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# Lead Agency Taskforce Final Recommendations

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July 21, 2015

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Report to the Nebraska Children's Commission

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## **Nebraska Children's Commission**

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#### **Background**

The Lead Agency Taskforce ("Taskforce") is a group formed by the Nebraska Children's Commission ("Commission") for the purposes of considering the potential role of lead agencies in Nebraska's child welfare system. The group was formed with representation from all three branches of government and other stakeholder organizations. A listing of members is attached as "Appendix A," and a summary of the Taskforce's activities is included as "Appendix B."

#### **Purpose**

The Nebraska Children's Commission has been tasked by statute to "consider the potential of contracting with private non-profit entities as a lead agency" (Neb. Rev. State. §43-4204(1)(a)). The statute states that lead agency utilization must be done in such a way to maximize the strengths, experience, skills, and continuum of care of the lead agencies.

The charge of the Taskforce was to look broadly at the options for management of the child welfare system and services across the state with lead agency contracting as one of the options and render opinions for consideration by the Commission, the Governor, and the Health and Humans Services Committee of the Legislature. The Taskforce agreed that this charge does not include the rendering of an opinion as to the operations and outcomes demonstrated by the Nebraska Families Collaborative, the current lead agency in Nebraska, but to look at the big picture of child welfare management across the State.

#### **Foundational Values**

The foundational value the Taskforce used to frame its recommendations is to "do no harm." The Taskforce recognizes that change has the potential to disrupt a system that is still trying to achieve stability. Any change made to the child welfare system will have effects on families and children, the stability of the workforce, and the ultimate ability of the system to achieve the mandates of child safety, permanency, and well-being. Crucial elements of systems level work are a focus on people and a family centered philosophy. Change to the child welfare system must be carefully planned, adequately funded, and designed to achieve specific and measurable outcomes.

The Taskforce also framed its work by recognizing that while the State can delegate child welfare functions, it is also held responsible for the care and placement of children who are wards of the state. This report makes recommendations regarding the complex issues

experienced by states implementing the lead agency model. Those in authority to implement a lead agency structure should consider the broader issues of delegating fundamental child welfare responsibilities.

### **Components of a Seamless System of Care**

The Taskforce determined that the child welfare system in Nebraska should be a seamless system of care. The Taskforce identified seven components of a seamless system of care, and developed recommendations to manage the child welfare system through supporting these seven components. These components are (1) Outcomes and Accountability; (2) Clarification of Roles and Responsibility; (3) Quality Case Management Workforce; (4) Trust; (5) Adaptive and Individualized to Children, Families, and Communities; (6) Coordinated and Flexible Service Delivery Model; and (7) Single Data Repository/Warehouse.

### **Outcomes and Accountability**

The first component of a seamless system of care is outcomes and accountability. A seamless system of care must identify and agree upon clearly defined outcomes. This includes mechanisms to hold stakeholders accountable for achieving or not achieving the identified outcomes.

1. **The Taskforce recognizes the benefits of the Continuous Quality Improvement (CQI) process and recommends that it continue.** Nebraska's Department of Health and Human Services (DHHS) – Children and Families Division has implemented a CQI process, including meeting with staff from each service area and the lead agency pilot project to review data and identify strategies for improvement. The CQI process should continue and any lead agency providing case management services should be included in the process.
2. **Nebraska's child welfare system must make the transition to the new Child and Family Services Review (CFSR) measures as soon as the measures are clarified.** The new CFSR measures better capture the outcomes of the system and the state will be held accountable to these measures.
3. **The agency providing case management services, whether the State or a lead agency, should be responsible for outcomes.** While other partners in the system should be involved in the attainment of the outcomes, ultimately the agency providing case management must be held accountable for attaining or not attaining outcomes for families and children. If the lead agency model is utilized, the outcomes and responsibility should be included in the Request for Bids (RFB) and contract. Expected outcomes should be uniform for all agencies providing case management.
4. **If Results Based Accountability (RBA) will be used, it must work for all players in the system.** An RBA framework will look differently for a lead agency than a

contracted service provider. Entities should be held accountable for results that they can impact.

5. **The data that is collected for accountability should be necessary to monitor identified systemic indicators and not require duplicate data entry.** Systemic indicators should be identified to determine what information is necessary and required. Information and data requires caseworker input to collect. Data collection can require large amounts of caseworker time and effort that is spent away from families, and should be minimized as much as possible.
6. **If the lead agency model is utilized, Nebraska must effectively address the challenges to lead agencies accessing Nebraska's existing child welfare information technology system, Nebraska Family On-line Client User System (NFOCUS).** Lead agencies often struggle when lead and public agencies maintain different data and information systems. The lead agency may have invested significant amounts of money in a system that is incompatible, or the existing SACWIS system may not be able to accommodate the needs of the lead agency. Fortunately, other states have tackled this issue and can provide guidance. Some possible solutions include:
  - a. Granting secondary access to lead agency staff, including two levels of access. Case managers need case level access to make quality decisions for the children and families they serve, and the lead agency needs access to aggregate data for an internal CQI process;
  - b. Creating a search function that is accessible by lead agency staff;
  - c. Creating relevant alerts that are available to the lead and public agency staff;
  - d. Including the lead agency in systems improvement processes and focus groups;
  - e. Addressing SACWIS use in the contract between the lead and public agency;
  - f. Making extensive training available to both the lead and public agency employees on the use of the SACWIS;
  - g. Lead and public agencies working together to create a common data dictionary so that codes and definitions are standard statewide.

### **Clarification of Roles and Responsibility**

A seamless system of care has clarified roles and responsibilities for each specific position, agency, and stakeholder. Unclear roles create uncertainty, confusion, and mistrust within the system. Effective relationships are fostered when individuals understand and respect their own and each other's roles. Roles should be designed to serve children and families as efficiently as possible. This section addresses a number of legal party issues between the public agency and lead agency. The Legal Parties Taskforce of the Nebraska Children's

Commission is developing recommendations regarding the roles of other legal parties, but the recommendations in this section are limited to lead agency related roles.

- 1. A seamless transition plan needs to be created and implemented between the initial assessment workers and case managers.** Families involved in the child welfare system need access to services as soon as possible. Delays between initial assessment and case manager engagement delay the seamless provision of necessary services which in turn ultimately delays permanency for child. Communication between the workers must support the seamless system of care, and not create delays. The process of transition should be collaborative and focused on timely access to services. This recommendation should be implemented regardless of lead agency utilization.
- 2. If the lead agency model is to continue, the Legislature must clarify issues of legal custody of children who are state wards.** As per statute, DHHS maintains legal custody of state wards, is responsible for their care, and decision making inherent in case management (Neb. Rev. Stat. §68-1211). Although the lead agency is responsible for daily tasks, important decision making remains with the public agency. For instance, a lead agency caseworker cannot consent to medical treatment.
  - a. Address inefficiencies in legal decision making for state wards.** The caseworker for the lead agency, although appropriately trained and thoroughly familiar with the needs of the family and children, must defer to a DHHS worker with less experience with the family. This structure also contributes to a general confusion on the part of the family about the lead agency caseworker's role. The public agency is in the position of having the responsibility to make the best decision for the family, without the family knowledge and contact of the lead agency worker. Other states have dealt with this issue either through statute or through court order.
    - i. Statutory solutions:** Some States have codified that the lead agency has legal authority over the day-to-day decisions of the family. The State indirectly affects case management through contract requirements and licensing regulation, but the lead agency is given broad authority over the decision making for the family.
    - ii. Judicial solutions:** Other states turn to the judicial branch to determine who should make the legal decisions for vulnerable children who are in the custody of the state. Some states allow the judge the ability to issue a court order giving a caseworker legal authority to assume legal custody of the child. Judges ultimately decide the disposition of the case and have familiarity with the family and child, so it is consistent with the role to allow judges to determine which agency retains legal custody of the child.

However, this option would be unavailable in Nebraska, without a statutory change allowing lead agency caseworkers the ability to take legal custody of a child.

- iii. **Public Agency solutions:** Some public agencies employ caseworkers who monitor the cases managed by the lead agency. These caseworkers are familiar with the cases and have the authority, as public agency employees, to make legal decisions for the child who is a state ward. Often, this caseworker does not have the face-to-face contact or familiarity with the family and child, but in a system with effective communication and well-defined roles, this can be workable. The public agency monitoring caseworker can be present in the courtroom to discuss the case and present the public agency's position.
  - iv. Ultimately, very few states have opted to give lead agencies legal custody of children who are state wards. Under Federal Law and guidelines, the state agency maintains the overall responsibility for the placement and care of the child, including the case plan. Although this does not prohibit the state from delegating case plan activities to a lead agency, it does require significant monitoring and oversight from the public agency. If Nebraska continues the lead agency model, it will be necessary to clarify this issue. Making any changes to the delegation of day-to-day decision making will require thoughtful planning, stakeholder buy-in, and a deliberate implementation process.
- b. **Consider liability issues inherent in a lead agency taking legal custody of a child who is a state ward.** Contracts will need to address how the risk and liability will be allocated. Lead agencies do not have the same level of immunity from liability that a public agency enjoys. Increased levels of responsibility for lead agencies will in turn create increased levels of exposure to risk. The increased risk of liability will have a chilling effect on smaller, community based agencies that do not have the legal or financial resources to respond to litigation. Further research should be conducted to determine if Legislation can be created to relieve lead agencies of this potential liability by extending the immunity enjoyed by the public agency.
3. **If the lead agency model is utilized, the legal party status of the lead agency must be addressed.** Currently, the public agency is a legal party to the juvenile court case, and attorneys for the public agency may attend the hearing, file motions, and act on behalf of the agency. The lead agency does not have legal standing, and may not participate as a party in the court proceedings. In some states with the lead agency

model, there are times when the lead agency involves its own private legal counsel in a proceeding involving a child who is a state ward, including when conflicting interests arise between the state and lead agency, or when a lead agency caseworker is held in contempt of court. This leaves the public agency legal counsel to advocate on behalf of a case plan the agency did not create. Lead agencies incur legal and financial risk and are held responsible for outcomes, and participation in court proceedings could reduce risk and increase outcomes. If the lead agency is given legal custody of the child, it will be necessary for the lead agency to be a party to the case. It is relatively rare for a lead agency to have full legal party status, but some measure of legal standing could alleviate these legal concerns. Nebraska should clarify what level of legal party participation is expected of the public agency and lead agency, and modify statute accordingly.

- 4. If the lead agency model is utilized, reduce role duplication as much as possible.** While a lead agency will require oversight, it is imperative that the roles be clearly defined so that the same jobs are not being done at the state and lead agency level. Duplication at the administrative level may be unavoidable. The public agency will have necessary infrastructure such as payroll, human resources, legal and accounting departments. A lead agency, as a separate entity, will require this infrastructure as well. This duplication should be minimized as much as possible.

### **Quality Case Management Workforce**

This includes quality oversight of caseworkers and case managers who serve as representatives to other systems, including the court.

- 1. The Lead Agency Taskforce has reviewed the recommendations of the Nebraska Children’s Commission Workforce Workgroup dated March 17, 2015, and supports the recommendations.** This document is attached as “Appendix C”
- 2. Caseworker salaries should be increased to attract and retain high quality caseworkers.** While the Workforce Workgroup recommends that “Caseworker salaries should be brought in line with regional averages, taking into account variations in caseworker education, experience, and caseload,” the Lead Agency Taskforce recommends that Nebraska increase the salary so that it exceeds the regional average.
- 3. Caseworker salaries should include differentials based on experience, education, proficiency in second languages, attainment of key competencies, and other relevant factors.** The nature of casework requires a high level of education, skills, and field experience. Casework is an extremely complex and difficult vocation that deeply impacts families and children. Casework should not be seen as an entry level position, and allowing for merit pay increases and salary

differentials for education, skills, and other factors allows agencies to attract and retain the best and most qualified candidates.

4. **Case managers must be supported by quality supervisors.** Supervisors play an extremely important role in the child welfare system. They provide necessary support and expertise to case managers. It is important to employ supervisors with Masters of Social Work degrees, and encourage the attainment of Masters of Social Work Degrees. Quality supervisors contribute to retention, job satisfaction, and improved outcomes for children and families.
5. **System stakeholders support caseworkers.** The support of stakeholders impacts caseworker retention. Caseworkers may be employed by a public or lead agency, but come into contact with stakeholders from all systems. For instance, caseworkers spend a significant amount of time in court, and therefore need the support of attorneys, judges, and Guardians ad Litem. Another key component is quality supervisor support for case managers.
6. **Caseworkers should not be required to make unnecessary or duplicate data entries to report data.** This recommendation has been discussed as a part of Outcomes and Accountability, but its impact on caseworkers merits discussion under this component. Casework attracts individuals who are dedicated to families and children, and wish to spend their time actively helping their clients. Many caseworkers struggle to balance work and life while meeting the demands of the families they serve. Adding unnecessary or duplicative data-collection and entry further burdens caseworkers.
7. **If the lead agency model is utilized, the contract must include provisions to ensure a quality case manager and supervisor workforce.** The contract should include staffing requirements, and show how the lead agency will use its creativity and flexibility to foster its workforce. The contract should also include training that is consistent with state and federal requirements, but not necessarily the same training utilized by the public agency.
8. **If case management remains a function of the public agency, addressing the restrictions to increasing caseworker salary and allowing for caseworker salary differentials should be a priority.** Currently, public agency caseworkers are hired at the same rate, regardless of the experience or education of the caseworker. The pay structure presents a challenge in recruiting skilled workers. A case worker may be graduating college with a bachelor's degree and no field experience and another may have a Master's in Social Work and years of field experience, yet will be offered the same pay for the same job. The effect is that the position of caseworker is regarded as an entry level job, when it in fact requires significant field experience and education. Under the current salary structure, caseworkers are hired at the same rate for the same position. Department of Administrative Services rules and Union

contract requirements should be examined and possibly re-structured to allow for changes in salary structure.

### **Trust**

A seamless system of care must include trust supported by follow through, consistency, and champions for the child and family. Families, judges, attorneys, providers, caseworkers, and all stakeholders must trust each other and the system.

- 1. Trust is enhanced and supported through transparency at all levels.** Trust can be achieved when it is clear that each stakeholder is open and honest. Transparency is necessary to achieve accountability for measures. Policies and practices should enhance and support transparency in the child welfare system. Trust cannot be mandated, but can be created by consistent achievement of outcomes.
- 2. The responsibilities of each role are clearly defined and understood.** Each role and its expectations must be clear at every point in the system. When the responsibilities of each role are clear, stakeholders and families can understand what to expect and how to achieve outcomes.
- 3. DHHS-CFS and any lead agency must have a collaborative and constructive partnership.** The relationship between the public agency and lead agency is key in any successful lead agency model. The public agency is reliant upon the lead agency to create case plans for the vulnerable children in the custody of the state. A close and trusting relationship is necessary to achieve outcomes.

### **Adaptive and Individualized to Children, Families, and Communities**

Each child, family, and community in Nebraska has different strengths and needs. A seamless system of care is able to effectively address the unique needs and enhance existing strengths. Many proponents of the lead agency model note that the private status of lead agencies should allow them to be more flexible and use funds in ways that are not available to the public agency.

- 1. If the lead agency model is utilized, it must support an adaptive and individualized services array and system of care.** If the State does contract out case management, it should expect that the lead agency will develop services, innovate, and use funds for services in ways that the State cannot. The contract should not be for results that the State could produce without a contract. A lead agency must be more innovative and able to provide a more individualized services array than the public agency.
- 2. If the lead agency model is utilized, DHHS-CFS should tailor the Request for Bids to require the bidders to demonstrate how they will be able to change and improve the child welfare system.** The potential lead agency must show how it

would serve the children and families differently while achieving the desired outcomes.

3. **Special attention needs to be paid to the unique needs of each service area, and each service area administrator should be given the necessary flexibility to attend to those needs.** Nebraska is diverse in both geography and population. Each service area has different service needs and resources. Service area administrators have the expertise to understand how to serve the needs of the service area, and should be given the necessary flexibility to achieve outcomes.

### **Coordinated and Flexible Service Delivery Model**

A seamless system of care has a coordinated and flexible service delivery model. The case manager should be the primary representative to the child and the family, ensure the child receives services designed to meet their individual needs, and assist the family in accessing needed services. Service providers need the flexibility to provide the necessary services to children and families without interruption or delay. The system as a whole needs the ability to modulate the services within it.

1. **If the lead agency model is utilized, focus on legal and financial requirements, not process protections.** When lead agencies are held to the same policies and requirements as the public agency, it is difficult to achieve different outcomes. Public agencies often place requirements on lead agencies that are meant to protect the public agency. These process protection policies make flexibility difficult. If the lead agency is being held to the public agency policies, it should be to achieve legal and financial requirements, not process protections for the public agency's benefit.
2. **If the lead agency model is utilized, focus on true outcomes, and not process outcomes.** Process outcomes, like process based protections, limit the flexibility of the lead agency. The lead agency should be responsible for achieving true outcomes for families and children, not for the process they use to achieve outcomes.
3. **If the lead agency model is utilized, allow lead agencies the flexibility to show how they can change and improve the system, and implement the changes.** Lead agencies can be restricted by state policies and rules to the extent that they are unable to operate in an appreciably different way from the State. If lead agencies are not given some measure of flexibility in adherence to state policy, it will be impossible for the lead agency to produce different results.
4. **If the lead agency model is utilized, the state and lead agency must work together to transition cases from initial assessment to ongoing case management.** The state and lead agency must work together from the outset of a family's involvement to coordinate the case plan and begin services as soon as possible for the family.

## Singular Data Repository/Warehouse

Decisions throughout all levels of the child welfare system must be made based on timely and accurate information. The system needs mechanisms that allow for the gathering, tracking, analyzing and sharing of essential information in a timely manner. Children and families in the child welfare system are often involved in other systems that have knowledge of and responsibility for other aspects of the child and family's life. A single data repository or warehouse allows for coordination of services through increased information and allows providers access to the information necessary to determine eligibility and need for services. Shared data repositories may also allow for better decision making at the public policy level because more comprehensive information is available. The data repository must include data from all systems that a child may touch, including the Courts, Probation, Medicaid, Developmental Disabilities, Behavioral Health, and Education.

1. **If the lead agency model is utilized, State and lead agency data should be analyzed in the same manner so that the comparison, interpretation and reporting of data is consistent.** All agencies responsible for case management, whether State or lead agency should provide data to the singular data repository. All data should be analyzed consistently, so that accurate comparisons can be made and there are informed decisions made at all levels of the child welfare system.
2. **Common definitions of key measures should be created.** A data dictionary is a necessity for a singular data repository. This allows for the true comparison of data, as it is clear what exactly is being measured.
3. **The way that data is arrived at should be transparent.** Data should be used to measure identified systemic indicators that are clearly defined. All public and lead agencies should be held responsible for the same systemic indicators, and agree on the manner in which data points are determined. This will allow for a consistent understanding of the system's ability to meet outcome measures. This will also prevent public and lead agencies from releasing competing or contradictory data.
4. **Data supports quality case management.** Case level data should be accessible by case managers to support quality decisions for the children and families served.
5. **The data repository should also include a reports feature allowing stakeholders to view their or their organization's performance and make internal system changes.** This allows all stakeholders to monitor their own performance and make necessary system changes to support improved outcomes. Individualized data reports can allow stakeholders to identify areas to improve upon to support the functioning of the child welfare system as a whole.

## Summary

The Lead Agency Taskforce has conducted a thorough and thoughtful review of Nebraska's child welfare system, and in addition to the seven components of a seamless system of care, has identified the following three broad summary recommendations:

1. **The Lead Agency Taskforce believes that the lead agency model can be effective if the seven components of a seamless system of care are present.** Regardless of public or lead agency management, these premises must be fulfilled to have a revolutionarily effective child welfare system.
2. **Those in authority for determining whether lead agencies will be utilized should consider the broader issues of whether or not Nebraska should establish contracts which delegate child welfare responsibilities.** Regardless of lead agency utilization, the State remains responsible for the placement and care of children who are state wards.
3. **Case managers and supervisors are the foundation of the child welfare system.** If the foundation of case workers and supervisors is built, the State will have a strong child welfare system regardless of the structure. Workers should be encouraged to make child welfare case work their profession and lifelong career. Child welfare case work should be professionalized through managed caseloads, reduced paperwork and bureaucracy, respectful environments, and valued workers.

### **Statement of Appreciation**

The Taskforce would like to express appreciation for Chairperson Beth Baxter's leadership and vision; and Policy Analyst Bethany Allen's staff support.

## Appendix A

### Lead Agency Taskforce Members

Name	Title
Beth Baxter	Administrator, Region Six
Jim Blue	President/CEO, CEDARS
Jennifer D. Chrystal-Clark	County Attorney, Douglas County Juvenile Court
Judge Lawrence Gendler	Judge, Sarpy County Juvenile Court
Candy Kennedy-Goergen	Executive Director, Nebraska Federation of Families for Children's Mental Health
Kelli Hauptman	Co-Director, Nebraska Resource Project for Vulnerable Young Children at UNL, Center on Children, Families and the Law
Norman Langemach	Private Attorney and Guardian ad Litem
Mary Jo Pankoke	President/CEO, Nebraska Children and Families Foundation
RuAnn Root	Director, Court Appointed Special Advocates (CASA) of South Central Nebraska

### Resources to the Lead Agency Taskforce

Kim Hawekotte	Executive Director, Foster Care Review Office
Julie Rogers	Inspector General of Nebraska Child Welfare

## Appendix B

### Lead Agency Taskforce Summary of Activities

Date	Activity
March 6, 2015	The Lead Agency Taskforce (“Taskforce”) holds its first meeting. The meeting is spent in a general discussion about the subject matter, creating a purpose statement, and identifying key values.
March 17, 2015	The Taskforce presents a written update of activities to the Nebraska Children’s Commission (“Commission”). The Commission reaches the consensus that the Taskforce’s work should continue as identified by the Taskforce.
March 24, 2015	The Taskforce holds its second meeting. The meeting is spent creating a structure and framework for creating recommendations. The Taskforce identifies critical system components and issues that need to be addressed by recommendations.
April 1, 2015	Survey created to elicit feedback from the taskforce on the critical system components and other issues to be addressed by recommendations.
April 15, 2015	The Taskforce holds its third meeting. The meeting is spent reviewing the results of the survey. Members identify data and information necessary to create recommendations, and request that the Department of Health and Human Services Children and Family Services Division (DHHS-CFS) and pilot project Nebraska Families Collaborative (NFC) send representatives to the next meeting. The Taskforce also requests that the representatives complete the survey.
May 4, 2015	The Taskforce holds its fourth meeting. Representatives from DHHS-CFS and NFC attend to discuss the survey results and provide the task members with information. The Taskforce comes to the consensus that the next meeting should be spent working to create a final report.
May 19, 2015	The Taskforce presents a written update of activities to the Nebraska Children’s Commission.
May 27, 2015	The Taskforce holds its fifth meeting and begins to develop recommendations.
June 30, 2015	The Taskforce holds its sixth meeting. The Taskforce reviews a written draft of information from the previous meeting and develops final recommendations.

## Appendix C

### **Nebraska Children's Commission Workforce Workgroup**

**May 18, 2015**

The Workforce workgroup of the Nebraska Children's Commission has identified two key areas of focus to recruit and retain Department of Health and Human Services (DHHS) child welfare caseworkers in Nebraska: increased salary and compensation and the development of career trajectories. Increasing the professionalism and expectations of front line workers and their supervisors is critical to improving outcomes for children in out-of-home care and in the juvenile justice system. Recommendations are listed in priority order.

#### **Role and Importance of Child Welfare Workers**

Child welfare caseworkers are critical to the safety, permanency and well-being of children in Nebraska. Caseworkers must be given the tools necessary to effectively perform their jobs and help vulnerable children and families.

Studies abound on the importance of stable and effective caseworkers. The Foster Care Review Office recently cited two studies in its 2014 annual report, noting that caseworker turnover is consistently associated with delays in achieving permanency and increased numbers of placement.

Caseworkers also play a pivotal role in the experience of the child, especially when the child is in an out-of-home placement. Children experiencing the upheaval of being removed from the home need stable and caring adults in their lives. The repeated change of caseworkers removes an important opportunity to provide vulnerable children with much needed stability and certainty.

The average length of tenure for a caseworker in Nebraska is 3.19 years. This not only leaves a vulnerable population of state wards facing the decreased outcomes associated with caseworker changes, but also imposes a significant fiscal cost on the state. Training associated with hiring a new caseworker ranges between \$30,000 and \$36,000.

#### **Salary and Compensation**

Improved salary and compensation should include bringing caseworker salaries in line with national averages and creating salary differentials. Salary differentials should be available for performance and education. Performance incentives include an increased salary differential for achieving key competencies in casework. Caseworkers should also continue to receive salary increases when moving from frontline casework to mentor and supervisor roles.

Educational incentives include a salary differential for attaining higher education and loan forgiveness programs. Tuition reimbursement and loan forgiveness is a sub-topic of compensation that is closely linked to retention and recruitment. Higher loan forgiveness for caseworkers employed in underserved areas assists in rural communities attracting and retaining child welfare professionals.

### **Recommendations:**

1. Caseworker salaries should be brought in line with regional averages, taking into account variations in caseworker education, experience, and caseload.
2. A loan forgiveness program for attainment of higher education should be established, with higher loan forgiveness for employment in underserved areas and rural areas.
3. A comprehensive evaluation regarding child welfare caseworker professionals should be undertaken by the Legislature and include the issue of caseworker salary in Nebraska.

### **Education and Professionalism**

The role of child welfare caseworker is of critical importance, and should not be considered an entry level position. Caseworkers are in charge of ensuring that families and children receive services and support and making recommendations to the Judge regarding permanency. It is clear that this pivotal role requires attaining high levels of competency through education, training and experience. It is important to encourage caseworkers to attain levels of higher education, including the attainment of a Master's of Social Work. Incentives may include a salary differential for attaining higher education, loan forgiveness programs, or tuition reimbursement.

### **Recommendations:**

1. A comprehensive evaluation regarding child welfare caseworker professionals should be undertaken by the Legislature and include the issue of incentives to encourage the attainment of advanced degrees, including through loan forgiveness programs.

### **Career Trajectories**

Establishment of career trajectories strengthens retention and professional development. Caseworkers should receive increased salaries for performance and supervisory duties. New job classifications can be based on achievement of key competencies with salary increases at each level. Competencies may include the ability to work with specific populations, maintain high-risk caseloads, attain cultural competency, or speak multiple languages.

**Recommendations:**

1. Career steps should be identified with accompanying salary differentials for:
  - a. Achieving specialized competencies (expertise with specific populations; high risk caseloads; cultural competency; multiple language proficiency);
  - b. When moving from frontline casework to mentor to supervisor roles; and
  - c. Education achievement beyond bachelor's degree.
2. Encourage and support the continued efforts of the DHHS and NFC.

**Caseloads**

Caseload sizes have dramatic effects for both workers and the families they serve. A burdensome caseload is the natural consequence of increased turnover, which in turn creates even more turnover when workers feel they are unable to appropriately manage their caseloads. Caseloads are not just abstract numbers; each case represents the lives of families and children. When caseworkers are assigned too many cases they are overwhelmed, lose their confidence in their ability to effectively perform their jobs, and children and families suffer the effects.

The Workforce workgroup acknowledges the work that has been done by the Legislature in the important step of creating caseload limits for child welfare case workers. DHHS and pilot project Nebraska Families Collaborative (NFC) are required by Neb. Rev. Stat. §68-1207(1) to utilize the workload standards of the Child Welfare League of America. DHHS submits an annual report to the legislature outlining the caseloads of its caseworkers

It is important to perform oversight of these numbers, to ensure compliance. One area that can be improved upon is defining vague terms in the caseload standards. Urban, rural, and mixed urban and rural caseload standards are different, due to the drive time encountered in rural cases. Although the caseloads are different, the terms are not clearly defined. Many caseworkers working in areas defined as “urban,” such as Scottsbluff, also service rural areas and experience significant drive time in managing their caseloads. The workgroup recommends that “rural” and “urban” be defined to be more in line with the caseworker’s experiences of the region served.

**Recommendations:**

1. Clarify definitions of “urban” and “rural” for purposes of calculating caseloads.
2. Create a technological solution to the complexity of calculating mixed-caseloads.
3. Increase oversight to ensure that statutory caseload limits are followed, and that the caseload limit is reviewed for appropriateness.
4. Utilize legislative oversight to ensure that compliance with the caseloads is maintained.

## **Vicarious Trauma and Compassion Fatigue**

“Vicarious trauma” and “compassion fatigue” are two terms used interchangeably to describe the secondary trauma experienced by caseworkers who witness or hear about the traumatic experiences of the people they serve. The nature of the profession attracts workers who care deeply about families, so daily exposure to traumatic events or stories can have negative effects on caseworkers. Vicarious trauma causes unhappiness and distress in caseworkers, with negative consequences for the worker’s family life and job performance. Fortunately, there are excellent services and trainings available to help caseworkers prevent and lessen the effects of vicarious trauma.

### **Recommendations:**

1. Make counseling services available to case workers experiencing vicarious trauma or compassion fatigue.
2. Ensure caseworkers are aware of resources to help with vicarious trauma and fatigue, and encourage the utilization of these resources.
3. Encourage the continued efforts of the DHHS and pilot project NFC in this area.

## **Training and Work Support**

An effective social worker has a number of skills and competencies outside of knowledge of the child welfare system, child development, and family dynamics. Key components of the job include the ability of the caseworker to manage his or her time and organize his or her workload, while maintaining a work-life balance. A new caseworker may not have these skills upon entering the workforce. An effective training program should include information on these skills.

Stakeholders have also identified a need to provide critical thinking training for caseworkers. The role and judgment of caseworkers is critical for all families, especially court-involved families. Communication between judges and caseworkers is imperative. Judges need to be able to rely on caseworkers to explain the decisions and recommendations put forth in court. Judges are often unaware of the decision-making tools such as SDM and various assessments that result in the caseworker’s recommendations. Caseworkers need to be able to explain the decision making tool utilized, and how the facts of the case were applied to support the recommendation to the Court.

### **Recommendations:**

1. Training programs for new caseworkers should include professional development in areas such as time management and workload management.

2. Develop and utilize a program to ensure effective communication between judges and caseworkers.
3. Develop and utilize a training program that enhances critical thinking skills.
4. Perform a thorough and comprehensive review of caseworker training and curriculum to ensure that it reflects best practices in the field.
5. Encourage and support the continued efforts of the DHHS and NFC in this area.

### **Next Steps**

After forwarding its recommendations to the Legislature, the workgroup will remain available as a resource to the Legislature and the Nebraska Children's Commission for child welfare and juvenile justice workforce related issues. The Workforce Workgroup requests that a comprehensive evaluation be done to explore the components necessary for a stable, effective and professional child welfare workforce and statutory changes necessary to support the workforce.