

September 14, 2017

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 2017



Child Welfare Non-Court Involved Cases



*"Enhancing Nebraska's Response
to Child Abuse."*

www.nebraskacacs.com

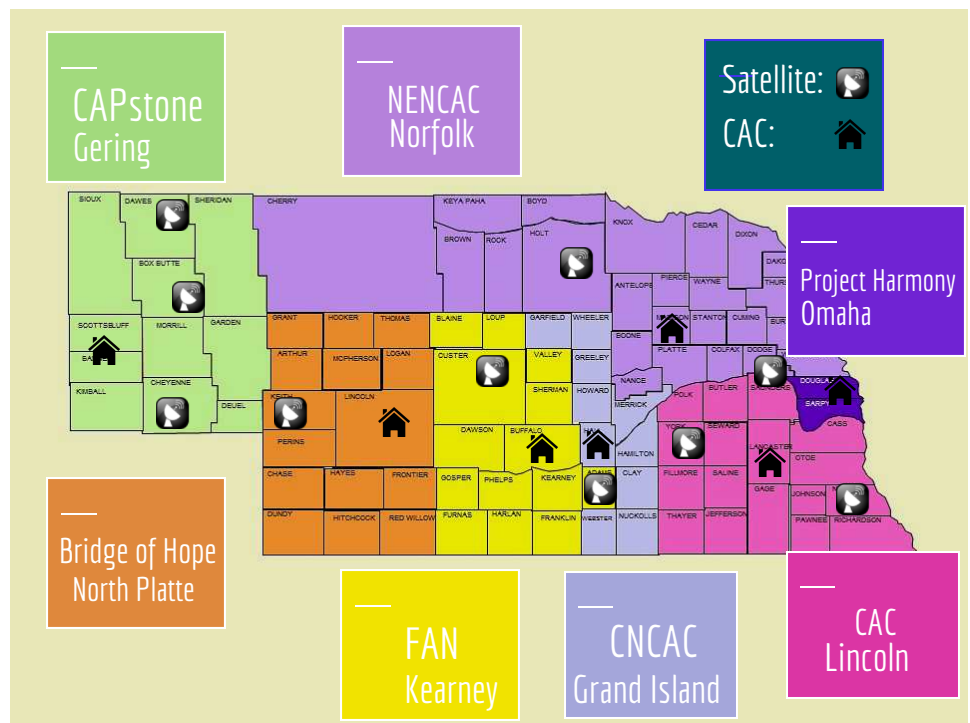
Overview

Legislative Bill 1160

"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 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 Nebraska Alliance

The Nebraska Alliance of Child Advocacy Centers is an accredited Chapter that provides statewide leadership in the fight against child abuse alongside its member centers, Nebraska's seven fully accredited Child Advocacy Centers (CACs). An additional nine satellite offices are currently operating or opening in the next year to more fully support the children and families in Nebraska. The Nebraska Alliance has been recognized for providing CACs and multidisciplinary teams with the resources they need to consistently offer unique and vital services to child victims of abuse and their families.



CAC Role

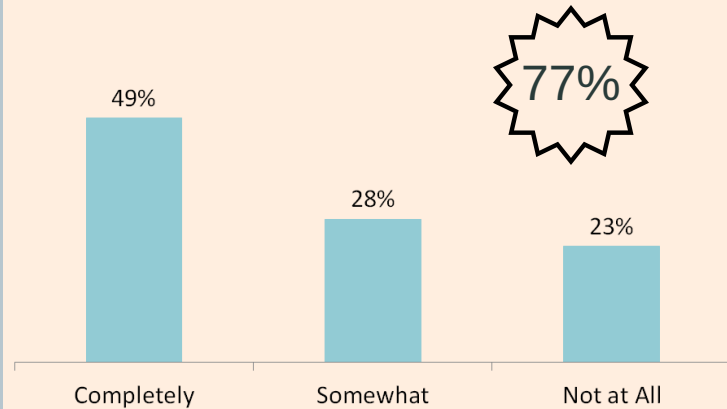
CACs have worked with the Department of Health and Human Services to obtain data on cases that are non-court involved. The CACs run reports from NFOCUS on a monthly basis and the Coordinators at each CAC take it to Multi-Disciplinary Team meetings for review following guidelines set forth by Nebraska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

Case Results

Non-Court Involved Cases

July 2016 - June 2017

Overall Success Rate of Closed Non-Court Cases



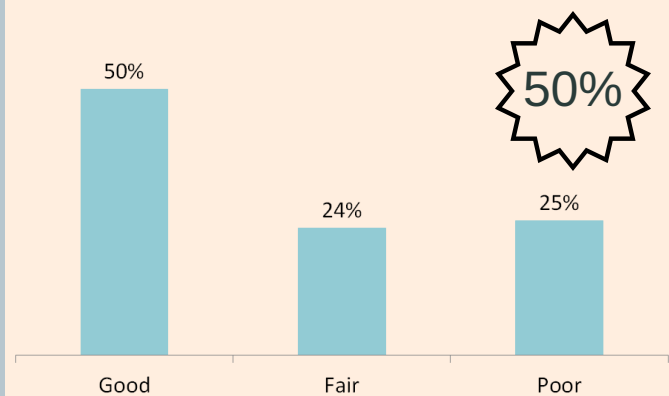
928 New Cases

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

77% of closed cases were either "completely successful" or "somewhat successful."

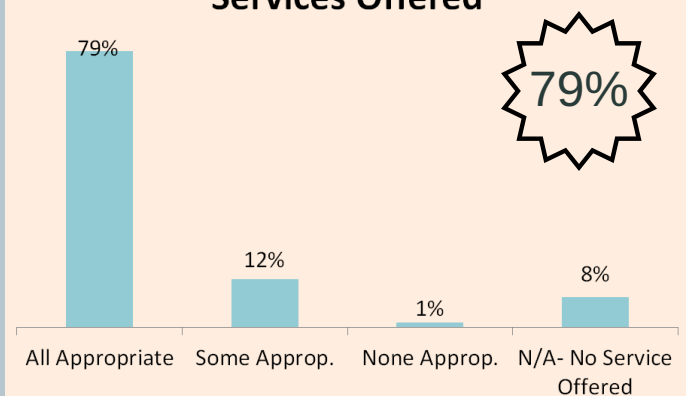
Multi-Disciplinary Teams are concerned when a family declines non-court services in cases that are screened as "high" or "very high" risk. Multi-Disciplinary Teams would like the opportunity to staff every case prior to case closure to ensure the professionals on the teams have exhausted all possible resources to meet the families needs. There are situations when cases close as "not at all successful" and multiple additional intakes are reported following the initial case closure.

Overall Parental Compliance



50% of non-court involved caretakers had "good" parental compliance.

Overall Appropriateness of Services Offered



79% of cases closed with an agreement that all services provided were appropriate.

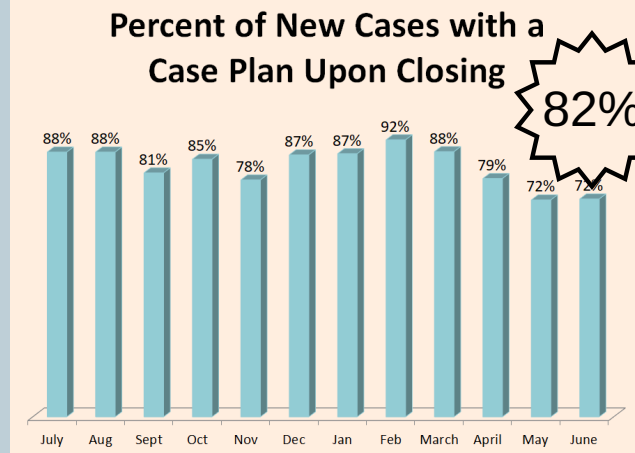
Case Results

Non-Court Involved Cases

July 2016 - June 2017

Cases stayed open an average of 131.2 days or 4.3 months.

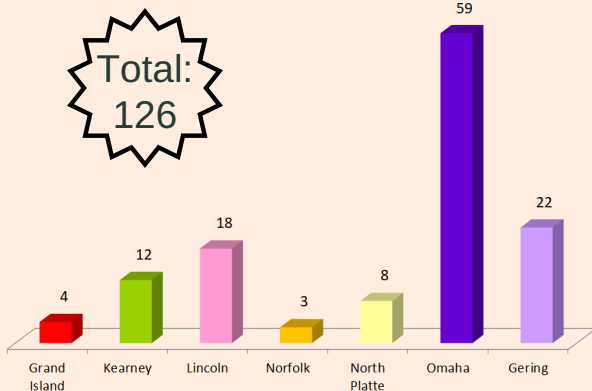
The expectation is for non-court cases to close within 90 days.



Overall, 82% of cases had an active case plan that identified goals and services that families must achieve.

9% increase over last year!

Total # of Court Filings per CAC



An affidavit may need to be filed for court involvement for families who need more intensive supervision.

126 cases or 16% resulted in a court filing.

Conversely, 668 or 84% of non-court cases closed with NO court intervention.

Areas Needing Improvement**

- Service Identification & Accessibility
- Case Closure Process
- Data Documentation

Multi-Disciplinary Team members expressed they would like to see improved communication prior to opening non-court cases.

Multi-Disciplinary Team members stressed the need for improved access and availability to mental health services.

CACs continue to report concerns with the lack of case plan updates being documented into N-FOCUS and Non-Court cases not showing up on monthly reports, particularly when families decline services. When cases are not on the monthly reports, the Multi-Disciplinary Team has no chance to review the case.

Multi-Disciplinary Team members encouraged data collection and the tracking of progress of the non-court cases. Members would like the opportunity to follow-up to see if the team recommendations and suggested services were effective.



**The concerns mentioned are the same as in years past.

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.

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.

Case Plan

The case plan identifies goals and services families must achieve.

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



Successful Case Closure



What makes a team successful?

Three major concepts are essential for optimal team member and team leader interactions:

- 1) sense of trust in team members and the process,
- 2) respect for members and leaders as demonstrated by acceptance of each other's differences in beliefs, perceptions, and experiences, and
- 3) commitment to working as a multidisciplinary team and holding others accountable for their level of engagement in the case review process.

~Teresa M. Smith, LSW, PhD,
Northeast Region Children's Advocacy
Center, Pennsylvania

One Multi-Disciplinary Team reviewed a non-court case where a child was diagnosed as Failure to Thrive although did not require hospitalization. There had been three prior intakes on the family--within six months prior to the current intake. All three intakes involved concerns of domestic violence and the mother's mental health. During the case staffing, Multi-Disciplinary Team members suggested several supportive services including assigning a domestic violence advocate and psychological evaluation. Additionally, medical social workers helped coordinate services to help the mother with the child's feeding schedule and monitoring his weight. The case was set for a follow-up staffing 30 days later, at which time, the child had made significant progress and his weight checks were no longer required. The mother and father both completed psychological evaluations and began the recommended individual therapy. The family complied with the family support services and the case closed successfully.

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Contact Information



Participating CACs:

