

AMENDMENTS TO LB 1160

(Amendments to E & R amendments, ER193)

Introduced by Campbell

1 1. Strike the original sections and all amendments
2 thereto and insert the following new sections:

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

4 (1) Department means the Department of Health and Human
5 Services;

6 (2) N-FOCUS system means the electronic data collection
7 system in use by the department on the operative date of this
8 section; and

9 (3) Pilot project means a case management lead agency
10 model pilot project established by the department pursuant to
11 Legislative Bill 961, One Hundred Second Legislature, Second
12 Session, 2012;

13 (4) Service area means a geographic area administered by
14 the department and designated pursuant to section 81-3116.

15 Sec. 2. The Legislature finds that:

16 (1) Nebraska does not have the capacity to collect and
17 analyze routinely and effectively the data required to inform
18 policy decisions, child welfare service development, and evaluation
19 of its child welfare system;

20 (2) The N-FOCUS system is difficult to use and does not
21 provide the appropriate data for meaningful monitoring of the child
22 welfare system for children's safety, permanency, and wellness;

1 (3) The N-FOCUS system does not easily integrate with
2 other computer systems that have different purposes, capacities,
3 file structures, and operating systems, resulting in silos of
4 operation and information; and

5 (4) The department needs leadership in developing a
6 uniform electronic data collection system to collect and evaluate
7 data regarding children served, the quality of child welfare
8 services provided, and the outcomes produced by such child welfare
9 services.

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

11 (1) To provide for (a) legislative oversight of the
12 child welfare system through an improved electronic data collection
13 system, (b) improved child welfare outcome measurements through
14 increased reporting by any lead agencies or the pilot project and
15 the department, and (c) an independent evaluation of the child
16 welfare system; and

17 (2) To develop an electronic data collection system
18 to integrate child welfare information into one system to more
19 effectively manage, track, and share information, especially in
20 child welfare case management.

21 Sec. 4. (1) The department shall develop and implement
22 a web-based, statewide automated child welfare information system
23 to integrate child welfare information into one system. Objectives
24 for the web-based, statewide automated child welfare information
25 system shall include: (a) Improving efficiency and effectiveness
26 by reducing paperwork and redundant data entry, allowing case
27 managers to spend more time working with families and children;

1 (b) improving access to information and tools that support
2 consistent policy and practice standards across the state; (c)
3 facilitating timely and quality case management decisions and
4 actions by providing alerts and accurate information, including
5 program information and prior child welfare case histories within
6 the department or a division thereof or from other agencies;
7 (d) providing consistent and accurate data management to improve
8 reporting capabilities, accountability, workload distribution, and
9 child welfare case review requirements; (e) establishing integrated
10 payment processes and procedures for tracking services available
11 and provided to children and accurately paying for those services;
12 (f) improving the capacity for case managers to complete major
13 functional areas of their work, including intake, investigations,
14 placements, foster care eligibility determinations, reunifications,
15 adoptions, financial management, resource management, and
16 reporting; (g) utilizing business intelligence software to track
17 progress through dashboards; (h) access to real-time data to
18 identify specific child welfare cases and take immediate corrective
19 and supportive actions; (i) helping case managers to expediently
20 identify foster homes and community resources available to meet
21 each child's needs; and (j) providing opportunity for greater
22 accuracy, transparency, and oversight of the child welfare system
23 through improved reporting and tracking capabilities.

24 (2) The capacity of the web-based, statewide automated
25 child welfare information system shall include: (a) Integration
26 across related social services programs through automated
27 interfaces, including, but not limited to, the courts, medicaid

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

27 Sec. 5. On or before December 1, 2012, the department,

1 with assistance from other agencies as necessary, including the
2 data coordinator for the State Foster Care Review Board or a
3 successor entity to the powers and duties of the board, shall
4 report in writing to the Legislature on a plan for the statewide
5 automated child welfare information system described in section 4
6 of this act. The report shall include a review of the design,
7 development, implementation, and cost of the system. The report
8 shall describe the requirements of the system and all available
9 options and compare costs of the options. The report shall
10 include, but not be limited to, a review of the options for
11 (1) system functionality, (2) the potential of the system's use of
12 shared services in areas including, but not limited to, intake,
13 rules, financial information, and reporting, (3) integration,
14 (4) maintenance costs, (5) application architecture to enable
15 flexibility and scalability, (6) deployment costs, (7) licensing
16 fees, (8) training requirements, and (9) operational costs and
17 support needs. The report shall compare the costs and benefits of
18 a custom-built system and a commercial off-the-shelf system, the
19 total cost of ownership, including both direct and indirect costs,
20 and the costs of any other options considered. In conjunction
21 with the report, the department shall prepare the advance planning
22 document required to qualify for federal funding for the statewide
23 automated child welfare information system pursuant to 45 C.F.R.
24 1355.50 through 1355.57, implementing section 474(a)(3)(C) and (D)
25 of Title IV-E of the federal Social Security Act, 42 U.S.C.
26 674(a)(3)(C) and (D), as such regulations and section existed on
27 January 1, 2012. The advance planning document shall describe the

1 proposed plan for managing the design, development, and operations
2 of a statewide automated child welfare information system that
3 meets such federal requirements and the state's needs in an
4 efficient, comprehensive, and cost-effective manner.

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

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

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

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

18 (2) The number of siblings in out-of-home care placed
19 with siblings as of the June 30th immediately preceding the date of
20 the report, categorized by service area and by lead agency or the
21 pilot project;

22 (3) An update of the information in the report of
23 the Children's Behavioral Health Task Force pursuant to sections
24 43-4001 to 43-4003, including:

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

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

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

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

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

12 (f) Expenditures in the immediately preceding fiscal year
13 from the medical assistance program and CHIP as defined in section
14 68-969 for mental health and substance abuse services, for all
15 children and for wards of the state;

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

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

20 (b) Average caseload per case manager;

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

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

1 (e) Monthly case manager turnover;

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

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

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

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

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

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

16 (l) Timeliness of court reports; and

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

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

27 (a) Child variables;

1 (b) Reasons for placement;

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

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

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

11 (ii) Funds expended and length of placements;

12 (iii) Number and level of placements;

13 (iv) Facility variables; and

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

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

20 (6) From any lead agency or the pilot project, the
21 percentage of its accounts payable to subcontracted child welfare
22 service providers that are thirty days overdue, sixty days overdue,
23 and ninety days overdue; and

24 (7) For any individual involved in the child welfare
25 system receiving a service or a placement through the department
26 or its agent for which referral is necessary, the date when such
27 referral was made by the department or its agent and the date

1 and the method by which the individual receiving the services was
2 notified of such referral. To the extent the department becomes
3 aware of the date when the individual receiving the referral began
4 receiving such services, the department or its agent shall document
5 such date.

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

21 (2) Each service area administrator and any lead agency
22 or the pilot project shall provide monthly reports to the child
23 advocacy center that corresponds with the geographic location of
24 the child regarding the services provided through the department or
25 a lead agency or the pilot project when the child is identified as
26 a voluntary or non-court-involved child welfare case. The monthly
27 report shall include the plan implemented by the department, lead

1 agency, or the pilot project for the child and family and the
2 status of compliance by the family with the plan. The child
3 advocacy center shall report to the Health and Human Services
4 Committee of the Legislature on September 15, 2012, and every
5 September 15 thereafter, or more frequently if requested by the
6 committee.

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

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

4 (2) (a) The evaluator shall:

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

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

16 (b) The department shall give consideration to
17 evaluator candidates who have experience in: (i) Outcome
18 measurement, including, but not limited to: Measuring change
19 for organizations, systems, and communities, with an emphasis
20 on organizational assessment, child welfare system evaluation,
21 and complex environmental factors; assessing the quality of
22 child welfare programs and services across the continuum of
23 care, with differential consideration of in-home and foster care
24 populations and advanced research and evaluation methodologies,
25 including qualitative and mixed-method approaches; (ii) use of
26 data, including, but not limited to: Using existing administrative
27 data sets, with an emphasis on longitudinal data analysis;

1 integrating data across multiple systems and interoperability;
2 developing and using data exchange standards; and using continuous
3 quality improvement methods to assist with child welfare policy
4 decisionmaking; (iii) intervention research and evaluation,
5 including, but not limited to: Designing, replicating, and
6 adapting interventions, including the identification of counter
7 factuals; and evaluating programmatic and policy interventions
8 for efficacy, effectiveness, and cost; and (iv) dissemination
9 and implementation research, including, but not limited to:
10 Measuring fidelity; describing and evaluating the effectiveness
11 of implementation processes; effectively disseminating relevant,
12 accessible, and useful findings and results; and measuring the
13 acceptability, adoption, use, and sustainability of evidence-based
14 and evidence-informed practices and programs.

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

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

22 (b) A review of the readiness and capacity of any lead
23 agency or the pilot project and the department to perform essential
24 child welfare service delivery and administrative management
25 functions according to nationally recognized standards for network
26 management entities, with special focus on case management. The
27 readiness review shall include, but not be limited to, strengths,

1 areas where functional improvement is needed, areas with current
2 duplication and overlap in effort, and areas where coordination
3 needs improvement; and

4 (c) A complete review of the preceding three years
5 of placements of children in residential treatment settings, by
6 service area and by any lead agency or the pilot project. The
7 review shall include all placements made or paid for by the
8 child welfare system, the Office of Juvenile Services, the State
9 Department of Education, or local education agencies; any lead
10 agency or the pilot project through letters of agreement; and the
11 medical assistance program. The review shall include, but not be
12 limited to: (i) Child variables; (ii) reasons for placement; (iii)
13 the percentage of children denied medicaid-reimbursed services and
14 denied the level of placement originally requested; (iv) with
15 respect to each child in residential treatment setting: (A) If
16 there was a denial of initial placement request, the length and
17 level of each placement subsequent to denial of initial placement
18 request and the status of each child before and immediately
19 after, six months after, and twelve months after placement; (B)
20 funds expended and length of placements; (C) number and level of
21 placements; (D) facility variables; (E) identification of specific
22 services unavailable in the child's community that, if available,
23 could have prevented the need for residential treatment; and
24 (F) percentage of children denied reauthorization requests or
25 subsequent review of initial authorization; (v) identification of
26 child welfare services unavailable in the state that, if available,
27 could prevent out-of-state placements; and (vi) recommendations for

1 improved utilization, gatekeeping, and community-level placement
2 prevention initiatives and an analysis of child welfare services
3 that would be more effective and cost efficient in keeping children
4 safe at home.

5 (4) The evaluation required pursuant to this section
6 shall be completed and a report issued on or before December 1,
7 2012, to the Health and Human Services Committee of the Legislature
8 and the Governor.

9 Sec. 10. On December 15 of 2012, 2013, and 2014, the
10 Health and Human Services Committee of the Legislature shall
11 provide a written report to the Legislature, Governor, and Chief
12 Justice of the Supreme Court with respect to the progress made
13 by the Department of Health and Human Services implementing the
14 recommendations of the committee contained in the final report
15 of the study conducted by the committee pursuant to Legislative
16 Resolution 37, One Hundred Second Legislature, First Session, 2011.
17 In order to facilitate such report, the department shall provide to
18 the committee by September 15 of 2012, 2013, and 2014 the reports
19 required pursuant to sections 43-296, 43-534, 68-1207.01, 71-825,
20 71-1904, and 71-3407 and subdivision (6) of section 43-405. The
21 Children's Behavioral Health Oversight Committee of the Legislature
22 shall provide its final report to the Health and Human Services
23 Committee of the Legislature on or before September 15, 2012.

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

26 43-296 All associations receiving juveniles under the
27 Nebraska Juvenile Code shall be subject to the same visitation,

1 inspection, and supervision by the Department of Health and Human
2 Services as are public charitable institutions of this state, and
3 it shall be the duty of the department to pass annually upon the
4 fitness of every such association as may receive or desire to
5 receive juveniles under the provisions of such code. Every such
6 association shall annually, ~~at such time as the department shall~~
7 ~~direct,~~ on or before September 15, make a report to the department
8 showing its condition, management, and competency to adequately
9 care for such juveniles as are or may be committed to it and such
10 other facts as the department may require. Upon receiving such
11 report, the department shall provide a copy to the Health and Human
12 Services Committee of the Legislature on or before September 15 of
13 2012, 2013, and 2014. Upon the department being satisfied that such
14 association is competent and has adequate facilities to care for
15 such juveniles, it shall issue to such association a certificate
16 to that effect, which certificate shall continue in force for one
17 year unless sooner revoked by the department. No juvenile shall
18 be committed to any such association which has not received such
19 a certificate within the fifteen months immediately preceding the
20 commitment. The court may at any time require from any association
21 receiving or desiring to receive juveniles under the provisions
22 of the Nebraska Juvenile Code such reports, information, and
23 statements as the judge shall deem proper and necessary for his or
24 her action, and the court shall in no case be required to commit
25 a juvenile to any association whose standing, conduct, or care of
26 juveniles or ability to care for the same is not satisfactory to
27 the court.

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

3 43-405 The administrative duties of the Office of
4 Juvenile Services are to:

5 (1) Manage, establish policies for, and administer the
6 office, including all facilities and programs operated by the
7 office or provided through the office by contract with a provider;

8 (2) Supervise employees of the office, including
9 employees of the facilities and programs operated by the office;

10 (3) Have separate budgeting procedures and develop and
11 report budget information separately from the Department of Health
12 and Human Services;

13 (4) Adopt and promulgate rules and regulations for
14 the levels of treatment and for management, control, screening,
15 evaluation, treatment, rehabilitation, parole, transfer, and
16 discharge of juveniles placed with or committed to the Office of
17 Juvenile Services;

18 (5) Ensure that statistical information concerning
19 juveniles placed with or committed to facilities or programs of
20 the office is collected, developed, and maintained for purposes of
21 research and the development of treatment programs;

22 (6) Monitor commitments, placements, and evaluations
23 at facilities and programs operated by the office or through
24 contracts with providers and report its findings annually to the
25 Legislature. For 2012, 2013, and 2014, the department shall also
26 provide the report to the Health and Human Services Committee
27 of the Legislature on or before September 15. The report shall

1 include an assessment of the administrative costs of operating
2 the facilities, the cost of programming, and the savings realized
3 through reductions in commitments, placements, and evaluations;

4 (7) Coordinate the programs and services of the juvenile
5 justice system with other governmental agencies and political
6 subdivisions;

7 (8) Coordinate educational, vocational, and social
8 counseling;

9 (9) Coordinate community-based services for juveniles and
10 their families;

11 (10) Supervise and coordinate juvenile parole and
12 aftercare services; and

13 (11) Exercise all powers and perform all duties necessary
14 to carry out its responsibilities under the Health and Human
15 Services, Office of Juvenile Services Act.

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

18 43-534 Every department, agency, institution, committee,
19 and commission of state government which is concerned or
20 responsible for children and families shall submit, as part of
21 the annual budget request of such department, agency, institution,
22 committee, or commission, a comprehensive statement of the efforts
23 such department, agency, institution, committee, or commission has
24 taken to carry out the policy and principles set forth in sections
25 43-532 and 43-533. For 2012, 2013, and 2014, the Department of
26 Health and Human Services shall provide a copy of its statement
27 submitted under this section to the Health and Human Services

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

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

11 68-1207.01 The Department of Health and Human Services
12 shall annually provide a report to the Legislature and Governor
13 outlining the caseloads of child protective services, the factors
14 considered in their establishment, and the fiscal resources
15 necessary for their maintenance. For 2012, 2013, and 2014, the
16 department shall also provide the report to the Health and Human
17 Services Committee of the Legislature on or before September 15.

18 Such report shall include:

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

23 (2) (a) The number of child welfare services ~~caseworkers~~
24 ~~and~~ case managers employed by the State of Nebraska and child
25 welfare services workers, providing services directly to children
26 and families, who are under contract with the State of Nebraska
27 or employed by a private entity under contract with the State of

1 Nebraska and (b) statistics on the average length of employment in
2 such positions, statewide and by ~~health and human services area;~~
3 service area designated pursuant to section 81-3116;

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

15 (4) The average cost of training child welfare ~~services~~
16 ~~caseworkers~~ and case managers employed by the State of Nebraska and
17 child welfare services workers, providing child welfare services
18 directly to children and families, who are under contract with the
19 State of Nebraska or employed by a private entity under contract
20 with the State of Nebraska, statewide and by ~~health and human~~
21 ~~services area.~~ service area as designated pursuant to section
22 81-3116.

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

25 71-825 The department shall provide an annual report,
26 no later than December 1, to the Governor and the Legislature
27 on the operation of the Children and Family Support Hotline

1 established under section 71-822, the Family Navigator Program
2 established under section 71-823, and the provision of voluntary
3 post-adoption and post-guardianship case management services under
4 section 71-824, except that for 2012, 2013, and 2014, the
5 department shall also provide the report to the Health and Human
6 Services Committee of the Legislature on or before September 15.

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

9 71-827 (1) The Children's Behavioral Health Oversight
10 Committee of the Legislature is created as a special legislative
11 committee. The committee shall consist of nine members of the
12 Legislature appointed by the Executive Board of the Legislative
13 Council as follows: (a) Two members of the Appropriations Committee
14 of the Legislature, (b) two members of the Health and Human
15 Services Committee of the Legislature, (c) two members of the
16 Judiciary Committee of the Legislature, and (d) three members
17 of the Legislature who are not members of such committees.
18 The Children's Behavioral Health Oversight Committee shall elect
19 a chairperson and vice-chairperson from among its members. The
20 executive board shall appoint members of the committee no later
21 than thirty days after May 23, 2009, and within the first six
22 legislative days of the regular legislative session in 2011. The
23 committee and this section terminate on December 31, 2012.

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

1 to children and their families.

2 (3) The committee shall meet at least quarterly with
3 representatives of the Division of Behavioral Health and the
4 Division of Children and Family Services of the Department of
5 Health and Human Services and with other interested parties and may
6 meet at other times at the call of the chairperson.

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

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

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

21 71-1904 (1) The department shall adopt and promulgate
22 rules and regulations pursuant to sections 71-1901 to 71-1906.01
23 for (a) the proper care and protection of children by licensees
24 under such sections, (b) the issuance, suspension, and revocation
25 of licenses to provide foster care, (c) the issuance, suspension,
26 and revocation of probationary licenses to provide foster care, (d)
27 the issuance, suspension, and revocation of provisional licenses to

1 provide foster care, (e) the provision of training in foster care,
2 which training shall be directly related to the skills necessary
3 to care for children in need of out-of-home care, including,
4 but not limited to, abused, neglected, dependent, and delinquent
5 children, and (f) the proper administration of sections 71-1901 to
6 71-1906.01.

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

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

21 71-3407 (1) The purposes of the team shall be to (a)
22 develop an understanding of the causes and incidence of child
23 deaths in this state, (b) develop recommendations for changes
24 within relevant agencies and organizations which may serve to
25 prevent child deaths, and (c) advise the Governor, the Legislature,
26 and the public on changes to law, policy, and practice which will
27 prevent child deaths.

1 (2) The team shall:

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

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

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

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

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

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

21 (g) Provide the Governor, the Legislature, and the public
22 with annual written reports which shall include the team's findings
23 and recommendations for each of its duties. For 2012, 2013, and
24 2014, the team shall also provide the report to the Health and
25 Human Services Committee of the Legislature on or before September
26 15; and

27 (h) When appropriate, make referrals to those agencies as

1 required in section 28-711 or as otherwise required by state law.

2 Sec. 19. On or before December 1, 2012, the Director
3 of Children and Family Services of the Division of Children and
4 Family Services of the Department of Health and Human Services,
5 the Director of Developmental Disabilities of the Division of
6 Developmental Disabilities of the Department of Health and Human
7 Services, the Director of Behavioral Health of the Division of
8 Behavioral Health of the Department of Health and Human Services,
9 and the Director of Medicaid and Long-Term Care of the Division of
10 Medicaid and Long-Term Care of the Department of Health and Human
11 Services shall provide a report to the Health and Human Services
12 Committee of the Legislature and the Developmental Disabilities
13 Special Investigative Committee of the Legislature concerning
14 the access of individuals with co-occurring conditions of an
15 intellectual disability and mental illness to the full array of
16 services needed to appropriately treat their specific conditions.
17 The report shall include, but not be limited, to:

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

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

26 (3) Information on the individuals currently receiving
27 services from more than one division who have these co-occurring

1 conditions, including the costs of the services, the types of
2 services provided, the unmet demand for such services, and an
3 estimate of the number of individuals served by one division who
4 would also qualify for services through another division;

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

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

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

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

21 Sec. 21. Original sections 43-296, 43-405, 43-534,
22 68-1207.01, 71-825, 71-827, 71-1904, and 71-3407, Reissue Revised
23 Statutes of Nebraska, are repealed.

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