

LEGISLATIVE BILL 1160

Approved by the Governor April 11, 2012

Introduced by Health and Human Services Committee: Campbell, 25, Chairperson; Bloomfield, 17; Gloor, 35; Howard, 9; Krist, 10; Lambert, 2; Pirsch, 4.

FOR AN ACT relating to health and human services; to amend sections 43-296, 43-405, 43-534, 68-1207.01, 71-825, 71-827, 71-1904, and 71-3407, Reissue Revised Statutes of Nebraska; to define terms; to state intent; to require development of an information system as prescribed; to provide for reports, an advance planning document, surveys, employment of an evaluator, and an evaluation; to change provisions relating to certain reports; to harmonize provisions; to provide operative dates; to repeal the original sections; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. For purposes of sections 1 to 9 of this act:

- (1) Department means the Department of Health and Human Services;
- (2) N-FOCUS system means the electronic data collection system in use by the department on the operative date of this section;
- (3) Pilot project means a case management lead agency model pilot project established by the department pursuant to Legislative Bill 961, One Hundred Second Legislature, Second Session, 2012; and
- (4) Service area means a geographic area administered by the department and designated pursuant to section 81-3116.

Sec. 2. The Legislature finds that:

- (1) Nebraska does not have the capacity to collect and analyze routinely and effectively the data required to inform policy decisions, child welfare service development, and evaluation of its child welfare system;
- (2) The N-FOCUS system is difficult to use and does not provide the appropriate data for meaningful monitoring of the child welfare system for children's safety, permanency, and wellness;
- (3) The N-FOCUS system does not easily integrate with other computer systems that have different purposes, capacities, file structures, and operating systems, resulting in silos of operation and information; and
- (4) The department needs leadership in developing a uniform electronic data collection system to collect and evaluate data regarding children served, the quality of child welfare services provided, and the outcomes produced by such child welfare services.

Sec. 3. It is the intent of the Legislature:

- (1) To provide for (a) legislative oversight of the child welfare system through an improved electronic data collection system, (b) improved child welfare outcome measurements through increased reporting by any lead agencies or the pilot project and the department, and (c) an independent evaluation of the child welfare system; and
- (2) To develop an electronic data collection system to integrate child welfare information into one system to more effectively manage, track, and share information, especially in child welfare case management.

Sec. 4. (1) The department shall develop and implement a web-based, statewide automated child welfare information system to integrate child welfare information into one system. Objectives for the web-based, statewide automated child welfare information system shall include: (a) Improving efficiency and effectiveness by reducing paperwork and redundant data entry, allowing case managers to spend more time working with families and children; (b) improving access to information and tools that support consistent policy and practice standards across the state; (c) facilitating timely and quality case management decisions and actions by providing alerts and accurate information, including program information and prior child welfare case histories within the department or a division thereof or from other agencies; (d) providing consistent and accurate data management to improve reporting capabilities, accountability, workload distribution, and child welfare case review requirements; (e) establishing integrated payment processes and procedures for tracking services available and provided to children and accurately paying for those services; (f) improving the capacity for case managers to complete major functional areas of their work, including intake, investigations, placements, foster care eligibility determinations, reunifications, adoptions, financial management, resource management, and reporting; (g) utilizing business intelligence software to track progress through dashboards; (h) access to real-time data to identify specific child

welfare cases and take immediate corrective and supportive actions; (i) helping case managers to expediently identify foster homes and community resources available to meet each child's needs; and (j) providing opportunity for greater accuracy, transparency, and oversight of the child welfare system through improved reporting and tracking capabilities.

(2) The capacity of the web-based, statewide automated child welfare information system shall include: (a) Integration across related social services programs through automated interfaces, including, but not limited to, the courts, medicaid eligibility, financial processes, and child support; (b) ease in implementing future system modifications as user requirements or policies change; (c) compatibility with multiple vendor platforms; (d) system architecture that provides multiple options to build additional capacity to manage increased user transactions as system volume requirements increase over time; (e) protection of the system at every tier in case of hardware, software, power, or other system component failure; (f) vendor portals to support direct entry of child welfare case information, as appropriate, by private providers' staff serving children, to increase collaboration between private providers and the department; (g) key automated process analysis to allow supervisors and management to identify child welfare cases not meeting specified goals, identify issues, and report details and outcome measures to cellular telephones or other mobile communication devices used by management and administration; (h) web-based access and availability twenty-four hours per day, seven days per week; (i) automated application of policy and procedures, to make application of policy less complex and easier to follow; (j) automated prompts and alerts when actions are due, to enable case managers and supervisors to manage child welfare cases more efficiently; and (k) compliance with federal regulations related to statewide automated child welfare information systems at 45 C.F.R. 1355.50 through 1355.57, implementing section 474(a)(3)(C) and (D) of Title IV-E of the federal Social Security Act, 42 U.S.C. 674(a)(3)(C) and (D), as such regulations and section existed on January 1, 2012.

Sec. 5. On or before December 1, 2012, the department, with assistance from other agencies as necessary, including the data coordinator for the State Foster Care Review Board or a successor entity to the powers and duties of the board, shall report in writing to the Legislature on a plan for the statewide automated child welfare information system described in section 4 of this act. The report shall include a review of the design, development, implementation, and cost of the system. The report shall describe the requirements of the system and all available options and compare costs of the options. The report shall include, but not be limited to, a review of the options for (1) system functionality, (2) the potential of the system's use of shared services in areas including, but not limited to, intake, rules, financial information, and reporting, (3) integration, (4) maintenance costs, (5) application architecture to enable flexibility and scalability, (6) deployment costs, (7) licensing fees, (8) training requirements, and (9) operational costs and support needs. The report shall compare the costs and benefits of a custom-built system and a commercial off-the-shelf system, the total cost of ownership, including both direct and indirect costs, and the costs of any other options considered. In conjunction with the report, the department shall prepare the advance planning document required to qualify for federal funding for the statewide automated child welfare information system pursuant to 45 C.F.R. 1355.50 through 1355.57, implementing section 474(a)(3)(C) and (D) of Title IV-E of the federal Social Security Act, 42 U.S.C. 674(a)(3)(C) and (D), as such regulations and section existed on January 1, 2012. The advance planning document shall describe the proposed plan for managing the design, development, and operations of a statewide automated child welfare information system that meets such federal requirements and the state's needs in an efficient, comprehensive, and cost-effective manner.

Sec. 6. On or before September 15, 2012, and each September 15 thereafter, the department shall report to the Health and Human Services Committee of the Legislature the following information regarding child welfare services, with respect to children served by any lead agency or the pilot project and children served by the department:

(1) The percentage of children served and the allocation of the child welfare budget, categorized by service area and by lead agency or the pilot project, including:

(a) The percentage of children served, by service area and the corresponding budget allocation; and

(b) The percentage of children served who are wards of the state and the corresponding budget allocation;

(2) The number of siblings in out-of-home care placed with siblings

as of the June 30th immediately preceding the date of the report, categorized by service area and by lead agency or the pilot project;

(3) An update of the information in the report of the Children's Behavioral Health Task Force pursuant to sections 43-4001 to 43-4003, including:

(a) The number of children receiving mental health and substance abuse services annually by the Division of Behavioral Health of the department;

(b) The number of children receiving behavioral health services annually at the Hastings Regional Center;

(c) The number of state wards receiving behavioral health services as of September 1 immediately preceding the date of the report;

(d) Funding sources for children's behavioral health services for the fiscal year ending on the immediately preceding June 30;

(e) Expenditures in the immediately preceding fiscal year by the division, categorized by category of behavioral health service and by behavioral health region; and

(f) Expenditures in the immediately preceding fiscal year from the medical assistance program and CHIP as defined in section 68-969 for mental health and substance abuse services, for all children and for wards of the state;

(4) The following information as obtained for each service area and lead agency or the pilot project:

(a) Case manager education, including college degree, major, and level of education beyond a baccalaureate degree;

(b) Average caseload per case manager;

(c) Average number of case managers per child during the preceding twelve months;

(d) Average number of case managers per child for children who have been in the child welfare system for three months, for six months, for twelve months, and for eighteen months and the consecutive yearly average for children until the age of majority or permanency is attained;

(e) Monthly case manager turnover;

(f) Monthly face-to-face contacts between each case manager and the children on his or her caseload;

(g) Monthly face-to-face contacts between each case manager and the parent or parents of the children on his or her caseload;

(h) Case documentation of monthly consecutive team meetings per quarter;

(i) Case documentation of monthly consecutive parent contacts per quarter;

(j) Case documentation of monthly consecutive child contacts with case manager per quarter;

(k) Case documentation of monthly consecutive contacts between child welfare service providers and case managers per quarter;

(l) Timeliness of court reports; and

(m) Non-court-involved children, including the number of children served, the types of services requested, the specific services provided, the cost of the services provided, and the funding source;

(5) All placements in residential treatment settings made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education or local education agencies, any lead agency or the pilot project through letters of agreement, and the medical assistance program, including, but not limited to:

(a) Child variables;

(b) Reasons for placement;

(c) The percentage of children denied medicaid-reimbursed services and denied the level of placement requested;

(d) With respect to each child in a residential treatment setting:

(i) If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement;

(ii) Funds expended and length of placements;

(iii) Number and level of placements;

(iv) Facility variables; and

(v) Identification of specific child welfare services unavailable in the child's community that, if available, could have prevented the need for residential treatment; and

(e) Identification of child welfare services unavailable in the state that, if available, could prevent out-of-state placements;

(6) From any lead agency or the pilot project, the percentage of

its accounts payable to subcontracted child welfare service providers that are thirty days overdue, sixty days overdue, and ninety days overdue; and

(7) For any individual involved in the child welfare system receiving a service or a placement through the department or its agent for which referral is necessary, the date when such referral was made by the department or its agent and the date and the method by which the individual receiving the services was notified of such referral. To the extent the department becomes aware of the date when the individual receiving the referral began receiving such services, the department or its agent shall document such date.

Sec. 7. (1) Each service area administrator and any lead agency or the pilot project shall annually survey children, parents, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system to monitor satisfaction with (a) adequacy of communication by the case manager, (b) response by the department, any lead agency, or the pilot project to requests and problems, (c) transportation issues, (d) medical and psychological services for children and parents, (e) visitation schedules, (f) payments, (g) support services to foster parents, (h) adequacy of information about foster children provided to foster parents, and (i) the case manager's fulfillment of his or her responsibilities. A summary of the survey shall be reported to the Health and Human Services Committee of the Legislature on September 15, 2012, and each September 15 thereafter.

(2) 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.

Sec. 8. On or before September 15, 2012, and on or before each September 15 thereafter, the department shall provide a report to the Health and Human Services Committee of the Legislature on the department's monitoring of any lead agencies or the pilot project, including the actions taken for contract management, financial management, revenue management, quality assurance and oversight, children's legal services, performance management, and communications. The report shall also include review of the functional capacities of each lead agency or the pilot project for (1) direct case management, (2) utilization of social work theory and evidence-based practices to include processes for insuring fidelity with evidence-based practices, (3) supervision, (4) quality assurance, (5) training, (6) subcontract management, (7) network development and management, (8) financial management, (9) financial controls, (10) utilization management, (11) community outreach, (12) coordination and planning, (13) community and stakeholder engagement, and (14) responsiveness to requests from policymakers and the Legislature. On or before December 31, 2012, the department shall provide an additional report to the committee updating the information on the pilot project contained in the report of September 15, 2012.

Sec. 9. (1) The department shall engage a nationally recognized evaluator to provide an evaluation of the child welfare system.

(2)(a) The evaluator shall:

(i) Be a national entity that can demonstrate direct involvement with public and tribal child welfare agencies, partnerships with national advocacy organizations, think tanks, or technical assistance providers, collaboration with community agencies, and independent research; and

(ii) Be independent of the department and any lead agency or the pilot project, shall not have been involved in a contractual relationship with the department, any lead agency, or the pilot project within the preceding three years, and shall not have served as a consultant to the department, any lead agency, or the pilot project within the preceding three years.

(b) The department shall give consideration to evaluator candidates who have experience in: (i) Outcome measurement, including, but not limited to: Measuring change for organizations, systems, and communities, with an emphasis on organizational assessment, child welfare system evaluation, and complex environmental factors; assessing the quality of child welfare programs and services across the continuum of care, with differential consideration of in-home and foster care populations and advanced research and evaluation methodologies, including qualitative and mixed-method approaches; (ii) use

of data, including, but not limited to: Using existing administrative data sets, with an emphasis on longitudinal data analysis; integrating data across multiple systems and interoperability; developing and using data exchange standards; and using continuous quality improvement methods to assist with child welfare policy decisionmaking; (iii) intervention research and evaluation, including, but not limited to: Designing, replicating, and adapting interventions, including the identification of counterfactuals; and evaluating programmatic and policy interventions for efficacy, effectiveness, and cost; and (iv) dissemination and implementation research, including, but not limited to: Measuring fidelity; describing and evaluating the effectiveness of implementation processes; effectively disseminating relevant, accessible, and useful findings and results; and measuring the acceptability, adoption, use, and sustainability of evidence-based and evidence-informed practices and programs.

(3) The evaluation shall include the following key areas:

(a) The degree to which privatization of child welfare services in the eastern service area has been successful in improving outcomes for children and parents, including, but not limited to, whether the outcomes are consistent with the objectives of the Families Matter program or the pilot project and whether the cost is reasonable, given the outcomes and cost of privatization;

(b) A review of the readiness and capacity of any lead agency or the pilot project and the department to perform essential child welfare service delivery and administrative management functions according to nationally recognized standards for network management entities, with special focus on case management. The readiness review shall include, but not be limited to, strengths, areas where functional improvement is needed, areas with current duplication and overlap in effort, and areas where coordination needs improvement; and

(c) A complete review of the preceding three years of placements of children in residential treatment settings, by service area and by any lead agency or the pilot project. The review shall include all placements made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education, or local education agencies; any lead agency or the pilot project through letters of agreement; and the medical assistance program. The review shall include, but not be limited to: (i) Child variables; (ii) reasons for placement; (iii) the percentage of children denied medicaid-reimbursed services and denied the level of placement originally requested; (iv) with respect to each child in residential treatment setting: (A) If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement; (B) funds expended and length of placements; (C) number and level of placements; (D) facility variables; (E) identification of specific services unavailable in the child's community that, if available, could have prevented the need for residential treatment; and (F) percentage of children denied reauthorization requests or subsequent review of initial authorization; (v) identification of child welfare services unavailable in the state that, if available, could prevent out-of-state placements; and (vi) recommendations for improved utilization, gatekeeping, and community-level placement prevention initiatives and an analysis of child welfare services that would be more effective and cost efficient in keeping children safe at home.

(4) The evaluation required pursuant to this section shall be completed and a report issued on or before December 1, 2012, to the Health and Human Services Committee of the Legislature and the Governor.

Sec. 10. On December 15 of 2012, 2013, and 2014, the Health and Human Services Committee of the Legislature shall provide a written report to the Legislature, Governor, and Chief Justice of the Supreme Court with respect to the progress made by the Department of Health and Human Services implementing the recommendations of the committee contained in the final report of the study conducted by the committee pursuant to Legislative Resolution 37, One Hundred Second Legislature, First Session, 2011. In order to facilitate such report, the department shall provide to the committee by September 15 of 2012, 2013, and 2014 the reports required pursuant to sections 43-296, 43-534, 68-1207.01, 71-825, 71-1904, and 71-3407 and subdivision (6) of section 43-405. The Children's Behavioral Health Oversight Committee of the Legislature shall provide its final report to the Health and Human Services Committee of the Legislature on or before September 15, 2012.

Sec. 11. Section 43-296, Reissue Revised Statutes of Nebraska, is amended to read:

43-296 All associations receiving juveniles under the Nebraska

Juvenile Code shall be subject to the same visitation, inspection, and supervision by the Department of Health and Human Services as are public charitable institutions of this state, and it shall be the duty of the department to pass annually upon the fitness of every such association as may receive or desire to receive juveniles under the provisions of such code. Every such association shall annually, ~~at such time as the department shall direct,~~ on or before September 15, make a report to the department showing its condition, management, and competency to adequately care for such juveniles as are or may be committed to it and such other facts as the department may require. Upon receiving such report, the department shall provide a copy to the Health and Human Services Committee of the Legislature on or before September 15 of 2012, 2013, and 2014. Upon the department being satisfied that such association is competent and has adequate facilities to care for such juveniles, it shall issue to such association a certificate to that effect, which certificate shall continue in force for one year unless sooner revoked by the department. No juvenile shall be committed to any such association which has not received such a certificate within the fifteen months immediately preceding the commitment. The court may at any time require from any association receiving or desiring to receive juveniles under the provisions of the Nebraska Juvenile Code such reports, information, and statements as the judge shall deem proper and necessary for his or her action, and the court shall in no case be required to commit a juvenile to any association whose standing, conduct, or care of juveniles or ability to care for the same is not satisfactory to the court.

Sec. 12. Section 43-405, Reissue Revised Statutes of Nebraska, is amended to read:

43-405 The administrative duties of the Office of Juvenile Services are to:

- (1) Manage, establish policies for, and administer the office, including all facilities and programs operated by the office or provided through the office by contract with a provider;
- (2) Supervise employees of the office, including employees of the facilities and programs operated by the office;
- (3) Have separate budgeting procedures and develop and report budget information separately from the Department of Health and Human Services;
- (4) Adopt and promulgate rules and regulations for the levels of treatment and for management, control, screening, evaluation, treatment, rehabilitation, parole, transfer, and discharge of juveniles placed with or committed to the Office of Juvenile Services;
- (5) Ensure that statistical information concerning juveniles placed with or committed to facilities or programs of the office is collected, developed, and maintained for purposes of research and the development of treatment programs;
- (6) Monitor commitments, placements, and evaluations at facilities and programs operated by the office or through contracts with providers and report its findings annually to the Legislature. For 2012, 2013, and 2014, the office shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15. The report shall include an assessment of the administrative costs of operating the facilities, the cost of programming, and the savings realized through reductions in commitments, placements, and evaluations;
- (7) Coordinate the programs and services of the juvenile justice system with other governmental agencies and political subdivisions;
- (8) Coordinate educational, vocational, and social counseling;
- (9) Coordinate community-based services for juveniles and their families;
- (10) Supervise and coordinate juvenile parole and aftercare services; and
- (11) Exercise all powers and perform all duties necessary to carry out its responsibilities under the Health and Human Services, Office of Juvenile Services Act.

Sec. 13. Section 43-534, Reissue Revised Statutes of Nebraska, is amended to read:

43-534 Every department, agency, institution, committee, and commission of state government which is concerned or responsible for children and families shall submit, as part of the annual budget request of such department, agency, institution, committee, or commission, a comprehensive statement of the efforts such department, agency, institution, committee, or commission has taken to carry out the policy and principles set forth in sections 43-532 and 43-533. For 2012, 2013, and 2014, the Department of Health and Human Services shall provide a copy of its statement submitted under this section to the Health and Human Services Committee of the Legislature

on or before September 15. The statement shall include, but not be limited to, a listing of programs provided for children and families and the priority of such programs, a summary of the expenses incurred in the provision and administration of services for children and families, the number of clients served by each program, and data being collected to demonstrate the short-term and long-term effectiveness of each program.

Sec. 14. Section 68-1207.01, Reissue Revised Statutes of Nebraska, is amended to read:

68-1207.01 The Department of Health and Human Services shall annually provide a report to the Legislature and Governor outlining the caseloads of child protective services, the factors considered in their establishment, and the fiscal resources necessary for their maintenance. For 2012, 2013, and 2014, the department shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15. Such report shall include:

(1) A comparison of caseloads established by the department with the workload standards recommended by national child welfare organizations along with the amount of fiscal resources necessary to maintain such caseloads in Nebraska;

(2) (a) The number of child welfare ~~services caseworkers~~ and case managers employed by the State of Nebraska and child welfare services workers, providing services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska and (b) statistics on the average length of employment in such positions, statewide and by ~~health and human services area,~~ service area designated pursuant to section 81-3116;

(3) (a) The average caseload of child welfare ~~services caseworkers~~ and case managers employed by the State of Nebraska and child welfare services workers, providing services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska and (b) the outcomes of such cases, including the number of children reunited with their families, children adopted, children in guardianships, placement of children with relatives, and other permanent resolutions established, statewide and by ~~health and human services area,~~ service area designated pursuant to section 81-3116; and

(4) The average cost of training child welfare ~~services caseworkers~~ and case managers employed by the State of Nebraska and child welfare services workers, providing child welfare services directly to children and families, who are under contract with the State of Nebraska or employed by a private entity under contract with the State of Nebraska, statewide and by ~~health and human services area,~~ service area as designated pursuant to section 81-3116.

Sec. 15. Section 71-825, Reissue Revised Statutes of Nebraska, is amended to read:

71-825 The department shall provide an annual report, no later than December 1, to the Governor and the Legislature on the operation of the Children and Family Support Hotline established under section 71-822, the Family Navigator Program established under section 71-823, and the provision of voluntary post-adoption and post-guardianship case management services under section 71-824, except that for 2012, 2013, and 2014, the department shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15.

Sec. 16. Section 71-827, Reissue Revised Statutes of Nebraska, is amended to read:

71-827 (1) The Children's Behavioral Health Oversight Committee of the Legislature is created as a special legislative committee. The committee shall consist of nine members of the Legislature appointed by the Executive Board of the Legislative Council as follows: (a) Two members of the Appropriations Committee of the Legislature, (b) two members of the Health and Human Services Committee of the Legislature, (c) two members of the Judiciary Committee of the Legislature, and (d) three members of the Legislature who are not members of such committees. The Children's Behavioral Health Oversight Committee shall elect a chairperson and vice-chairperson from among its members. The executive board shall appoint members of the committee no later than thirty days after May 23, 2009, and within the first six legislative days of the regular legislative session in 2011. The committee and this section terminate on December 31, 2012.

(2) The committee shall monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the department related to the provision of behavioral health services to children and their families.

(3) The committee shall meet at least quarterly with representatives of the Division of Behavioral Health and the Division of Children and Family

Services of the Department of Health and Human Services and with other interested parties and may meet at other times at the call of the chairperson.

(4) Staff support for the committee shall be provided by existing legislative staff as directed by the executive board. The committee may request the executive board to hire consultants that the committee deems necessary to carry out the purposes of the committee under this section.

(5) The committee shall provide a report to the Governor and the Legislature no later than December 1 of each year. The report shall include, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families. The final report of the committee shall be provided to the Health and Human Services Committee of the Legislature on or before September 15, 2012.

Sec. 17. Section 71-1904, Reissue Revised Statutes of Nebraska, is amended to read:

71-1904 (1) The department shall adopt and promulgate rules and regulations pursuant to sections 71-1901 to 71-1906.01 for (a) the proper care and protection of children by licensees under such sections, (b) the issuance, suspension, and revocation of licenses to provide foster care, (c) the issuance, suspension, and revocation of probationary licenses to provide foster care, (d) the issuance, suspension, and revocation of provisional licenses to provide foster care, (e) the provision of training in foster care, which training shall be directly related to the skills necessary to care for children in need of out-of-home care, including, but not limited to, abused, neglected, dependent, and delinquent children, and (f) the proper administration of sections 71-1901 to 71-1906.01.

(2) The training required by subdivision (1)(e) of this section may be waived in whole or in part by the department for persons operating foster homes providing care only to relatives of the foster care provider. Such waivers shall be granted on a case-by-case basis upon assessment by the department of the appropriateness of the relative foster care placement. The department shall report annually to the Health and Human Services Committee of the Legislature the number of waivers granted under this subsection and the total number of children placed in relative foster homes. For 2012, 2013, and 2014, the department shall provide the report to the Health and Human Services Committee of the Legislature on or before September 15.

Sec. 18. Section 71-3407, Reissue Revised Statutes of Nebraska, is amended to read:

71-3407 (1) The purposes of the team shall be to (a) develop an understanding of the causes and incidence of child deaths in this state, (b) develop recommendations for changes within relevant agencies and organizations which may serve to prevent child deaths, and (c) advise the Governor, the Legislature, and the public on changes to law, policy, and practice which will prevent child deaths.

(2) The team shall:

(a) Undertake annual statistical studies of the causes and incidence of child deaths in this state. The studies shall include, but not be limited to, an analysis of the records of community, public, and private agency involvement with the children and their families prior to and subsequent to the deaths;

(b) Develop a protocol for retrospective investigation of child deaths by the team;

(c) Develop a protocol for collection of data regarding child deaths by the team;

(d) Consider training needs, including cross-agency training, and service gaps;

(e) Include in its annual report recommended changes to any law, rule, regulation, or policy needed to decrease the incidence of preventable child deaths;

(f) Educate the public regarding the incidence and causes of child deaths, the public role in preventing child deaths, and specific steps the public can undertake to prevent child deaths. The team may enlist the support of civic, philanthropic, and public service organizations in the performance of its educational duties;

(g) Provide the Governor, the Legislature, and the public with annual written reports which shall include the team's findings and recommendations for each of its duties. For 2012, 2013, and 2014, the team shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15; and

(h) When appropriate, make referrals to those agencies as required in section 28-711 or as otherwise required by state law.

Sec. 19. On or before December 1, 2012, the Director of Children and Family Services of the Division of Children and Family Services of

the Department of Health and Human Services, the Director of Developmental Disabilities of the Division of Developmental Disabilities of the Department of Health and Human Services, the Director of Behavioral Health of the Division of Behavioral Health of the Department of Health and Human Services, and the Director of Medicaid and Long-Term Care of the Division of Medicaid and Long-Term Care of the Department of Health and Human Services shall provide a report to the Health and Human Services Committee of the Legislature and the Developmental Disabilities Special Investigative Committee of the Legislature concerning the access of individuals with co-occurring conditions of an intellectual disability and mental illness to the full array of services needed to appropriately treat their specific conditions. The report shall include, but not be limited, to:

(1) A summary of how these individuals are currently served, including eligibility determinations, by the Division of Children and Family Services, the Division of Developmental Disabilities, the Division of Behavioral Health, and the Division of Medicaid and Long-Term Care;

(2) An identification and further defining of individuals who currently fall in the gap between the divisions or who move from one division to another in a search for appropriate services;

(3) Information on the individuals currently receiving services from more than one division who have these co-occurring conditions, including the costs of the services, the types of services provided, the unmet demand for such services, and an estimate of the number of individuals served by one division who would also qualify for services through another division;

(4) An explanation of the differences and similarities in funding for services provided by the divisions and how funds from each division are being blended or can be blended to best serve these individuals;

(5) A plan that could be implemented by the divisions that would provide more integrated and coordinated treatment for these individuals by the divisions; and

(6) Any recommendations for potential legislation that would assist the Division of Children and Family Services, the Division of Developmental Disabilities, the Division of Behavioral Health, and the Division of Medicaid and Long-Term Care in carrying out the plan provided in subdivision (5) of this section.

Sec. 20. Sections 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 21 of this act become operative three calendar months after the adjournment of this legislative session. The other sections of this act become operative on their effective date.

Sec. 21. Original sections 43-296, 43-405, 43-534, 68-1207.01, 71-825, 71-827, 71-1904, and 71-3407, Reissue Revised Statutes of Nebraska, are repealed.

Sec. 22. Since an emergency exists, this act takes effect when passed and approved according to law.