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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Child and Family Services Review Round 3 Program Improvement Plan

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Executive Summary

Nebraska participated in Round 3 of the Children and Family Services Review (CFSR) the week of June 5-9, 2017. Federal and State reviewers analyzed 65 cases (40 foster care and 25 in-home) conducted via the Traditional Review process in Douglas, Hall, and Platte/Colfax counties. The review also included interviews with more than 200 stakeholders about the performance of Nebraska's child welfare system. Nebraska was found to be out of substantial conformity with 7 outcomes and 3 of the 7 systemic factors.

The review of Nebraska's child welfare system supports our own Continuous Quality Improvement (CQI) process and the results of the CFSR provided additional focus on areas needing more attention. Nebraska's own analysis leading up to the final report identified some areas where improvement was needed, and these areas were already being addressed. After the CFSR preliminary results report out at the end of the review week in June 2017, DHHS CQI Program Accuracy Staff conducted meetings with Service Area staff the months of July and August 2017 to begin identifying overarching themes and causes of the areas needing improvement that were identified during the onsite report out. The themes identified were family engagement, safety and risk management, service array, and timely permanency as well as workforce development.

Upon receipt of the results from the most recent Federal CFSR review, Nebraska reached out to State, Federal and Community partners to develop a Program Improvement Plan (PIP) core team represented by families through a family organization representative, youth as represented by youth organizations, a representative from the Division of Behavioral Health System of Care, Court Improvement Project and PromiseShip. The PIP core team has been driving the development of the PIP since August of 2017.

The Nebraska Department of Health and Human Services PIP core team hosted a public stakeholder's meeting where the Children's Bureau representatives presented their formal CFSR findings in November 2017. The PIP Core Team's desire was to be inclusive of all stakeholders in the State of Nebraska in the CFSR PIP. Organizations and individuals invited to attend included judges, attorneys, guardian ad litem, biological parents, foster and adoptive parents, youth, Court Appointed Special Advocates, Native American tribes, child and domestic abuse groups, state appointed bodies, Inspector General for Child Welfare, Foster Care Review Office, advocacy organizations, state senators, foundations and more than 40 service providers. Over 112 individuals attended. At this meeting, participants identified root causes for areas needing improvement. Information from the meeting was utilized to develop strategies and key action items in the PIP. The PIP Core Team members served as the leads for each overarching theme workgroup and facilitated individual group discussions to identify the contributing factors/ root causes for each overarching theme. After this meeting, team leads analyzed the information gathered from stakeholders along with analysis of the state's data to determine the top 5 root causes and strategies identified during the November meeting. During the week of January 28, 2018, stakeholders were again invited to participate in conference calls to provide input regarding the top 5 root causes and strategies for the PIP. After gathering the information through the processes described above, Nebraska began analyzing all the information and data, surveys, focus groups to identify the root cause of underperforming areas while identifying target areas for improvements that will result in improving outcomes for children and families.

Major themes that emerged were the need for families and workers to feel engaged in assuring child safety and improving a parent's ability to protect and meet the needs of their children. Focusing on engagement leads to the ability to better assess children and families and working with families, courts, and communities to provide needed services to ensure permanency and safety for children. Workers need to feel a sense of accomplishment and meaning in their work to avoid burn out and loss of connection with the families and children they serve. One of the best ways to improve performance on all outcomes for children and families is to support the child welfare workforce.

For the past decade, the child welfare profession has struggled, nationwide, to maintain a trained and skilled workforce dedicated to providing services and support to assist families in need of critical and immediate care and services. On average, workforce turnover within the child welfare profession is more than six times the national average when compared to turnover in other professions. In 2017, State of Nebraska Children and Family Services Specialists (CFSS) experienced a 32 percent rate of turnover. That percentage is reflective of employees leaving the agency and those seeking other positions within the agency. High turnover is a prominent and major factor as it relates to the ability to complete accurate and through assessments timely, engage families and ensure their voice and their choice for how to address the safety threats are heard through. Families must guide the process and selection of support and services to their families and children both immediate and long-term. The inability to provide the right service, in the right method at the right time to children and families result in negative impacts and adverse outcomes. Workers also indicated a need for a strong supervisory model/initiative that provided the tools for coaching and mentoring as well as supervision skills.

Overarching Themes:

One of the major areas of concern impacting Nebraska's CFSR outcomes, is our **failure to engage families**. Data analysis indicate lack of non-custodial parent engagement throughout the life of the case, particularly with in-home cases. To address this, Nebraska is focused on developing a culture of family voice and family choice. Our goal is to preserve families whenever possible by teaching parents how to protect and support their children. The number one priority of our case managers is spending time in the family home with direct observation of family and how they function. We want **child centered family focused** interventions that **teaches parents how to protect** their children and meet their needs. Case managers must embrace the concepts of trauma informed care and be culturally humble. Case managers must also promote that families are the experts in their situations and must utilize their voice in safety planning, case planning and service provision. All persons have dignity and value, and are worthy of respect. A person's opinions and participation in decision-making are central to being respectful of their rights. Our goal is to be inclusive rather than exclusive.

Nebraska looks forward to implementing a new practice model called Safety Organized Practice (SOP). SOP works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety and risk. A cornerstone of SOP is a collaborative approach that emphasizes teamwork, a partnership with families, and involving a safety network of family, friends and relatives to support the children and parents. SOP uses strategies and techniques that align with the belief that a child and his/her family are the central focus, and that partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. This will provide additional skill building that will better equip

supervisors with the necessary framework and tools to be team leaders and coaches. These strategies will help support supervisors to be better coaches for their teams as it relates to empowering specialists with critical thinking skills, family engagement, and safety planning. Skill building for supervisors will be centered on advanced Structured Decision Making (SDM) for supervisors and the implementation of Safety Organized Practice (SOP).

Another major area of concern was the **turnover of CFSS** statewide. During the core team meeting with families and youth, families have voiced concerns about the lack of consistency in their caseworker. They feel like they have to tell their story over and over again. They indicate that was their number 1 concern when working with DHHS and successfully achieving permanency for their children. Our human resource unit gathered data from 94 listening sessions that were held in dozens of communities across the state that involved hundreds of CFS staff. From those sessions and the data collected it was determined that the number one reason for turnover was burn out. They voiced concerned about caseload sizes, lack of pay or ability to promote through the system and lack of respect by community partners. As a strategy to address some of the concerns voiced we have increased use of flexible hours, provided the ability to work from home, increased the use of technology to increase mobility of our CFSS team so they can spend time in homes with families assessing for safety and protective capacity of the parents. We were also fortunate to be selected as one of the eight sites to address staff turnover in child welfare agencies for Quality Improvement Center for Workforce Development (QIC-WD) and we look forward to selection of our intervention that will be our focus for the remainder of that grant period.

An evaluation of work processes indicated that these were extremely complex, and process oriented rather than outcome based. This led to creating a work culture that continually looks at ways to innovate how we do business and enhance our customer service. Process improvement teams are helping to identify waste, eliminate unnecessary steps, and deliver a better customer experience for children and families. Utilization of Lean Six Sigma is providing guidance for administrative simplification of complex process that added valueless complexity which impeded our ability to serve children and families timely. In January 2018, during the State of the State address, Governor Ricketts announced the creation of a Child Welfare Task Force. The task force is identified as the “Child Welfare Tiger Team” and has been focused on process improvement and other targeted initiatives to improve child safety, permanency, and well-being. The team has been working on these initiatives through the end of State Fiscal Year 2018 and will continue into State Fiscal Year 2019. CFS will continue to utilize the Process Improvement team by supporting one full-time Process Improvement Coordinator to be dedicated to CFS to administratively streamline processes for CFSS teammates to ensure they are able to meet the needs of their families with minimal compliance and documentation requirements as possible.

Another area of concern is our ability to access **community services** when children and families need them. These services included assessment and treatment for mental health and substance use disorders as well as foster families who were willing to serve older children and children with behavioral issues. We will focus on identifying community partners willing to serve children and families through an open and competitive bidding process within our child welfare system. We will reach out to partner both internally and externally with professionals who have expertise in mental health and substance abuse disorders. Working with the community programs available that provide parenting programs, mentoring programs, and support groups. We will expand our innovation center with faith-based organizations for services and supports to meet the needs of the families.

Another area of concern is lack of timely permanency due to court related barriers. Our focus needs to be clear that as a system we are here to support children and families to remain together safely, be reunified if a separation occurred, and provide the services necessary to have the family protect and provide safety for their children. But children don't wait forever. If progress is not occurring and the goals of family preservation or reunification are not achieved then the child should have a forever family that ideally has both cultural and relational permanence for them. We must focus on supporting our children lifelong through strategies such as shared parenting, continuing ties with foster families and others.

We must be transparent in our SDM assessments, sharing them with parents for accuracy and input. We must be clear about the need for concurrent planning at day one. Actively pursuing two different permanency goals at the same time, is one of the most widely-endorsed practices for expediting permanency for children. Full disclosure to all parties is a critical element of concurrent planning. This includes respectful, candid discussion about the birth parent's rights and responsibilities, the issues that necessitated child welfare involvement, the changes needed to achieve reunification, and possible consequences and alternative outcomes if the parent does not make the necessary changes. We will be working with our court improvement partners to survey our judges and legal parties to identify other root causes that delay permanency for children.

Unfortunately the development of support services such as extended foster care to children who aged out of the foster care system appears to have incentivized aging out of the foster care system by offering a large monthly stipend to those youth. This stipend is used to assist with continuing education, obtain a job, an apartment and meaningful employment which are all appropriate outcomes. But aging out or growing up in foster care is not our goal. Delaying permanency to obtain financial stipends is never appropriate for children.

Nebraska recognizes that the best way to improve on all outcomes for children and families and to effectively address areas needing improvement with regards to Safety and Risk Management and Timely Permanency is by addressing areas needing improvement with regards to Family Engagement, Workforce Development and Access to Services.

The following outline and description of goals and strategies further describes the information used by Nebraska to guide the development of the PIP to address safety, permanency and well-being outcomes and systemic factors needing improvement.

Outline of Goals & Strategies:

Safety:

Goal 1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case.

Strategy 1: Improve timeliness of initial assessment contacts.

Strategy 2: Ensure safety for children through improved initial and ongoing risk and safety assessments throughout the life of the case particularly regarding in-home cases.

Strategy 3: Establishing a workplace environment that reduces employee turnover and retains experienced staff who can better achieve ongoing safety for children and families.

Permanency:

Goal 2: Improve Timeliness to Permanency.

Strategy 1: Through collaboration with the Court Improvement Project (CIP), partner in a fact-finding process improvement project to identify barriers to permanency.

Strategy 2: Increase the establishment and use of concurrent planning when appropriate and ensure consistent work towards both permanency plans to achieve timely permanency.

Strategy 3: Ensure Termination of Parental Rights (TPR) filings or TPR Exceptions occur according to the Adoption and Safe Families Act (ASFA) and State Statute.

Well-Being:

Goal 3: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency.

Strategy 1: Increase efforts to notify, engage and assess Non-Custodial Parents (NCP).

Strategy 2: Improving frequency and quality of contacts with children, youth and parents.

Strategy 3: Actively involving biological and foster parents to improve communication and outcomes.

Systemic Factors:

Service Array:

Goal 4: Enhance the current service array to ensure appropriate and individualized services are accessible.

Strategy 1: Improve staff's knowledge regarding available services and lack of safety services to meet identified needs.

Strategy 2: Expand services and service availability to improve service delivery.

Case Review System:

Goal 5: Ensure the case review system is functioning to support timely permanency.

Strategy 1: Improve outcomes for youth and families by ensuring foster parents are notified and have the right to be heard in any review or hearing held with respect to the child in their care.

Foster and Adoptive Parent Licensing, Recruitment, and Retention:

Goal 6: Enhance Nebraska's Foster and Adoptive Parent Licensing, Recruitment and Retention Practices.

Strategy: Improve Nebraska's approach to licensing, recruiting and retaining foster and adoptive families.

Description of Goals & Strategies:

SAFETY:

One factor emerged as influencing Nebraska's performance in timely contact with child victims. At the time of the review, it was clear the department had not provided sufficient guidance to staff regarding the exceptions allowed for making face-to-face contacts with child victims in Priority 2 and Priority 3 cases. Analysis of case review and quantitative data indicate that the issues vary depending on the case circumstances. For example, data indicate several different factors including the following as barriers for timely face to face contact with child victims in Priority 2 & 3 intakes. These barriers have been identified in all Service Areas throughout the state in the past year.

- QA review of a sample of contact exceptions entered in 2017 indicate 43% or 80 out of 185 contact exceptions reviewed were considered NOT beyond the Agency's control according to guidelines for CFSR Item 1. Furthermore, the reviews indicate that policy and practice expectations are needed particularly when it comes to contact exceptions that are granted due to delays in scheduling of forensic interviews and delays due to law enforcement involvement.
- Case managers are not making attempts to contact child victims earlier on to ensure contact is made within 5 days for priority 2 Intakes and 10 days for priority 3 Intakes.

Therefore, included in Goal 1, Strategy 1 are key activities regarding the creation and release of guidance to field staff regarding allowable exceptions and clarification regarding the time from which timeliness to face-to-face contact with alleged victims is measured.

The second factor that emerged was the fact that Nebraska has not provided supervisors the necessary framework and tools to be team leaders and coaches. There are several key activities outlined in Goal 1, Strategy 2, that will support supervisors as coaches for their teams relating to the empowerment of specialists to use critical thinking skills, family engagement, and safety planning. Advanced SDM Supervisor Training will particularly aid supervisors in ways to integrate SDM assessments and decisions into key supervisory processes, consider how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc. and gain knowledge and skill to help motivate workers to contribute to better outcomes through quality SDM implementation.

Another activity to support supervisors is the implementation of an effective universal case staffing model. This model will provide CFS supervisors with the needed framework to manage the differences of out-of-home, in-home and alternative cases that every supervisor will use during monthly individual case staffing with the case managers. Most supervisors begin their career as caseworkers before being promoted to a supervisory position with little advanced training, guidance, or support. An Effective Supervisory Practice Model looks to better equip supervisors with the necessary skills to be team leaders and coaches. The Supervisory Practice Model will be implemented to provide how supervisors can build the foundation for and maintaining unit effectiveness, promoting the development of individual CFSS capacity, while achieving the outcomes of safety, permanency, and well-being for the children and families they serve.

And finally, based on our review of all available data/information, Nebraska believes another factor impacting timely face-to-face contacts with child victims, quality face-to-face contacts with children/parents; consistent and comprehensive initial/ongoing risk/safety assessments, safety monitoring and ongoing needs assessments to address the needs of children and their parents is the workplace culture that leads to staff turnover. Nebraska knows that fostering the continued safety and protection of Nebraska's children by creating a workplace environment that is supportive, trauma informed, embraces ongoing career development, and recognizes the complex work of CFSS professionals in the engagement and strengthening of families is crucial.

CFSS teammates are the most valuable resource Nebraska CFS can offer a family in the time of need. Stabilizing this team across the state will require administratively working to insure a positive workplace culture exists in each service area. Creating flexibility within the career to grow, following reasonable caseload standards and meeting personal needs will also provide a CFSS the opportunity to engage and strengthen families. Ultimately, it will promote career satisfaction and longevity.

Improvement activities include the following:

- Create professional environments where CFSS professionals are treated as respected social services practitioners and thereby are incentivized to provide quality customer service to Nebraskans.
- Secure the continued effectiveness and efficiency of CFSS professionals by recognizing, acknowledging, and attaining a level of understanding as it relates to workload limitations and the difficulties associated with working to support children and families in crisis.
- Implement proactive measures aimed at reducing the CFSS turnover rate to 15 percent and maintain a vacancy rate of 10 percent or less annually to ensure CFSS professionals maintain a manageable caseload and are able to give each case the highest level of care and attention.
- In partnership with DHHS Human Resources, achieve the goal to stabilize the child welfare protection and safety team through the enactment and development of strategies centered on the Quality Improvement Center for Workforce Development (QIC-WD) research project, as well as recruitment, retention, and training improvements.

These strategies will improve work place culture, create professional growth opportunities, address secondary traumatic stress symptoms and lead to higher job satisfaction that will improve outcomes for Nebraska's families.

PERMANENCY:

Achieving permanency in a timely manner and having a stable placement are critical components and effective predictors of long-term outcomes for youth that have been removed from their home. National data indicates the longer a youth is placed out-of-home away from their parents/guardians, or the more placement instability a youth experiences, the less likely they are to have positive long-term outcomes. Accordingly, Nebraska developed internal SACWIS measures based on the CFSR Round 3 Data Indicators to closely monitor our permanency and stability results based upon the timeliness of permanency and re-entry data results. Please note the values used in this data is based upon the observed values and our

best prediction for the Federal target value. Of the four permanency measures, Nebraska is pleased that we are consistently achieving three of the four measures. However, our CFSR review and internal CQI reviews continue to show opportunities to improve the timeliness of permanency for youth to adoption, guardianship and OPPLA. So while we will focus on the youth achieving permanency in 12 months, we will continue to pursue steps to further improve all four permanency and placement stability outcomes.

Nebraska has performed extensive root-cause analysis with stakeholders, CFSS, Policy, CIP, Administrators, and others to fully understand the core issues underlying our underperformance, and varying performance of timeliness to permanency across the state. While workloads and turnover rates are contributing factors, the State facilitated numerous brainstorming sessions and data analysis to drill deeper to more fully understand the challenges and identify the most appropriate corrective action strategies and activities. Hereunder is a summary of those root causes.

In the first analysis, we analyzed the consistency between the recommended action/determination for reunification by the CFSS according to the SDM recommended action, which takes into account risk and safety factors, and the court's order. In the vast majority of situations, we would expect these the recommended action by the evidence-based practice model & CFSS to more closely equate to the court's order. However, the analysis indicates that 55% of the times the youth remained in out-of-home care, notwithstanding the SDM recommended action to reunify. To further understand this discrepancy, the State interviewed several judges and these conversations revealed an unwillingness by the Court to render a decision based on SDM, an evidence-based case management system they do not fully understand the inner-workings of. Accordingly, one of our root cause barriers to timely permanency is a lack of understanding and trust or confidence by the courts of how SDM is used to guide the CFSS in making their recommended case action. As such, we have several strategies and activities below planned to learn more about how we can improve our permanency results by optimizing the functionality of SDM with the Courts.

For our second analysis in cooperation with the CIP we met with three County Court judges, each with a varying ratio of permanency in 12 months – one was very high, one in the mid-range and one at a lower level. Our discussion with the Judges and an analysis of the frequency of review hearings indicates that a higher frequency of review hearings correlates with a higher proportion of youth achieving permanency in 12 months. Further evidence of this is with the Drug Court programs used in Nebraska where families with drug dependencies participate in a Drug Courts. In this Drug Court program, available in select Courts, there are additional requisite opportunities for Court and family engagement for case planning and service provisions, similar in some respects to a review hearing. Thus this is further evidence that the additional interaction with the Court promotes safe, and a higher probability of permanency in 12 months. At this time, the overwhelming majority of Courts, either Juvenile or County, rely on a 6/12 month hearing cycle and thus the infrequent interaction with the court is believed to be a root cause, whereas more frequent cycles will likely reduce the time to permanency.

Our third analysis centered on the timeliness of Termination of Parental Rights in the interest of achieving permanency for youth that are not likely to achieve reunification in 12 months. By delaying the addition of a concurrent goal, we increase the probability of delayed permanency by delaying efforts to adoption or other appropriate permanency outcomes. This root cause analysis began by identifying the presence of 404 youth that have been out-of-home > 9 months with a reunification goal, but no concurrent goal.

The average age of these youth is 7.8, and the average time out-of-home is 15 months. The data illustrates the distribution of data very closely matches the distribution of our overall population, indicating service areas and other factors are consistent with the overall population of youth in our care.

Another factor that greatly effects the timeliness of permanency are youth that have reached the ASFA threshold of being out-of-home 15 of 22 months. As of 7/23/2018, Nebraska has 1,341 youth that have met the 15/22 out-of-home threshold. Of those, 28%, or 379, do not have either a TPR filing or a TPR exception. The data illustrates some variance in service areas, including our two largest metropolitan cities of Lincoln and Omaha. By delaying the utilization of TPR filings, the case has a higher probability of lingering open rather than achieving permanency via the most successful and timely path.

In recent years DCFS has implemented SACWIS changes to make identification of 15/22 youth very easy for the CFSS, and within the last 18 months have also initiated an automated monthly communication with the Courts all youth that are at the 15/22 threshold. Accordingly, identification of youth is not the barrier. After numerous interviews and brainstorming sessions, we have concluded that the root problem(s) is three-fold. The one problem is the inconsistent notification to the County attorney by the CFSS that the youth is at the 15/22 threshold to request TPR – largely the result of unfamiliarity of ASFA requirements. The second root cause is a common reluctance by the Courts to pursue TPR according to the ASFA guidelines, and third a reluctance to add a concurrent goal early in the case because of the inclination to pursue reunification to the fullest extent. See Strategy 2 and defined activities.

Another area of concern revealed by the CFSR was the fact that in approximately 35% of the out-of-home cases the permanency goal for the child did not match the case circumstances. This was most often seen when the agency and court maintained a goal of reunification even when the goal was no longer appropriate given the circumstances of the case. Not changing the permanency goals timely likely contributes to the lack of timely permanency for many children in Nebraska. Per the CFSR, the Eastern and Central Service areas scored the lowest in this measure, while the Northern service area substantially achieved the measure.

Well Being:

Analysis of case reviews and quantitative data indicate one of the root causes effecting permanency includes the lack of non-custodial parental engagement throughout the life of the case particularly with in-home cases due to the lack of engagement and concerted efforts to build good working relationships with children, youth and parents.

Data from the state's information system and case reviews support that the lack of engagement with non-custodial parents and building good working relationships with children and parents need to be improved for all Service Areas.

Qualitative data obtained from staff and stakeholder feedback indicate the following reasons for lack of parent engagement:

- Trust needs to be built between the parent, case manager, providers and other parties involved in the case.

- Visitation and other documents need to state the positive things the parent is doing instead of only negative things. Parents agree that a good relationship with the case manager equals a family moving through the system faster and change is more permanent.
- DCFS Policy Memo is unclear and needs to include more guidance on engaging fathers in Non-court involved and Alternative Response cases. Case manager's report needing additional guidance, support and direction on how to engage non-custodial parents particularly in the following situations:
 - When the custodial parent is reluctant to provide information or involve the non-custodial parent
 - When the parent is absent, not involved or minimally involved in the child's life or the case.
 - When the non-custodial parent is unresponsive and/or unreceptive to case manager's efforts to engage them.
- Foster parents are not always invited to participate in Family Team Meetings and other activities to develop a relationship with the bio parents to ensure ongoing communication regarding the child's needs for safety, permanency and well-being.

To improve the practice around family engagement, CFS plans to implement a practice model called Safety Organized Practice (SOP) – Goal 3, Strategy 2. SOP works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety and risk. A cornerstone of SOP is a collaborative approach that emphasizes teamwork, a partnership with families, and involving a safety network of family, friends and relatives to support the children and parents. SOP uses strategies and techniques that align with the belief that a child and his/her family are the central focus, and that partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children.

Additionally, Nebraska is implementing several key activities described in Goal 3, Strategy 2 to improve non-custodial parent engagement and key activities described in Goal 3, Strategy 3 to improve engagement between biological parents and caregivers/foster parents. Family partners are essential to the development of self-advocacy. Self-advocacy is a strong indicator of engagement. Both the perspective of the child and both of their parents must be intentionally prompted and prioritized during their involvement in Nebraska's child welfare system. All assessments and service planning must be grounded in the family's perspective and it must reflect the family's values, preferences, culture and norms. We must value the concept of "nothing about us without us" when it comes to our families. The identification and inclusion of the family's interpersonal and community relationships will provide natural support and stability to the child and their family. Family engagement will also support and facilitate a healthy respect for and build upon values, preferences, beliefs, culture and identity for the children, their families and their communities which will assist us in addressing the disproportionate representation of minority children and families in Nebraska's child welfare system. We must provide access for families to review information/service directly. Families should have a voice in who supports them and how they are supported. We must allow a transparency of our service array that allows for family choice and informed consent.

We will focus on parental engagement of noncustodial parent. Use every available resource - ask other relatives to reach out to non-custodial parents and utilize schools, Child Support Enforcement, social media to make contact.

Foster parents are an amazing resource. We need to build on the opportunities for foster parents to support families. Utilize foster parents knowledge, skills and abilities to teach biological parents how to support their child.

No one can do this alone and Nebraska plans to promote partnerships with all stakeholders. This is critical to the success of our efforts for our families, our communities and our state. All of us need and want families and communities to support us and to give us the connections, relationships, and sense of belonging that are so critical to our well-being.

Systemic Factors:

Case Review System

All four items under the case review systemic factor were areas needing improvement for Nebraska.

*Item 20 (Written case plans) was an area needing improvement due to lack of engagement with the parent, particularly with the child's father, in the development and review of the child's case plan. This area needing improvement is addressed in Goal 3, Strategies 1 and 2.

*Items 21 and 22 (Periodic Reviews and Permanency Hearings) were areas needing improvement due to lack of court reviews and hearings taking place in cases when the judicial TPR decision is appealed. While, periodic reviews and permanency hearings are taking place as expected for over 90% of the children in foster care in Nebraska, the state identified the following factors that led to a rating of area needing improvement items 21 and 22. The first is needing a better tracking system to easily identify the youth involved in cases that are on appeal and determine whether or not court hearings are continuing to take place for these youth. Secondly, DCFS and CIP need to continue to work with the courts and judges to identify and address specific barriers based on court jurisdiction. The strategies and key activities to address these areas needing improvement are not included in this PIP, however, they are addressed in Nebraska's 2019 APSR and will be included in Nebraska's next 5 Year CFSP.

*Item 23 (Termination of Parental Rights) was an area needing improvement due to TPR petitions not being filed across the state in a timely manner. This area needing improvement is addressed in Goal 2, Strategy 3.

*Item 24 (Notice of Hearings and Reviews to Caregivers) was an area needing improvement due to lack of notification to foster parents of their right to be heard in any review or hearing held with respect to the child in their care. An analysis of the data and stakeholder feedback indicate that foster parents and caregivers are most often being provided notices for court review hearings and have been offered the opportunity to actively participate in the court hearing. The state identified the following key factors impacting this area needing improvement. First, is needing a tracking mechanism to determine if foster parents are receiving the Caregiver Information Form, which is required by statute to be provided by the court to foster parents. The Caregiver Information form lets the foster parents know that they can submit

written information answering all questions regarding the child in their care and they also have a right to be heard at the review and permanency hearings for each child. The second factor identified is the need to develop a more effective notification system to ensure foster parents are notified of all scheduled review and permanency hearings. These areas needing improvement is addressed in Goal 5, Strategy 1.

Service Array

Both Items under the Service Array Systemic Factor were areas needing improvement for Nebraska.

*Item 29 (Array of Services) was an area needing improvement due to challenges in accessing needed services in the more rural areas of the state, especially in the western part of the state. This item was also an area needing improvement due to challenges in accessing substance abuse and specialized mental health services to address trauma and other factors.

* Item 30 (Individualization of Services) was an area needing improvement due to lack of individualized services in some areas of the state, particularly when it came to services to serve Non-English speaking families. This item also needed improvement due to lack of placement resources that are individualized to meet the needs of youth with high needs.

An analysis of Nebraska's child welfare service array was completed over a five-month period: October 2016-February 2017 by Valaistia, Inc. Through information gathered, it was identified that DCFS Case Managers need the ability to understand and access services from various service systems in order to appropriately meet the needs of families involved with the child welfare system. Nebraska has a complex service system that is accessed in many different ways. Many DCFS contracted services are accessed through the Nebraska Family On-line Client User System (N-FOCUS), but some are not. In addition, child welfare depends on the services provided through prevention services, Medicaid, Behavioral Health, Economic Assistance and others. All of these services have access and referral processes. Many Evidence Based Practices are being supported through various agencies, but there is not a single location for case managers to learn about services, the target populations, and the available service providers. When DCFS staff were asked how they know about the services that are available, they mentioned they are notified in emails about services or they hear about them from others, but that there is no way to know all of the services that are available. Some communities have developed resource listings, but they are limited to the community, quickly become outdated, and require significant maintenance to be useful. In interviews with state agency staff, many were considering initiatives to develop their own service listings.

Goal 4, Strategy 1 is designed to address the first factor impacting performance for this item, which is lack of staff's knowledge regarding available services. This strategy and key action items will address the barriers identified and improve staff's knowledge and ability to utilize existing services to meet the needs of the families involved.

Goal 4, Strategy 2 is designed to address the second factor impacting performance for these items, which is the lack of individualized services to meet identified needs. This strategy includes expansion of services in the Western Part of the state as well as development of new services throughout the state.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Three of the 4 Items under this systemic factor were areas needing improvement for Nebraska.

- Item 33 (Standards Applied Equally) was an area needing improvement due to pre-service training for relatives being waived and waivers not occurring on a case by case basis. An analysis of state data and stakeholder feedback supports the need for relative foster parents to receive pre-service training as well as ongoing mentoring and support as needed to ensure placement stability for youth in foster care. One of the factors identified as a barrier to relatives attending pre-service training is the lack of education provided to relative foster parents of the importance and benefits of pre-service training and the emphasis by DCFS and foster placement agency in promoting pre-service training as a resource for successful foster care placement. The second factor is the need to provide ongoing mentoring and support services to relative foster parents as needed to ensure successful placements. The strategies and key activities to address these identified areas needing improvement are included in Goal 6, Strategy 1.
- Item 35 (Diligent Recruitment of Foster and Adoptive Homes) was an area needing improvement due to the lack of diligent recruitment efforts across the state, particularly as it relates to ensuring diligent recruitment of potential foster and adoptive families to reflect the ethnic and racial diversity of the children in foster care. The state continues to evaluate Diligent Recruitment Plans specific to each Service Area and make improvements as needed to ensure diligent recruitment of potential foster parents reflect the children in foster care in each Service Area. The specific strategies and key activities addressing this area needing improvement are not included in this PIP, however, they are addressed in Nebraska's 2019 APSR and will be also be included in Nebraska's next 5 Year CFSP.
- Item 36 (Sate Use of Cross-Jurisdictional Resources for Permanent Placements) was an area needing improvement due to the State's challenge with timely completion of home studies. The state continues to implement strategies to improve timeliness of completion of home studies. The specific strategies and key activities addressing this area needing improvement are not included in this PIP, however, they are addressed in Nebraska's 2019 APSR and will be also be included in Nebraska's next 5 Year CFSP.

Part One: Goals, Strategies/Interventions, and Key Activities

Goal 1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case.

Strategy 1. Improve timeliness of initial assessment contacts.

	Key Activity	Projected Completion Date
1.1.1	Daily Lean Six Sigma huddles* will include monitoring of upcoming Initial Assessment contacts to problem solve coverage issues and discuss possible exceptions to contacts to ensure timely contacts are made.	Quarter 3, Ongoing
1.1.2	Create a Crisis Response Team (CRT) consisting of Structured Decision Making (SDM) trained individuals which will assist with Initial Assessments when a staff vacancy rate of 15% or more of all staff occurs.	Quarter 3, Ongoing
1.1.3	Implement programs to safely assist with the prevention of inappropriate intakes that don't have safety concerns being accepted as Priority 2 and Priority 3 intakes.	Quarter 1, Ongoing
	a) Provide instruction to CFS Hotline and staff regarding the use of available community resources/programs for intakes that do not have safety concerns.	Quarter 1, Ongoing
	b) CFS Hotline will refer all children between ages 0 to 3 to Early Development Network (EDN) for evaluation when the reported intake is not accepted.	Quarter 1, Ongoing
	c) Refer families to Family Action Support Team (FAST)** and Family Focused Case Management in select innovation zones as a prevention tool.	Quarter 1, Ongoing
	d) Refer families to Community Response Team (CRT)*** in select innovation zones as a prevention tool.	Ongoing
	e) Continuing to utilize the Nebraska Family Helpline to connect families to the help they need as a prevention tool.	Ongoing

*Lean Six Sigma Huddles – A daily team meeting that ensures everyone is on the same page, a time to remove obstacles and eliminate wasteful case management practices.

**FAST (Family Action Support Team) – A two county innovation zone program that reaches out to families who have come to the agency’s attention and might need assistance with child care, transportation or housing; which was implemented in August 2017 after the Federal CFSR in Nebraska in June 2017.

***CRT (Community Response Team) – A system of supports and services for children and families to prevent the unnecessary entry into the child welfare system, which was implemented in August 2017 after the Federal CFSR in Nebraska in June 2017.

	Key Activity		Projected Completion Date
1.1.4	Expand the use of CFSS workers (partnering or teaming up) working together collaboratively on Initial Assessments to improve timeliness of contacts and overall completion of Initial Assessments. (Innovation Zone - Central Service Area).		Quarter 3, Ongoing
1.1.5	Clarify Initial Assessment policy on contact exceptions by providing standard work instructions (SWI)/practice on what can be considered sufficient attempts to contact before approving a face-to-face contact timeframe exception.		Quarter 2
	a)	Develop a quick reference guide for staff to reinforce the standard work instructions (SWI) of acceptable face-to-face contact timeframe exceptions, initial and ongoing safety and risk assessments.	Quarter 2
1.1.6	Initiate and complete a process to eliminate the back-log of nearly 2,000 investigations.		Completed

Strategy 2. Ensure safety for children through improved initial and ongoing risk and safety assessments throughout the life of the case particularly regarding in-home cases.

	Key Activity		Projected Completion Date
1.2.1	Develop and implement with the assistance of the National Council on Crime and Delinquency (NCCD) an Advanced Structured Decision Making (SDM) training for supervisors to improve initial and ongoing risk and safety assessments.		Quarter 4
	a)	Work with NCCD and San Diego county to review and modify the current 2 day Advanced training components in meet Nebraska standards.	Quarter 1
	b)	Work with SDM champions and Center Children Family and Law (CCFL) to train the trainer on Advanced SDM supervisory training.	Quarter 1
	c)	Develop statewide supervisory training plan with competency testing with identified locations, times and dates for training.	Quarter 2
	d)	Review current policies and protocols to ensure adherence to Advanced SDM training model.	Quarter 2
	e)	Implement supervisory training plan statewide.	Quarter 2

	f)	Gather competency testing for baseline.	Quarter 2
	g)	Identify data points to ensure adherence and fidelity to advanced SDM model.	Quarter 3
	h)	Run monthly reports on supervisory consultation points for review.	Quarter 3
1.2.2		Elimination of Structured Decision Making (SDM) safety threat 12 (Other) due to the overuse and unclear nature of the threat.	Quarter 1
1.2.3		Evaluate with the assistance of the NCCD and Tiger Team* including mental health, substance abuse, developmental disabilities and domestic violence as "Complicating Factors" within SDM assessments.	Quarter 1
1.2.4		Implement a universal case staffing model to specifically address the differences in out of home, in-home and Alternative Response (AR) cases that every supervisor will use during monthly case staffings.	Quarter 3
	a)	Utilize Safety Organized Practice (SOP)** and SDM as a basis in the development of a universal case staffing model for supervisors to improve safety and risk assessment throughout the life of the case.	Quarter 3
1.2.5		DCFS Research, Planning and Evaluation (RPE) will conduct fidelity reviews of Structured Decision Making (SDM) safety plans to ensure they are consistently monitored and updated.	Quarter 3, Ongoing
	a)	DCFS RPE will provide SDM fidelity review reports to CFS staff by posting to the internal Quality Assurance Reports Library website following the reviews.	Quarter 3, Ongoing
	b)	CFS Administrators and Supervisors will develop strategies to address areas needing improvement as identified in the reviews.	Quarter 3, Ongoing
1.2.6		Initiate CFSS staff reviewing all safety assessments, risk assessments and safety plans with the family and all safety plan participants, which they will sign as an acknowledgement of the review.	Quarter 3, Ongoing
1.2.7		Implement an innovation zone of triage staffing in Southeast service area (All potential removals are staffed by a team of CFS professionals).	Completed
1.2.8		Increasing the count of youth being served in their parental homes by using more informal safety plan participants, involving both parents in the development of the safety plan and using informal versus formal services and supports to ensure they are available to the family after case closure.	Completed
1.2.9		Safely increasing the count of in home youth by focusing services on serving youth in their homes. In home services such as IFP, in home safety services, child care can be used as a wraparound system of care. Children will remain in their parental homes safety by increasing community supports and engagement with our families.	Completed

*Tiger Team – A Child Welfare Task Force that is focused on process improvement and other targeted initiatives - to improve child safety, permanency and well-being. -

**Safety Organized Practice (SOP) – a collaborative practice approach that emphasizes the importance of - teamwork in child welfare that believes all families have strengths and the children, family are the central focus, - and that a partnership exists in an effort to find solutions to ensure safety, permanency and well-being. -

Strategy 3. Establishing a workplace environment that reduces employee turnover and retains experienced staff who can better achieve ongoing safety for children and families.

	Key Activity	Projected Completion Date
1.3.1	Participate as a Project Site of the Quality Improvement Center for Workforce Development (QIC-WD).	Quarter 1, Ongoing
	a) Identify and utilize resources and supports for staff experiencing secondary trauma to ensure improvement in overall workforce well-being.	Quarter 4 - Quarter 8
1.3.2	Implement employee satisfaction practices requested by CFS staff to address recruitment and retention issues.	Quarter 2
	a) Implement flexible scheduling/flexible shift hours to better accommodate the CFSS and their families.	Quarter 2
	b) Develop tiered CFSS case manager positions based on work experience and expertise. (Tier I, II & III)	Quarter 2
	c) Initiating CFSS workers ability to work from home or have a home office.	Quarter 2
	d) Improving the current on call system by increasing CFSS positions whose primary work hours cover timeframes after typical business hours of 8am-5pm.	Quarter 2
	e) Expand the hotline's role to provide more specific crisis support to families, therefore assisting the field staff during after hours/on call situations.	Quarter 2
1.3.3	Identifying an appropriate and accurate caseload metric to address staff turnover and retention issues.	Quarter 4 - Quarter 8
1.3.4	Added additional CFSS positions to assist with employee turnover.	Completed
	a) Develop innovation zone at the University of Nebraska at Kearney in August 2018. DCFS will pay the tuition of a student attending college, who will agree to work for DCFS in order to pay back their "tuition" amount paid by DCFS. This will be a program for a Bachelors and Masters programs.	Completed
	b) Develop an Internship program with paid and non-paid positions for individuals interested in the caseworker position. This allows DCFS to begin hiring individuals who have actual work experience and understand the actual work tasks required.	Quarter 3 and ongoing

Goal 2: Improve Timeliness to Permanency.

Strategy 1. Through collaboration with the Court Improvement Project (CIP), partner in a fact-finding process improvement project to identify barriers to permanency.

	Key Activity		Projected Completion Date
2.1.1	CIP conducted 3 focus groups with 19 attorneys, 18 caseworkers and 15 other court stakeholders in the 3 lead sites.		Completed
2.1.1	a)	CIP partnered with the Capacity Building Center statisticians to assist with the scoring and analysis of the Focus Group sessions held in each of the 3 lead counties.	Completed
2.1.2	Commence a formal collaborative joint project with the Court Improvement Project (CIP) to identify and resolve the barriers to timely permanency. The project will include three lead counties, using the multi-disciplinary Through the Eyes of the Child teams.		Underway
2.1.2	(a)	Develop an innovation zone in Lancaster county by having the pilot judge(s) hold permanency hearings every 3 months.	Quarter 2
2.1.2	(b)	Using the previous focus group questions, CIP will survey judges to determine their perception on barriers to permanency to guide strategic expansion of joint project	Quarter 3
2.1.2	(c)	Expand a previous innovation zone from Lancaster and Madison county by replication of holding Permanency Pre-Hearing Conferences (PPHC) (at the child's 8 months in out of home care) facilitated by the Office of Dispute Resolution in 2 more counties.	Quarter 3
2.1.3	DCFS will use its SACWIS system to generate new reports that illustrate by Court their timeliness to permanency and provide the results to the CIP.		Underway
2.1.3	a)	Utilizing the CIP Data Dashboard, judges and court stakeholders will track case progression standards to determine areas that are not within the Nebraska Supreme Court's case progression standards.	Underway
2.1.3	b)	CIP and the Justice IT team will provide training to clerks and clerk magistrates to reduce data entry errors and increase awareness of cases falling outside the NSC standards	Underway
2.1.4	CIP and DCFS will continue to present data on the timeliness of permanency by regularly attending and presenting updates at the 'Through the Eyes' child welfare meetings to try and build new innovation zones.		Quarter 1
2.1.5	CIP, DCFS and Office of Dispute Resolution will identify evaluation methodology to measure effectiveness of local and site-wide interventions.		Underway
2.1.6	CIP and DCFS will present findings of the joint project at the 2019 County and District Court judges meetings.		Quarter 4

Strategy 2. Increase the establishment and use of concurrent planning when appropriate and ensure consistent work towards both permanency plans to achieve timely permanency.

	Key Activity	Projected Completion Date
2.2.1	DCFS will strengthen guidance around concurrent planning requirements, provide technical assistance to ensure staff understand new guidance.	Quarter 1
	a) DCFS will utilize legal supports to make motions for reconsideration when the Court denies a recommended concurrent case plan.	Quarter 2
	b) DCFS will provide policy clarification on when to add concurrent case planning.	Quarter 4
2.2.2	DCFS Research & Evaluation team will create new easily accessible reports for supervisors and admin to identify youth that should be reviewed regarding concurrent goals.	Quarter 1
	a) DCFS will require a mandatory consultation point be documented when CFSS is determining whether adoption or guardianship should be pursued as the concurrent case plan goal.	Quarter 1
	b) Implement a universal case staffing model that every supervisor will use during monthly case staffings. The universal case staffing model will include discussion of appropriate concurrent planning for all out of home youth.	Quarter 3
2.2.3	FCRO will develop a feedback mechanism with DCFS Research & Evaluation team to share cases from their review where they believe permanency actions are not properly addressed.	Quarter 2
2.2.4	DCFS Research & Evaluation team will create a case review to identify & communicate the contributing factors in cases where the circumstances don't match the current case plan goal.	Quarter 4
2.2.5	CIP will collaborate with federal partners to develop a judicial survey to measure knowledge and approval of concurrent planning.	Quarter 3
2.2.6	Based on the results of the judicial survey, CIP will develop communication & education materials for the Courts to discuss the importance of concurrent case plan goals after 10 months out-of-home.	Quarter 4

Strategy 3. Ensure Termination of Parental Rights (TPR) filings or TPR exceptions occur according to the Adoption and Safe Families Act (ASFA) and State Statute.

	Key Activity		Projected Completion Date
2.3.1	DCFS RPE team will create a new easily accessible report for supervisors and admins to identify youth that have been in OOH care for 10 months and need evaluation of a possible TPR filing or TPR exception.		Quarter 4
	a)	Implement a universal case staffing model that every supervisor will use during monthly case staffings. The universal case staffing model will include discussion of possible TPR filing or TPR exception for all youth on the above report.	Quarter 4
	b)	DCFS will require CFS Supervisors to document a mandatory consultation point for each youth identified within the provided report, determining whether a TPR filing or a TPR exception will be pursued.	Quarter 4
2.3.2	DCFS will review current legal counsel support accessibility to CFSS staff to ensure CFSS are trained on when and how to request legal guidance for TPR filing from the County Attorney/Guardian Ad Litem.		Quarter 4
2.3.3	The Legal Parties Task Force of the Nebraska Children’s Commission will explore and propose statutory change to strengthen language regarding court and stakeholder expectations regarding a TPR or a TPR exception decision is made.		Quarter 4
2.3.4	CIP and DCFS will solicit input from the Courts through surveys regarding the effectiveness and utilization of the monthly 15/22 report.		Quarter 4
2.3.5	CIP will provide education to the Courts and County Attorneys on the requirement and importance towards achieving outcomes is having review hearings in a case during TPR appeals.		Quarter 4
2.3.6	CIP will research local case law to provide basis for hearings occurring during appeals.		Underway
	a)	Using the CIP judges newsletter and other educational opportunities, CIP will provide education to the Courts on ASFA and State Statute regarding TPR or TPR Exception filings.	Quarter 4

Strategy 4. Safety reduce caseloads of Child and Family Services Specialists (CFSS).

	Key Activity	Projected Completion Date
2.4.1	Add additional CFSS positions and develop specialized permanency teams.	Completed
2.4.2	Implement flexible shift hours to better accommodate the CFSS and their families.	Completed
2.4.3	Increasing the count of youth being served in their homes safely to 50.0%.	Completed
	a) Safely increasing the count of in home youth by focusing services on serving youth in their homes.	Completed
	b) Implement an innovation zone of triage staffing in Southeast service area (All potential removals are staffed by a team of CFS professionals).	Completed
	c) Assist families in regaining custody of state ward children by discharging youth to their Non-Custodial Parent (NCP) through Bridge Orders by the Court.	Completed
2.4.4	Utilize the Developmental Disability (DD) waiver to determine eligibility according to the waiver capacity.	Completed
2.4.5	Participate in QIC-WD staff turnover research project to create a trauma informed center work environment.	Quarter 1

Goal 3: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency.

Strategy 1. Increase efforts to notify, engage, and assess Non-Custodial Parents (NCP).

	Key Activity	Projected Completion Date
3.1.1	DCFS clarified policy revolving around Non-Custodial Parent (NCP) Identification and Engagement to ensure they were being involved by DCFS. Protection and Safety Procedure #30-2017 rescinded past policy and took effect on September 13, 2017.	Completed
	a) Protection and Safety Procedure #30-2017 regarding NCP Identification and Engagement was sent to all CFS staff on September 13, 2017.	Completed
3.1.2	DCFS RPE team will develop a new report to track the frequency of Non-Custodial Parents notified within 30 days of removal.	Quarter 1, Ongoing
	a) DCFS RPE will provide the notification of NCP report to CFS staff by posting to the internal Quality Assurance Reports Library website on a monthly basis.	Quarter 1, Ongoing
	b) Case managers will identify cases that require improvement and develop strategies to address the identified issue.	Quarter 1, Ongoing
	c) Daily Lean Six Sigma huddles will be used to monitor and track those Non-Custodial Parents (NCP) that need to be notified of removal to ensure they are notified timely.	Quarter 4, Ongoing
3.1.3	Monitoring ongoing contacts and efforts made to contact Non-Custodial Parents (NCP) with daily Lean Six Sigma* huddles.	Quarter 4, Ongoing
3.1.4	Replicate identified successes of CFSS staff's (Northern Service Area) engagement with fathers.	Quarter 2

Strategy 2. Improving frequency and quality of contacts with children, youth and parents.

	Key Activity	Projected Completion Date
3.2.1	Develop Standard Work Instruction (SWI) in conjunction with the Nebraska Department of Correctional Facilities to ensure timely and efficient monthly contacts with clients who are incarcerated.	Completed
3.2.2	Established increasing the frequency and quality of CFSS visits with bio-parents by 10% between January 1, 2018 and December 31, 2018 as one of the 2018 Performance Goals.	Quarter 1, Ongoing
3.2.3	Begin implementation of Safety Organized Practice (SOP) as a case management tool/process to better engage with the families we serve.	Quarter 1, Ongoing
	a) Utilize SOP champion network to develop a training session around one SOP strategy in each Service Area each month.	Quarter 1, Ongoing
	b) Utilize SOP champion network to coach a CFSS to try one SOP strategy with a family once a month.	Quarter 1, Ongoing
	c) Provide an opportunity for coaching and mentoring to CFSS and peers related to SOP values and principles monthly.	Quarter 1, Ongoing
	d) Utilization of S.O.P. to better engage and build working relationships with children, youth, parents and foster parents.	Quarter 1, Ongoing
	e) Utilization of S.O.P. to ensure sufficient information is gathered to adequately assess the needs of the youth & families.	Quarter 1, Ongoing
3.2.4	DCFS RPE team will conduct case reviews to assess frequency and quality of contacts with children, youth and parents.	Quarter 3
	a) DCFS RPE will provide the quality of contacts report to CFS staff by posting to the internal Quality Assurance Reports Library website on a monthly basis.	Quarter 3
	b) Case managers will identify cases that require improvement and develop strategies to address the identified issue.	Quarter 3
3.2.5	Initiate CFSS staff developing and reviewing on an ongoing basis all case plans with the family, which they will sign as an acknowledgement of the review.	Quarter 3

Strategy 3. Actively involving biological parents, caregivers and foster parents to foster connections which will improve communication and overall outcomes.

	Key Activity	Projected Completion Date
3.3.1	Agency Supported Foster Care contracts will be modified to mandate that the foster parent will contact the biological parent within 24 hours of placement unless there is a documented safety concern.	Quarter 1
	a) CFSS will be responsible to provide the contact information for both parents to the agency and/or foster family.	Quarter 1
	b) Agencies and foster families who repeatedly do not support contact with biological families within 24 hours of placement will have a corrective action plan including training on the importance of biological families to remediate the concern.	Quarter 1
3.3.2	Family Voice - Family Choice. Biological parents and caregivers of removed children will be involved in important decisions in their cases.	Quarter 3
	a) Biological parents and caregivers of removed children will be involved with the decision regarding where their child(ren) is placed and with what foster parent(s).	Quarter 3
	b) Biological parents and caregivers of removed children will be involved with the decisions regarding what services and service providers they feel will best help them achieve their case plan goals.	Quarter 3
3.3.3	Engage with Capacity Building Center to assist in the development of the Ice-Breaker meeting practice, which will further support engagement between biological parents, caregivers and foster parents.	Quarter 3
3.3.4	DCFS contracts with 4 different Family Organizations to assist and support biological parents work through the child welfare process. This support includes their assistance in helping parents understand the importance of their involvement in their juvenile case.	Completed
3.3.5	Expand availability of Residential Substance Use Treatment (Bridge program in Hastings) for mother's with substance use disorder to allow them to reside with their children to allow for the mother/child relationship to build.	Quarter 1

Goal 4: Enhance the current service array to ensure appropriate and individualized services are accessible.

Strategy 1. Improve staff’s knowledge regarding available services and lack of safety services to meet identified needs.

	Key Activity		Projected Completion Date
4.1.1	Design a Guidance Decision Making tool for staff to use in determination of services in accordance with safety threats.		Quarter 1
4.1.2	Develop and conduct Webinars for CFS regarding the current service array.		Quarter 1
	a)	CFS webinars will include information on the availability of Residential Substance Use Treatment in Nebraska.	Quarter 1
	b)	CFS webinars will include information on the availability of Intensive Family Reunification Services (IFRS) in Nebraska.	Quarter 1
	c)	CFS webinars will include information on the availability of Family Centered Treatment in Nebraska.	Quarter 1
4.1.3	DCFS will partner with the Capacity Building Center to develop a Service Array map of available services throughout the state, which will be used for evaluation of services for expansion purposes.		Quarter 2
4.1.4	Daily Lean Six Sigma huddles will include ongoing team discussions to problem solve service array issues throughout all service areas in Nebraska.		Quarter 3, Ongoing
	a)	Discussions will allow for team members to share their knowledge with others and to have open discussions about lacking service array in certain service areas.	Quarter 3, Ongoing
	b)	Service needs identified during daily huddle meetings will be communicated with Central Office Staff in order to facilitate development and/or expansion of services as needed.	Quarter 3, Ongoing
4.1.5	Develop an innovation zone in Southeast Service Area by creating a dedicated case management team focused primarily on cases involving Domestic Violence.		Underway
	a)	Evaluate the effectiveness of the DV Specialized Team in Southeast Service Area to determine its effectiveness and possible need for expansion into other service areas.	Quarter 5

Strategy 2. Expand services and service availability to improve service delivery.

	Key Activity	Projected Completion Date
4.2.1	Expand availability of Residential Substance Use Treatment to be available in Nebraska for mothers living onsite with their children to a site in Western Nebraska.	Quarter 1
4.2.2	Provide Intensive Family Reunification Services (IFRS) to be available in Nebraska, designed to provide intensive, therapeutic, and skill building interventions for families to address safety threats that led to a child's removal and continued out of home placement.	Quarter 1
4.2.3	Develop Family Centered Treatment for families with members at imminent risk of placement into, or needing intensive services to return from, treatment facilities and other juvenile facilities.	Quarter 1
4.2.4	Explore availability and expand the use of telehealth to support long-distance clinical health care and patient health related services and education for children and youth in care.	Quarter 2
4.2.5	Expand the use of the Nebraska Care Portal from Fremont and Grand Island, North Platte, etc. which will assist in providing needed items to the families we serve.	Quarter 2
4.2.6	Improve CFS partnering with programs such as Medicaid, Behavioral Health, Economic Assistance and Developmental Disabilities to ensure all available services are provided.	Quarter 4
	a) Utilize the Developmental Disability (DD) waiver to determine eligibility according to the waiver capacity.	Quarter 4
	b) Implement a grant funded program to improve parenting behaviors and outcomes from expectant and parenting young people who have been involved in foster care, juvenile justice, homelessness, runaway, and or in sexual exploitation. This planning grant includes specific strategies to assist youth to locate and obtain services including: flexible and alternative academic scheduling to enable expectant and/or parenting students to continue education with specific activities to build on current relationships with post-secondary institutions.	Quarter 4
	c) DCFS has established MCO's care coordination services for all state wards. Case consultations are held weekly with MLTC/MCO/CFS on critical cases in child welfare.	Ongoing

	Key Activity	Projected Completion Date
4.2.7	Modify service delivery contracts to comply with FSPSA IV-E funding. DCFS will require single providers for the array of foster care services, e.g., foster care, family support, visitation & safety services.	Quarter 4
4.2.8	Develop additional service provider performance measures to adhere to FSPSA based on Evidence Based Practice (EBP) to assess provider's ability to improve safety, permanency and well-being outcomes.	Quarter 4
	a) Service providers will submit a report to DCFS annually to show adherence to EBP.	Quarter 4
	b) DCFS will post submitted reports to inform all service providers on their outcomes based on performance.	Quarter 4
4.2.9	DCFS will host a website provider page which will have a link to all of the service providers' pages containing details on their provided services and updated service availability. This will allow for families to pick their own providers for services.	Quarter 8

Goal 5: Ensure the case review system is functioning to ensure timely permanency.

Strategy 1. Improve outcomes for youth and families by ensuring foster parents are notified and have a right to be heard in any court hearing held with respect to the child in their care.

	Key Activity		Projected Completion Date
5.1.1	Engaging with Supreme Court to create a process to ensure foster parents are notified of all court hearings.		Quarter 2
	a)	Develop a court hearing email notification system.	Completed
	b)	DCFS will include foster parent email addresses in the Justice Data exchange to the Supreme Court Daily.	Completed
	c)	Courts will send out notice of court hearings to all foster parents. The email with the notice of court hearing will also include a copy of the Caregiver Information Form*.	Completed
	d)	Evaluate court notification process and data and address deficiencies.	Ongoing
5.1.2	The Foster Parent Annual Satisfaction Surveys will be modified to include questions regarding the Caregiver Information Form and notification to the foster parents of court hearings and their right to be heard during court hearings.		Ongoing Annual Survey
	a)	DCFS added questions to the Satisfaction Surveys which will gather data on how frequently Nebraska foster parents are notified and have a right to be heard in court hearings.	Completed
	b)	Satisfaction Survey results will be reviewed annually and strategies will be developed to address areas needing improvement.	Ongoing

*Caregiver Information Form: The Caregiver Information Form is available on the Supreme Court’s website at: <https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/forms/JC-caregiver-info-form.pdf>. The form states: *“To the Foster Parent or Relative Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and you can be heard at review and permanency hearings. This optional form may assist you in providing written information to the court. You are encouraged to provide information based only on first-hand knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.”*

Goal 6: Enhance the State of Nebraska’s Foster and Adoptive Parent Licensing, Recruitment and Retention practices.

Strategy 1. Improve Nebraska’s approach to licensing, recruiting and retaining foster and adoptive families ensuring relative foster parents receive the training and support needed.

	Key Activity	Projected Completion Date
6.1.1	DCFS will develop strategies to encourage relative and kinship foster homes to participate in the pre-service training, just like all other foster parents.	Quarter 4
6.1.2	Partner with Nebraska Foster and Adoptive Parent Association (NFAPA) to educate relative/kinship foster homes of the importance of pre-service training in successful foster placement.	Quarter 4
6.1.3	Development of a mentoring program specific to relative/kinship families.	Quarter 4
	a) Implement mentoring programs and provide additional training and supports to relative/kinship parents to ensure foster parents have the adequate skills and resources to provide a stable placement for the youth.	Quarter 4
	b) Identify incentives for relative/kinship families to attend foster parent training.	Quarter 4
	c) Provide specific training for relative/kinship families that are helpful (look into "Caring for your own" or "CWLA"), to also include trauma informed care education.	Quarter 4

Part Two: Measurement Plan



NEBRASKA

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NEBRASKA DCFS

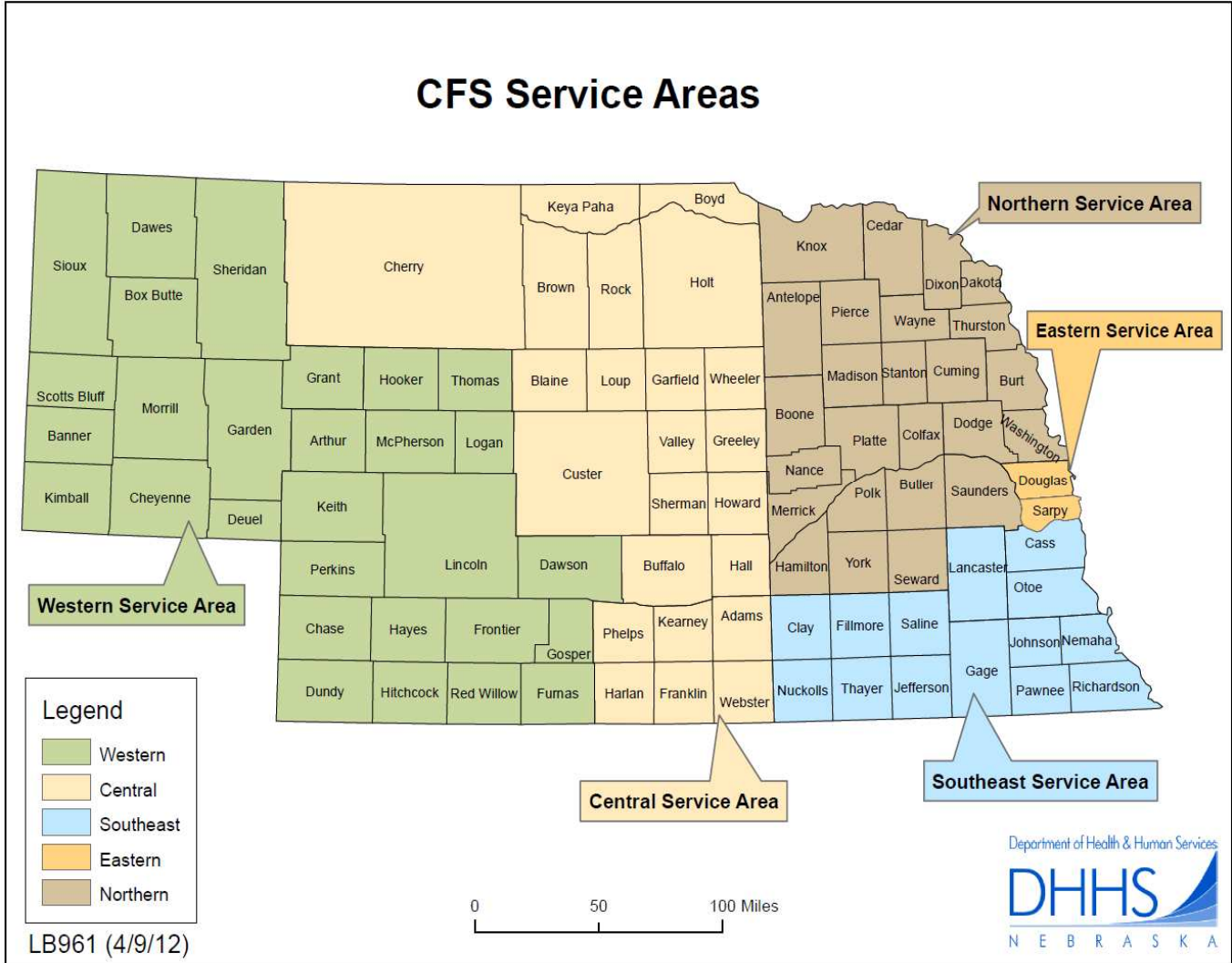
CFSR Round 3 PIP Measurement Plan

ORIGINAL SUBMISSION DATE: 1/19/18; DRAFT 2 SUBMISSION DATE: 2/9/18; DRAFT 3 SUBMISSION DATE: 2/28/18; DRAFT 4 SUBMISSION DATE: 3/26/18;
DRAFT 5 SUBMISSION DATE 4/4/2018

STATE OF NEBRASKA
301 Centennial Mall South, Lincoln NE 68510

INTRODUCTION

Nebraska is a state administered child welfare system divided into 5 Service Areas with 93 counties as outlined in Figure 1 below. Nebraska proposes conducting case reviews based on the office location assigned to the case in each Service Area which will allow for all areas of the State to have an on-site CFPSR review during the two year Program Improvement Plan period.



REVIEW PROCESS - APPROACH TO MEASUREMENT:

Case Review Instrument: Nebraska will utilize the Federal Round 3 OSRI

Period Under Review: Nebraska will utilize a rolling quarter PUR Timeframe. The beginning of the sampling period will mark the beginning of the PUR for all cases and the end date will be until the specific date each case is reviewed.

Federal CFSR Procedures Manual: The Federal CFSR Procedures Manual will be referenced and incorporated into the Nebraska ongoing case review process. For example, the case ratings will be applied consistent with the federal guidance and the FAQ page on the www.cfsrportal.org website will be utilized throughout the reviews. Key provisions of the state's review guidance are in line with those found the federal manual, such as guidance regarding conflict of interest and addressing safety concerns during case reviews, etc.

Case Elimination Criteria: Nebraska will follow case elimination criteria found in chapter 4 of the Federal Procedures Manual. The state will maintain a case elimination worksheet which will contain rationale for all cases eliminated. The case elimination worksheet will be made available to the Children's Bureau upon request. It is the state's intent to be mindful of overrepresentation of an individual case manager, Dually Adjudicated (OJS) and Alternative Response cases do not impact the CFSR case sample. The state plans to utilize case elimination criteria described below and also found in Attachments A and B.

- An in-home services case open for fewer than 45 consecutive days during the period under review
- An in-home services case in which any child in the family was in foster care for more than 24 hours during the period under review
- A foster care case open fewer than 24 hours during the period under review, which starts at the beginning of the sampling period and ends when the case is reviewed
- A foster care case in which the child was on a trial home visit (placement at home) during the entire period under review
- A foster care case that was closed according to agency policy before the sample period begins, resulting in no state responsibility for the case
- A case open for subsidized adoption or guardianship payment only and not otherwise inclusive of a child in foster care or open for in-home services during the period under review
- A case in which the target child turns age 18 before the period under review
- A case in which the child is or was in the placement and care responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact for the Placement of Children agreement
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period
- A foster care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer in foster care
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care at 45 CFR § 1355.20
- A case in which selection would result in overrepresentation of a single child welfare agency staff because two cases from the caseload of that worker have already been selected.
- A case in which selection would result in overrepresentation of Alternative Response or Dually Adjudicated (OJS) cases. The sample for each review will include the following:
 - A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

- A maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Case Related Interviews: Case related interviews will be conducted with key participants on each In Home and Foster Care case with children in the home (target child in foster care cases), parents, foster parents, and case workers per the CFSR procedures manual. Face to face interviews will be preferred and telephone interviews will offer an approved alternative.

Reviewers: The case reviews will be conducted by trained DCFS Quality Assurance (QA) staff with years of experience utilizing the Federal OSRI to conduct case reviews. Case reviews will be completed by an individual QA staff with 100% of the cases being reviewed by an Initial QA reviewer and at least 50% of the cases reviewed by a 2nd level QA reviewer/lead.

Quality Assurance: Each case will be reviewed by an initial QA reviewer assigned to the case. The initial QA will be conducted by the DCFS Quality Improvement Program Coordinator or Specialist who is assigned to complete the initial QA for the review site. A different DCFC Quality Improvement Program Coordinator, Specialist or the CQI Administrator assigned as lead for each review will also complete a 2nd level review of each case before submitting as complete.

Secondary Oversight: Nebraska plans to work closely with the Children's Bureau regarding their involvement in the secondary oversight during the PIP Measurement Period. The exact number of cases to be identified for secondary oversight will be negotiated with the Children's Bureau.

Confidentiality: Case reviews will be completed by DCFS Quality Assurance staff. These staff have an understanding of and committed to adhering to confidentiality requirements for child welfare records and information.

Conflict of interest: DCFS Quality Assurance staff completing the case reviews are required to disclose any conflict of interest to cases that are selected for review. The reviewers will not be assigned to any cases that could result in a conflict of interest due to the following:

1. Direct or indirect involvement in case work activities or participants in the case. Reviewers and QA staff will not include any individuals that work at the site under review.
2. Participated in decisions related to the case or has personal interest in any participants in the case.

Safety Considerations: Reviews will immediately report any concerns regarding child safety to the Quality Assurance Site Lead who will work directly with the Children and Family Services Administrator to address immediately.

CASE REVIEW & SAMPLING PLAN

- Review Cycle:
 - Nebraska is proposing a 2 year cycle of quarterly CFSR reviews. Nebraska will repeat the cycle of quarterly reviews until the PIP measurement goals are met, or at the end of the non-overlapping PIP evaluation period, whichever date comes first.

- Sample Size and Mix:
 - 65 cases will be reviewed per quarter. The sample will consist of 40 Foster Care Cases and 25 In Home cases per quarter.

- Sampling Methodology:
 - Sample Approach:
 - We will use a random rolling quarter sample which will be provided to reviewers 45 days prior to the review to allow time to exclude cases that meet the elimination criteria. The sample period for out of home will be 6 months. The in-home sample will extend an additional 45 days after the end of the 6-month period. Each case will be assigned a consecutive randomly generated number. The cases will then be sorted by the randomly generated number. For out-of-home cases, the first 40 cases will make up the sample. For in-home cases the first 25 cases make up the sample.

 - Oversample Number:
 - Nebraska will use the remainder of the sample frame, after the random sample is pulled, to serve as the oversample for the review.

 - Out of Home Sample:
 - The out-of-home sample will be created using the 'Monthly AFCARS' file which covers a rolling 6-month period and we will utilize the same methodology that was used in the federal Children and Family Services Review. Please see attachment 1

 - In Home Sample:
 - The in-home sample will be created using the same methodology that was used in the federal Children and Family Services Review. Please see attachment 2.

- Sample Selection by Region:
 - All cases will be selected based on the office assigned to the case in each of the five Service Areas (Eastern, Central, Southeast, Northern and Western). Nebraska proposes the following schedule of reviews by office location per quarter. The offices selected serve multiple Counties within the Service Area and will have sufficient number of In-Home and Foster Care Cases for the review each quarter. Nebraska plans to limit the review to cases served out of these selected offices and will not be reviewing cases in smaller offices in Central, Northern and Western Service Areas.
 - The baseline review will consist of cases from Omaha, the Southeast Service Area, Grand Island, Seward/York and Lexington.

Service Area	Review Period: Q2, Q4, Q6, Q8	Review Period: Q1,Q3,Q5, Q7
Eastern Service Area (ESA)*	Omaha	Omaha
Southeast Service Area (SESA)*	All Office in SESA	All Offices in SESA
Central Service Area (CSA)	Grand Island	Kearney
Northern Service Area (NSA)	Seward/York	Fremont
Western Service Area (WSA)	Lexington	North Platte

****Eastern Service Area (ESA):** Eastern Service Area consists of the Omaha metro area and will be reviewed every quarter due to its large population.*

** **Southeast Service Area (SESA):** Southeast Service Area has the second highest population of youth served in the State and cases will be selected from all offices within the Service Area. There are 4 total offices in the Southeast Service Area, with the Lincoln office serving the majority of the youth involved in CFS. The other three offices are located within 60 miles from the Lincoln office.*

- Review Schedule Per Quarter:

Nebraska plans to utilize a review schedule focusing on select offices and services areas each month during each Quarterly review period. Cases will not be reviewed simultaneously across all offices at the same time. This review plan will continue until the PIP measurement goals are met, or at the end of the non-overlapping PIP evaluation period, whichever date comes first.

2018/2019 REVIEW SCHEDULE & SAMPLING PROCESS

Baseline to Set PIP Goals				
Review Begin Date 5/1/2018 Sample Period 5/1/2017 to 10/31/2017 Period Under Review 5/1/2017 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 1				
Review Begin Date 8/1/2018 Sample Period 8/1/2017 to 1/31/2018 Period Under Review 8/1/2017 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 2				
Review Begin Date 11/1/2018 Sample Period 11/1/2017 to 4/30/2018 Period Under Review 11/1/2017 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 3				
Review Begin Date 2/1/2019 Sample Period 2/1/2018 to 7/31/2018 Period Under Review 2/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 4				
Review Begin Date 5/1/2019 Sample Period 5/1/2018 to 10/31/2018 Period Under Review 5/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

*** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Quarter 5				
Review Begin Date 8/1/2019 Sample Period 8/1/2018 to 1/31/2019 Period Under Review 8/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

*** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Quarter 6				
Review Begin Date 11/1/2019 Sample Period 11/1/2018 to 4/30/2019 Period Under Review 11/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 7				
Review Begin Date 2/1/2020 Sample Period 2/1/2019 to 7/31/2019 Period Under Review 2/1/2019 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 8

Review Begin Date 5/1/2020
 Sample Period 5/1/2019 to 10/31/2019
 Period Under Review 5/1/2019 to Review Date

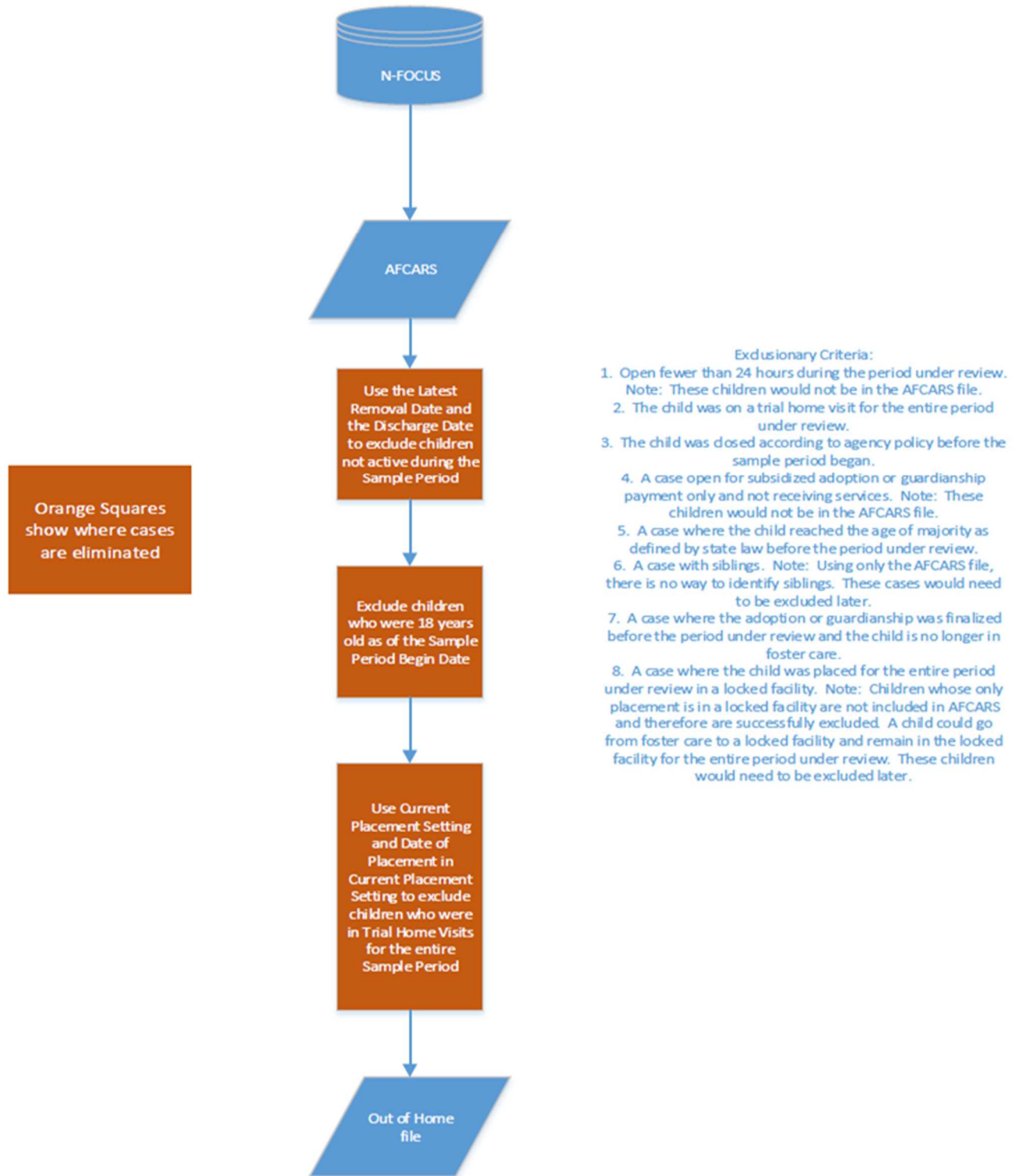
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

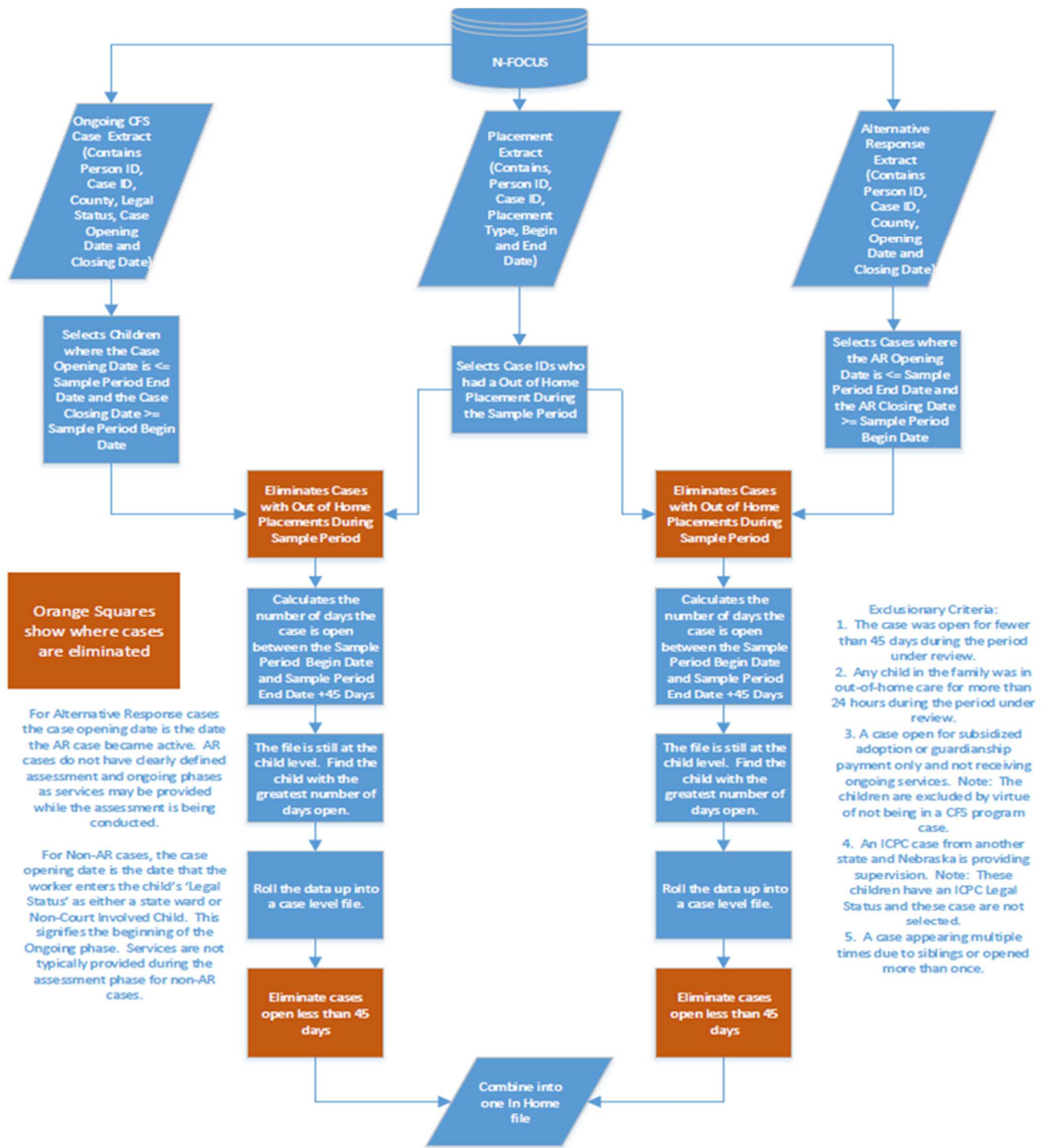
ATTACHMENT A:

OUT OF HOME SAMPLE



ATTACHMENT B:

IN HOME SAMPLE



ATTACHMENT C:

Nebraska: CFSR Program Improvement Plan (PIP) Measurement Plan Goal Calculation Worksheet

Nebraska: CFSR Program Improvement Plan (PIP) Measurement Plan Goal Calculation Worksheet							
Case Review Items Rated an Area Needing Improvement (ANI) and Requiring Measurement Based on CFSR Findings and Technical Bulletin #9. <i>Prospective measurement approach used to establish PIP baselines and goals from case reviews conducted May 2018 - July 2018</i>							
CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Minimum number of applicable cases ²	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	TBD	TBD	TBD	TBD	TBD
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	TBD	TBD	TBD	TBD	TBD
Item 3	Risk and Safety Assessment and Management	1.28	TBD	TBD	TBD	TBD	TBD
Item 4	Stability of Foster Care Placement	1.28	TBD	TBD	TBD	TBD	TBD
Item 5	Permanency Goal for Child	1.28	TBD	TBD	TBD	TBD	TBD
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	TBD	TBD	TBD	TBD	TBD
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	TBD	TBD	TBD	TBD	TBD
Item 13	Child and Family Involvement in Case Planning	1.28	TBD	TBD	TBD	TBD	TBD
Item 14	Caseworker Visits With Child	1.28	TBD	TBD	TBD	TBD	TBD
Item 15	Caseworker Visits With Parents	1.28	TBD	TBD	TBD	TBD	TBD

Explanatory Data Notes:

¹Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

²Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified baseline period.

⁴Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵PIP Goal: Calculated by adding the sampling error to the baseline percentage.

⁶Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. When a state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.