Abuse	9
Emotional Neglect	4

TABLE 4. Adverse Family Issues

Adverse Family Issue	# of Cases
Domestic Violence	80
Dirty House	45
Improper Supervision	39
Poor Hygiene	30
Medical Neglect	22
Poverty	20
Educational Neglect	10
Prior Terminations of Parental Rights or Relinquishments	12

Additionally, N-FOCUS narratives regarding these cases were examined to determine if any adverse family issues existed. These issues are problems that could make the family more likely to be reported to CFS in the future. The most common adverse family issues are listed in Table 4.

A Closer Look…Demographics

Family Demographics

The 289 cases in this sample included 716 children. Figure 8 provides a breakdown of how many children resided in each home.

- 205 cases (71%) had at least 1 child ages 0 to 5.
- 147 cases (51%) had at least 1 child ages 6 to 10.
- 96 cases (33%) had at least 1 child ages 11 to 18.

Primary caretakers ranged from 16 to 82 years old. The average age was 32 years old. Figure 9 shows that the most common age range was 26 to 35 years old.

Figure 8. Number of Children in the Home

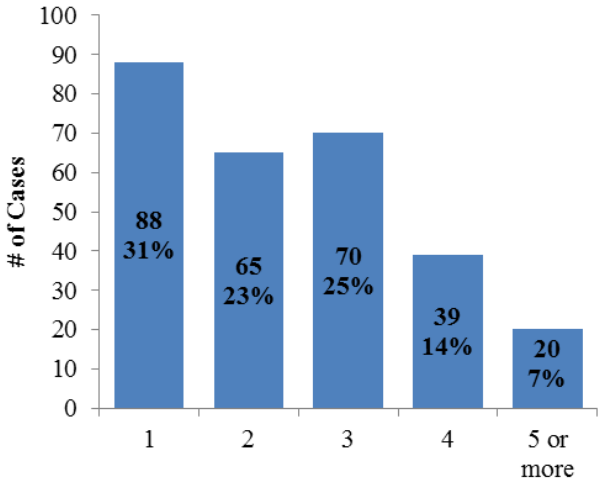
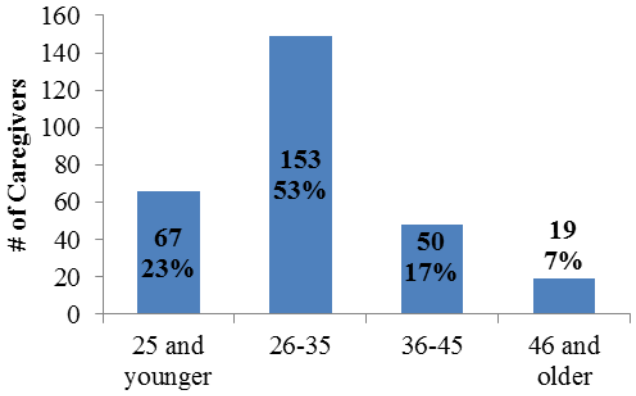


Figure 9. Age of Primary Caretaker



The racial/ethnic makeup of the primary caretakers was 68% white. The next most common group was Hispanic, followed by African American. The "other" race/ethnic category in Figure 10 includes American Indian/Alaska Native (n= 11), Multiracial (n= 5), Asian (n= 1), and Unknown (n= 10).

More than half of the sample cases had active Supplemental Nutritional Assistance Program (SNAP) benefits (food stamps). See Figure 11.

Figure 10. Race/Ethnicity of Primary Caretaker

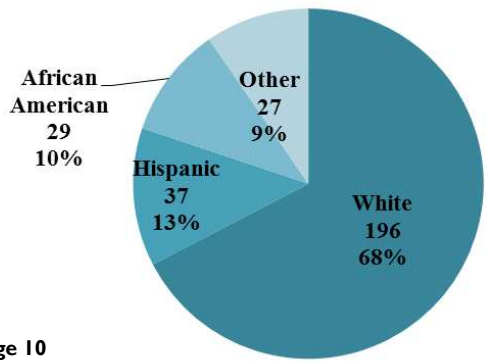
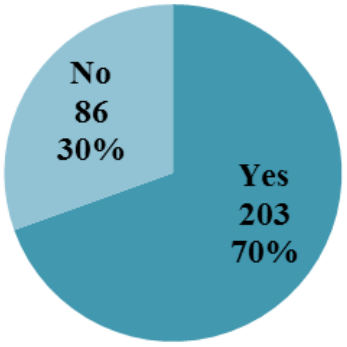


Figure 11. Active SNAP Benefits?

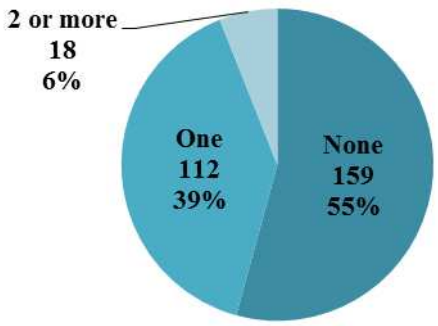


A Closer Look…History

Past CFS History

Almost half of families in the sample had a CFS substantiation prior to their current non-court case (45%). Figure 12 provides a summary of prior substantiations.

Figure 12. Number of Prior CFS Substantiations



Furthermore, Table 5 shows that 232 families (80%) had a CFS intake accepted by the hotline prior to their current non-court case. Families had a range of 0 to 22 prior accepted CFS intakes with an average of 3.

Table 5. Number of Prior Accepted CFS Intakes

# of Prior Accepted CFS Intakes	# of Cases	%
0	57	20%
1	44	15%
2-4	108	37%
5 or more	80	28%

A Closer Look…Caretakers

Mental Health Issues

As Figure 13 illustrates, 157 families had a caretaker who was diagnosed with a mental health issue. Table 6 shows that depression was the most common diagnosis, followed by anxiety-related disorders. **Please note:** Some caretakers had more than one diagnosis, so the total of Table 6 will exceed 157.

Figure 13. Caretakers with a Mental Health Issue?

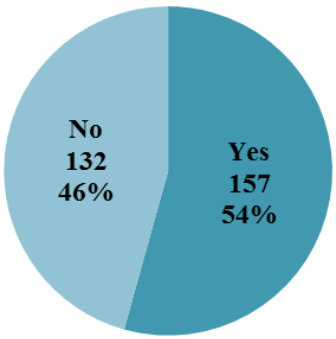


Table 6. Mental Health Diagnosis

Mental Health Diagnosis	# of Cases
Depression	91
Anxiety	71
Bipolar	51
Schizophrenia	11
Personality Disorder	5
Other	20

A Closer Look…Caretakers

Substance Abuse Issues

A total of 108 families had a caretaker who had a substance abuse issue (Figure 14). Table 7 shows that the most common drug of choice was methamphetamine, followed by marijuana and alcohol. **Please note:** Some caretakers had more than one drug of choice, so the total of Table 7 will exceed 108.

Figure 14. Caretakers with a substance abuse issue?

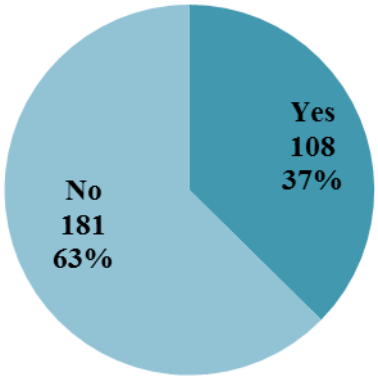


Table 7. Drug of Choice

Drug of Choice	# of Cases
Methamphetamine	43
Marijuana	40
Alcohol	35
Prescription Drugs	11
Other	4

53 out of 289 (or 18%) of the Primary Caretakers had been wards of the State at some time during their youth.

A Closer Look…Children

Mental Health Issues

Case records were also examined for possible mental health issues among the children living in each household. Figure 15 shows that 103 (36%) of the sample cases had at least one child with a mental or behavioral health issue. Many of these children do not have an official diagnosis, but worker observations and collateral contacts may confirm that they may need some type of mental/ behavioral health assistance. **Please note:** Some children had more than one issue, so the total of Table 8 will exceed 103.

Figure 15. Does a child in the family have a mental/behavioral health issue?

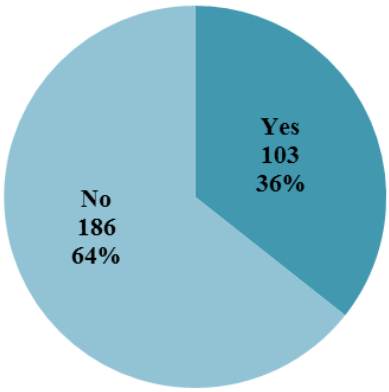


Table 8. Child's Mental/ Behavioral Health Issue(s)

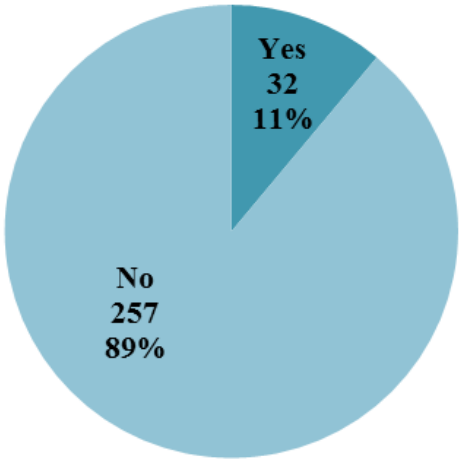
Child's Mental/ Behavioral Health Issue(s)	# of Cases
ADHD	60
Aggressive Behaviors	15
Anxiety	13
Oppositional Defiant Disorder	11
Bipolar	10
Depression	9
Other	27

A Closer Look…Case Outcomes

Court Filings

Figure 16 shows that a very small number of non-court involved cases received a court filing (*n*= 32, 11%). The overwhelming majority of cases closed without a court filing.

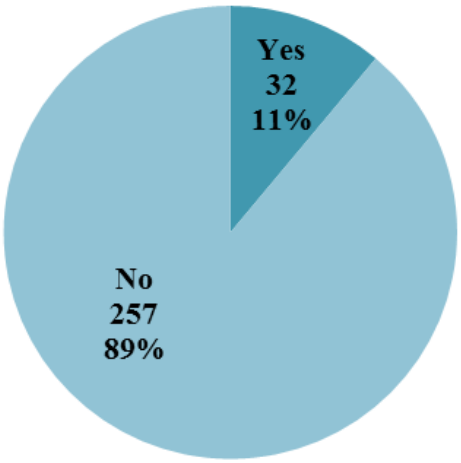
FIGURE 16. Number of Court Filings



New Intakes on Closed Cases

Similarly, only 11% of closed cases had a new accepted CFS intake after the case closed (Figure 17). **However,** it is important to note that many of these non-court cases closed only recently. Another evaluation of these closed cases will need to be done in order to see if this percentage increases over time.

FIGURE 17. Number of Cases that Received Accepted Intakes After Case Closed



What to Watch for in the Future

- *Tracking and Monitoring of Families Returning to the System*
- *Impact of Alternative Response*
- *Impact of Behavioral Health Expansion*

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Brady Kerkman
Central Nebraska Child Advocacy Center
Grand Island

NE Alliance Staff and Contact Info:

Ivy Svoboda, State Chapter Coordinator
Nebraska Alliance of Child Advocacy Centers
11949 Q Street
Omaha, Nebraska 68137
(402) 595-1326
(402) 595-1329 fax
isvoboda@projectharmony.com
www.nebraskacacs.com

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