

NEBRASKA ANNUAL PROGRESS AND SERVICES REPORT

July 1, 2006 – June 30, 2007



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INTRODUCTION

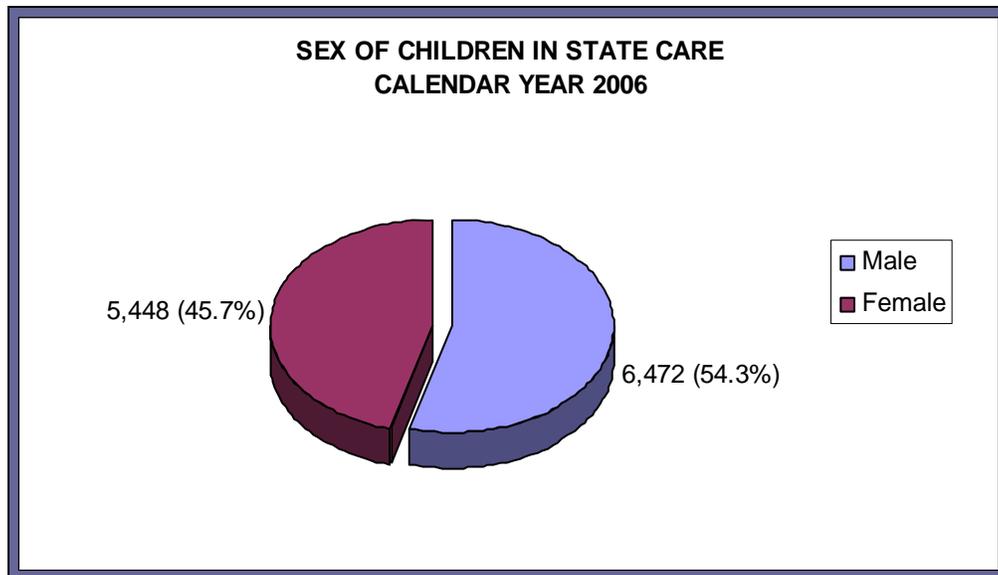
The Department of Health and Human Services' (HHS) Office of Protection and Safety works collaboratively to ensure that the abused, neglected, dependent, or delinquent populations it serves are safe from harm or maltreatment in a permanent and caring environment with a stable family, and that communities are safe from harm by these children or youth. This work involves addressing the needs of children in situations where abuse or neglect is suspected or adjudicated, who are dependent or voluntarily relinquished, who fall under the Interstate Compact for the Placement of Children or the Interstate Compact for Juveniles, or who come to the agency through the court as juvenile or status offenders.

On any given day, the Office of Protection and Safety is working with approximately 7,100 children and their families. Because of this public trust and our commitment to these children, our paramount concern is their safety, permanency, and well-being.

OFFICE OF PROTECTION AND SAFETY'S THREE PRIORITY OUTCOMES:

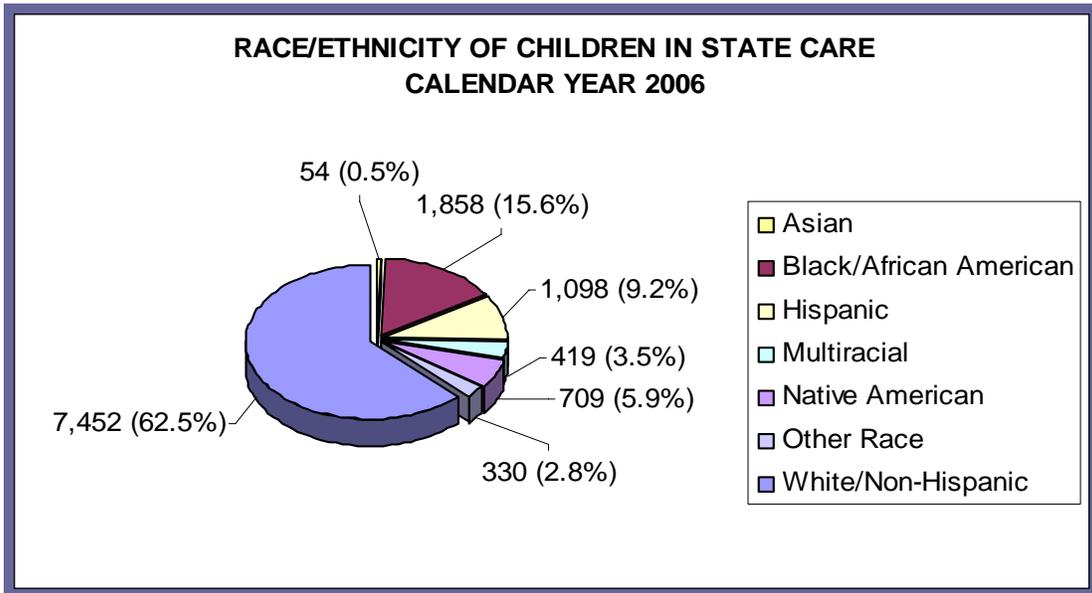
- ***SAFETY:*** Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their homes whenever possible and appropriate.
- ***PERMANENCY:*** Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for families.
- ***WELL-BEING:*** Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational; physical and mental health needs.

During 2006, there were 11,920 children under the State's legal custody. Of these children, 45.7% were female and 54.3% were male.



The majority (35.0%) of youth in state care in 2006 were between 16 and 18 years of age. The second most prevalent age group (24.3%) consisted of children between the ages of 11 and 15 years, with children between the ages of 0 and 5 years closely following at 23.8% of the total population. Children between the ages of 6 and 10 years comprised 17.0% of the total population in state care.

The majority (62.5%) of children in state care were identified as being White (non-Hispanic). African American children comprised 15.6% of the population, Hispanic youth comprised 9.2%, Native American youth comprised 5.9%, and Asian youth comprised .5%. A small percent of youth (3.5%) were identified as being multiracial, and 2.7% of youth were identified as being of some other race or ethnicity not mentioned in the categories above.



SERVICE DESCRIPTION

a) A report on the accomplishments and progress toward meeting each goal and objective, including improved outcomes for children and families, and a more comprehensive, coordinated, and effective child and family services continuum.

HHS has continued to work towards meeting the goals and objectives established to improve child and family services and – ultimately – the success of the children and families it serves. We have made progress towards meeting these goals in fiscal year (FY) 2007 through a variety of initiatives, projects, and services.

The Governor's Child Welfare Initiatives: On June 21, 2006, Governor Dave Heinemann directed the Health and Human Services System (HHSS) to take specific actions to ensure continued improvements in services provided to children and families. The actions included in the Governor's initiatives are as follows:

- HHS will place a priority on resolving the cases of children between the ages of zero and five. There are 1,455 such children in Nebraska.
- HHS will place a priority on achieving permanent placements for children who have spent 15 or more of the last 22 months in state care. Nearly half of the children in Nebraska's child welfare system meet or exceed those parameters.
- HHS will prioritize the resolution of the approximately 600 cases where children were never removed or have either been living safely at home for seven months or more, but have not yet been released from state custody by the judicial system.
- HHS will begin working with Nebraska's K-12 schools to decrease the number of truancy cases referred to the State so front-line workers can focus on protection and safety issues. In 2005, HHS caseworkers handled more than 750 cases involving truancy, curfew violations, ungovernable youth, and runaways.
- HHS will explore the feasibility of cross-training current workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time.
- HHS will work to build stronger relationships with other partners in the child welfare system to encourage greater cooperation with Nebraska's courts, county attorneys, and law enforcement agencies.

Protection and Safety staff immediately identified 1,184 of the 7,788 children in state care in May 2006 who fit into the priorities set by Governor Heinemann. Each month thereafter, more children fit into these priorities. By the close of May 2007 there were a total of 7,133 children in state care and 3,130 of these children fit into Governor Heinemann's priorities. The measurement of HHS's progress on the Governor's initiatives collected for this summary is based on these 3,130 children.

The following outlines the progress made by HHS on Nebraska's child welfare priorities from May 31, 2006 to June 1, 2007:

Initiative 1: Initiative 1 is being addressed through initiatives 2 and 3.

Initiative 2: Achieving permanent placements for children who have spent 15 or more of the last 22 months in out-of-home care.

In May 2006, there were 566 children ages zero through five who fit the criterion of having spent 15 or more of the last 22 months in state care. As of June 1, 2007, Two hundred and seventy five (48.6%) of these children had been successfully moved to permanency and discharged as state wards: 199 (72.4%) to adoption; 56 (20.4%) to reunification with a

parent; 16 (5.8%) to guardianship; and 4 (1.5%) transferred to another agency. The remaining 291 (51.4%) children continued to be reviewed monthly.

From June 2006 to June 2007, there were an additional 473 children ages zero through five who have fit the 15/22 priority criterion. As of June 1, 2007, 72 (15.2%) of these children were successfully moved to permanency and discharged as state wards: 38 (52.8%) to reunification with a parent; 7 (9.7%) to guardianship; 24 (33.3%) to adoption; and 3 (4.2%) transferred to another agency. The remaining 401 (84.8%) children continued to be reviewed monthly.

In total, from May 2006 to May 2007, three hundred and forty seven (33.4%) of the 1,039 children ages zero through five who fit the 15/22 criterion were successfully moved to permanency and discharged as state wards: 223 (64.3%) to adoption, 94 (27.1%) to reunification with a parent, 23 (6.6%) to guardianship, and 7 (2.0%) transferred to another agency.

In April 2007, we began to require monthly reviews of the three hundred and seventy-six (376) 6-10 year olds in out of home care for 15/22 months.

Initiative 3: Resolving 618 cases of children who were either never removed from home or have been safely living at home for seven or more months, but who have not yet been released from state custody by the judicial system.

In May 2006, there were 618 children who were either never removed from home or who were living safely at home for seven or more months, but who had not yet been released from state custody. As of June 1, 2007, four hundred thirty four (70.2%) of these children had successfully moved to permanency and are no longer state wards: 406 (93.5%) were discharged to reunification with a parent were 11(2.5%) reached the age of majority, 3 (.7%) achieved independent living, 2 (.5%) transferred to adult court, 1 (.2%) transferred to another agency, 1 (.2%) was discharged from an institution, and 1 (.2%) was discharged to guardianship. The remaining 184 (29.8%) children continued to be reviewed monthly.

From June 2006 to June 2007, there were an additional 1,072 children who met the criteria. As of June 1, 2007, 487 (45.4%) of these children were successfully moved to permanency and discharged as state wards: 470 (96.5%) were discharged to reunification with a parent, 3 (.6%) reached the age of majority, 2 (.4%) achieved independent living, 3 (.6%) were discharged to guardianship, 3 (.6%) transferred to adult court, and 2 (.4%) was discharged from an institution. The remaining 585 (54.6%) children continued to be reviewed monthly.

In total, from May 2006 to June 2007, 921 (54.5%) of the 1,690 children who were either never removed from home or who were living safely at home for seven or more months, but who had not yet been released from state custody, were successfully moved to permanency and discharged as state wards: 876 (95.1%) to reunification with a parent and 7 (.8%) to guardianship; and 36 (3.9%) children were moved to permanency for other reasons mentioned above (e.g., the child reaching the age of majority, achieving independent living, being transferred to another agency, etc.).

Initiative 4: Decreasing the number of truancy cases referred to the State so front-line workers can focus on protection and safety issues.

In December 2005, HHS caseworkers handled 594 children and youth involved in the juvenile court system for truancy, curfew violations, ungovernable behaviors, and running

away. This is a point-in-time measure, meaning that on the day these statistics were collected there were 594 active cases of children and youth under HHS care for these types of actions and behaviors. As of December 2006, there was a decrease in the number of these cases handled by HHS workers to 533. Protection and Safety staff continue to work with schools, judges, and other partners in workgroups and other collaborations to further reduce these numbers.

Initiative 5: Cross-training current workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time.

HHS identified former child protective services employees working in other HHSS program areas and former employees no longer with HHS who may be willing to temporarily come back to provide training to current employees. So far, this option has not been utilized.

Initiative 6: Building stronger relationships with other partners in the child welfare system to encourage greater cooperation with Nebraska's courts, county attorneys, and law enforcement agencies.

Between the months of June 2006 to December 2006, Protection and Safety staff from across the State held over 1000 meetings, conferences, and discussions to build stronger relationships with partners and stakeholders to resolve issues and make improvements in the child welfare system.

Through the Eyes of a Child: In September 2006, another initiative related to the safety, permanency, and well-being of children was launched during the "Nebraska Children's Summit: Improving the Court System for Abuse/Neglect and Foster Care Children" conference, sponsored by Former Supreme Court Chief Justice John V. Hendry, Chief Appellate Judge Everett Inbody, and Juvenile Court Judge Douglas Johnson. Refer to the 'Collaborations' section in this report for further details.

As of March 2007 the number of children who have two or less placement moves and who have been in care less than 12 months increased to 84.5% from 83.5% in September 2006.

Outcomes:

- Increase the number of children who have two or less placements moves and who have been in care less than 12 months from 81.6% to 83.5% by September 30, 2006.
- Establish permanency for children between the ages of zero and five.
- Achieve permanent placements for children who have spent 15 or more of the last 22 months in state care.
- Resolve approximately 600 cases in which children were either never removed from home or have been living safely at home for seven months, but have not yet been released from state custody by the judicial system.
- Decrease the number of truancy only cases referred to the State.
- Explore the feasibility of cross-training workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time.
- Reduce the number of children in out-of-home care.

Needs:

- To better assess the safety and permanency needs of children in order to provide stability in their living situations.
- To ensure that all formal and informal resources and supports are reviewed prior to placing a youth in out-of-home care.

- To ensure that any out-of-home placement is the least restrictive placement and meets the identified needs of the youth.
- To determine barriers to permanency and develop strategies to address those barriers with the primary focus around cases involving children between the ages of zero and five and youth in out-of-home care for 15 or more of the last 22 months.
- To classify and review priority cases for the identification and resolution of barriers to permanency, and to develop a timeline in which to do so.
- To obtain staff resources for reviewing priority files.
- To develop a tool for documenting progress and/or barriers to case closure.
- To acquire alternative resources to deal with truant youth.
- To identify types of potential cross-training (positions/expertise) to provide casework support to Protection and Safety Workers.
- To maximize available staff resources to address immediate permanency actions.
- To maximize HHS legal support to pursue permanency for children.

Strategies:

- Develop individualized plans to address placement stability and permanency for children within the central office and service areas.
- Conduct reviews of cases identified as priority to assess permanency for children.
- Share data among service areas at least monthly regarding our progress towards meeting outcomes.
- Provide Service Area Administrators with an accounting of progress made at monthly management meetings.
- Obtain and utilize additional legal supports to pursue permanency for children.
- Provide caseworker support in court by requiring supervisors to increase the number of times they go to court with workers.
- Secure additional staff resources by temporary reassignments of HHSS employees who have experience as former Protection and Safety Workers/Supervisors or attorneys who had provided support to Protection and Safety.

Use of Guardianship: The appropriate use of guardianship as children's permanency goals continues to be receiving special attention. Criteria for appropriate use of guardianship were clarified including the requirement that adoption had to be ruled out as impossible or inappropriate before guardianship could be considered. When a Protection and Safety Worker and Supervisor believe guardianship should be sought, and criteria are not met, an exception request is made to central office. During calendar year (CY) 2006, the total number of such requests was 55. Of those, 33 were approved, 17 were denied, 3 were returned to field staff as not needing central office approval, and 2 remain pending.

Data seem to support success of the efforts being made in this area. As of July 2006, the number of children with guardianship as the primary or concurrent permanency objective was 1,131, comprised of 407 children with guardianship as their primary permanency objective and 724 children with guardianship as their concurrent permanency objective. As of February 2007, the total number of children with guardianship as the primary or concurrent plan was 1101; 380 with guardianship as the primary permanency objective and 721 with guardianship as the concurrent permanency objective.

Family Preservation and Support: HHS continues to contract with the Nebraska Children and Families Foundation (NCFE) to administer the family preservation and support components of the Promoting Safe and Stable Families Program. The Nebraska Children and Families Foundation's focus is to develop programs and services that are evidence-based practice. Given limited funding, the NCFE wants to ensure they are using this funding to get the best results possible.

Last year NCFE provided direct services to 585 families and 597 youth, and indirect services to 7,345 families and 4,674 youth. Priorities that continue to be funded are:

- program for families at risk of entering the State child welfare system;
- home visitation programs for new parents;
- early childhood initiatives;
- prevention of substance abuse in adolescents; and
- child abuse prevention.

Nebraska Service Array Community Assessments and Planning: Service Array is a community-based assessment and planning process that is carried out through collaboration between the HHS and NCFE. The intent of this collaboration is to provide a common facilitated process which:

- Decreases duplicative assessments and planning, particularly in greater Nebraska communities.
- Supports the assessment of a community's capacity to develop and implement preventive systems of care.
- Identifies policies and procedures that impact the development and sustainability of community prevention systems.
- Assesses community decision points for juvenile offender cases.
- Assesses HHS's child protective services system.

The primary tool used in this assessment process is the Service Array in Child Welfare Tool provided by the National Child Welfare Resource Center for Family Centered Practice as a service of the Children's Bureau. This comprehensive tool provides a community process and assessment criteria for components of the child welfare system in community/neighborhood prevention and early intervention services, investigative assessment functions, home-based interventions and services, out-of-home interventions and services, and child welfare system exits.

With permission from the developers of the Service Array Tool, the community/neighborhood prevention and early intervention section was expanded from 27 to 44 key service categories in the areas of basic needs, healthcare access and health promotion, child and youth safety and development, family development, and prevention systems. These changes were undertaken to assist communities in seeking inter-relationships between key program and service sector areas.

As a result, the service array assessment and planning process inter-relates a cross section of state and federal program areas including: Continuums of Care for Housing and Homelessness (HUD), Early Childhood, Public Health (e.g. WIC, MCH, and Nutrition), Youth Development and Substance Abuse Prevention (SICA), Behavioral Health Services, Healthcare, Prescription Drug Access, Child Abuse Prevention, and the overall prevention system.

In each of the categories of the assessment listed above participants are asked to rate the availability, quantity, quality, and importance of the services in accordance with family centered best practice values. In reviewing each service array community participants also identified strong services, needed community education, services not meeting enough need, advocacy and/or service barriers, duplication of services and shifting of resources, non-existing services, staffing/volunteer issues, funding issues, the need for better coordination/collaboration with other stakeholders and providers, the need for quality improvement, more diversified services, law/policy change, and other service challenges.

From this assessment communities developed a systemic logic model for prevention and early intervention priority areas to develop and/or enhance.

To date, 28 counties in Nebraska have completed the service array process. These counties are now eligible to participate in an ongoing learning community to further build their capacity to identify, implement, and sustain needed services for children and families, and to work systemically to improve access to and availability of services.

Statewide Child Abuse Prevention Plan: A statewide plan to reduce child abuse and neglect by 20.0% by the year 2020 was developed in 2006 as a collaborative effort of the Nebraska Child Abuse Prevention Fund Board, HHS, and NCFE. This plan will provide the focus for our child abuse prevention efforts through the Promoting Safe and Stable Families Program mentioned above as well as the Nebraska Child Abuse Prevention Fund efforts and other prevention efforts. Refer to the ‘Collaborations’ section in this report for further details.

Outcomes:

Children

- Children who are safe and healthy are growing, developing, and interacting with their environment in positive ways.
- Children and youth who are safe and healthy are making contributions to improve their community’s quality of life.

Families

- Parents who take an active role in the physical, mental, emotional, and social aspects of their children’s lives are making responsible decisions and modeling healthy behaviors in their own lives.
- Parents who are taking the necessary steps to create a safe and healthy environment for their children are linking with community service networks.

Communities

- Communities that are safe and nurturing are demonstrating effective practices that promote health, safety, economic security, and well-being for families.
- Communities that are safe and nurturing support families as they better position themselves to promote health, safety, economic security, and well-being for their children.
- Communities who value the diverse backgrounds of all families and children find avenues to involve families in meaningful ways in the life of the community.
- Communities who value the importance of secure family attachments for children in state care or who are at risk of out-of-home placement, channel community resources, and promote strategies which move children into permanent families.

Needs:

Community capacity and ownership of strategies for community support of children and families.

Strategies:

- Awarding grants to communities for the development of priority services.
- Providing technical assistance and support to communities as they plan, develop, and evaluate family preservation and support projects.

Time-Limited Reunification: Services continue to be provided through contracts with five family organizations. One of the organizations providing services last year made the decision to stop services temporarily and is in the process of rebuilding capacity. The family organizations have served approximately 3,715 families over this past year. Services include mentoring, education, support groups for parents and youth, newsletters, and information-sharing.

The Department has been providing funds to Douglas County Court for purposes of holding pre-conference hearings. The pre-conference hearings are held within a few days of the child’s

removal from home to determine the immediate plan for the child and family. Pre-hearing conferences are designed to facilitate early information sharing and problem solving among parties to increase the provision of early services to parents and children, and to speed the process of resolving cases and ultimately achieving safe, timely permanency. Currently, this service is being evaluated by the Dr. Wiener from the University of Nebraska/Lincoln—Law and Psychology Program. The evaluation set out to measure objectively the events that transpired during the conferences and the impact of the conferences on the timing of later proceedings, the services offered and outcome of the proceedings, to determine if the outcomes are being achieved and if expansion would be beneficial for children and families. This evaluation is particularly important as we consider statewide implementation.

Outcomes:

- For parents to have the support of other families that are coping with similar challenges.
- To reduce parental feelings of emotional and social isolation that sometimes occur in parenting a child with emotional and behavioral challenges.
- To have referral sources to access the appropriate services for their child and other family members.
- To be equal partners in the system of care.
- To learn how to enhance communication and networking with the professional involved in the case.
- To deliver parent-to-parent supports that are efficient, effective, and responsive as well as tailored to the unique and individualized needs of the child and family.

Needs:

- To maintain one parent organization within each service area
- For all individual parent organizations awarded contracts to come together and form a consortium so there is some commonality and consistency between organizations in each of the six service areas and an opportunity for statewide issues to be addressed
- For HHS to have a collaborative relationship with the consortium.
- To have teleconferences quarterly and in person meetings twice a year with HHS.

Strategies:

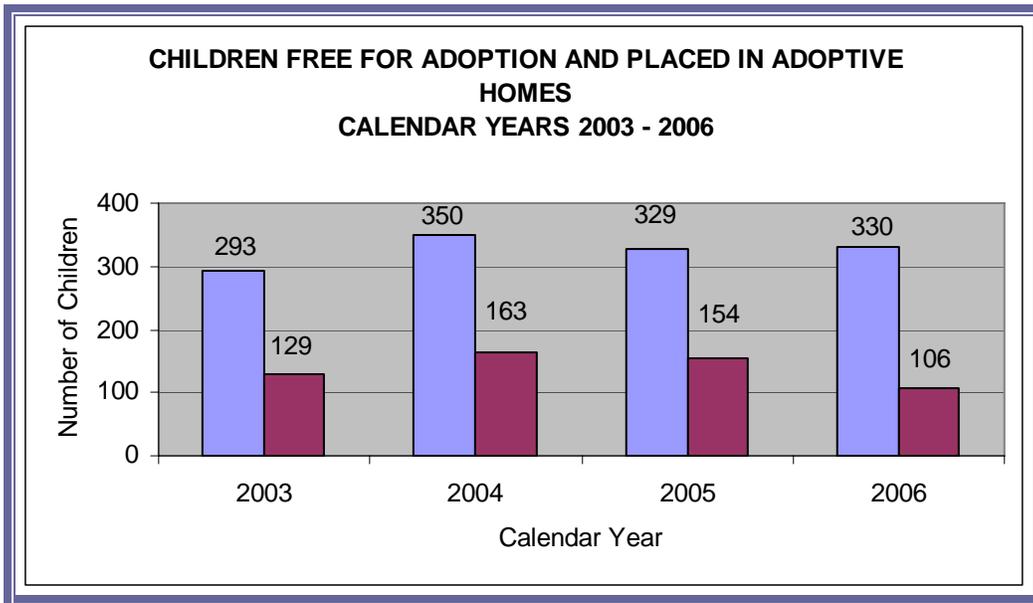
- One-on-one mentoring and coaching of parents by other parents that have/are experiencing similar issues.
- Contact with the family (frequency/type determined by the family) if the family chooses to have such home visits and/or phone calls.
- General advocacy and support (i.e., at child/family team meetings).
- Training and empowerment resulting in effective working relationships with case managers, teachers, and other professionals.
- Help identifying family strengths to nurture positive team interactions.
- Education regarding parental rights and responsibilities as it relates to HHS systems of care.
- Assistance in interpreting the case plan, court documents, individual educational plan process, medical documents, and service/treatment plans.
- Professional referral resources as appropriate per individual child/family needs.
- Coordinate volunteers to assist with parent supports.

During the coming year, HHS will continue to utilize services through the family organizations, with outcomes, needs, and strategies as outlined above. Consideration also is being given to expanding use of the funds into other types of services that would potentially increase the rate and timeliness of reunification of children with their parents. One potential strategy is to contract with an organization to locate relatives, including absent parents, upon a child's entry into the system.

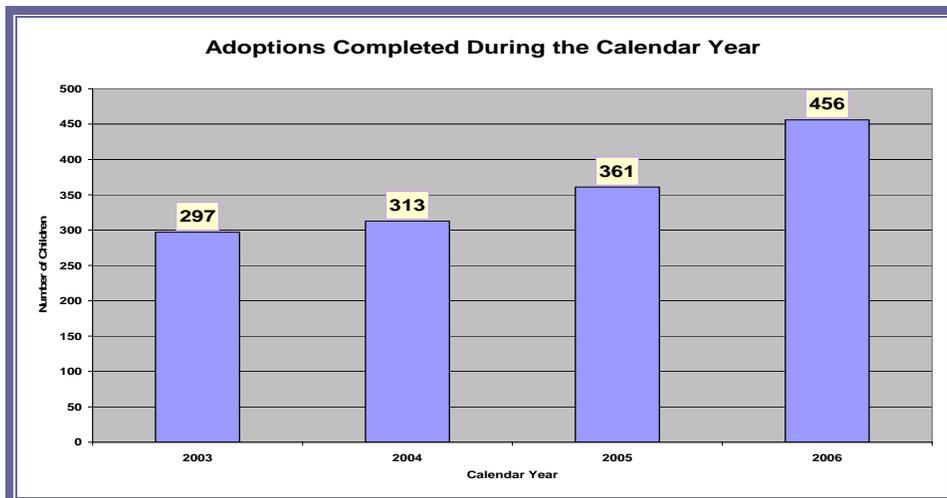
Once located, these individuals could be contacted to obtain information about the family, identify potential support systems for the family, and brainstorm potential placement resources.

Adoption Promotion and Support Services: Because of the delays and lack of timely filing of terminations of parental rights for some children, HHS has begun contracting with private attorneys to provide this service. The contracts are done on an individual, child-specific basis. Presently seven cases involving 18 children have been referred through this process.

In 2006, there were 330 children legally free for adoption. This number has remained somewhat constant over the last two years. The number of children legally free for adoption who have been placed in adoptive homes, however, has decreased from 154 children in 2005 (or 46.8% of the children free for adoption that year) to 106 children in 2006 (or 32.1% of children free for adoption that year).



On a positive note, the number of finalized adoptions in 2006 reached 456 adoptions, an all time high in the last four years. This number equates to 53.5% increase in finalized adoptions from 2003 to 2006.



Additionally, Nebraska was one of 21 states to receive a federal Adoption Incentive Award of \$50,000 in 2006.

We are planning a conference on adoption and post-adoption services for therapists. Unfortunately, we are unable to conduct the training this year due to full schedule of training on our new safety model (more information on this model to follow).

Outcome: Legal work that assures timely and accurate completion of adoptions.

Needs:

- Attorneys who are knowledgeable in adoption and will complete the adoption as quickly as possible.
- Adoptive parents need to retain attorneys who are knowledgeable in adoption and will complete the adoption as quickly as possible

Strategies:

- Identify areas of the State where the number of attorneys knowledgeable about adoption is inadequate, and obtain information from the private adoption agencies about attorneys their families are using; and
- In those areas, build capacity by providing or arranging for training to interested attorneys.
- Develop a set of questions that can be addressed to attorneys who an adoptive family is considering retaining for their finalization and make it available to all families adopting HHS wards.

Outcome: Placement of all available children in adoptive homes.

Need: Use all potential resources for location of available families.

Strategies:

- Enforce required registration of children on the adoption exchanges.
- Develop ways to assist the field in following up with prospective families (perhaps contracting for this work).

Outcome: Adoption of all children appropriate for this form of permanency.

Need: Workers and supervisors who understand adoption and have the knowledge base required for adoption.

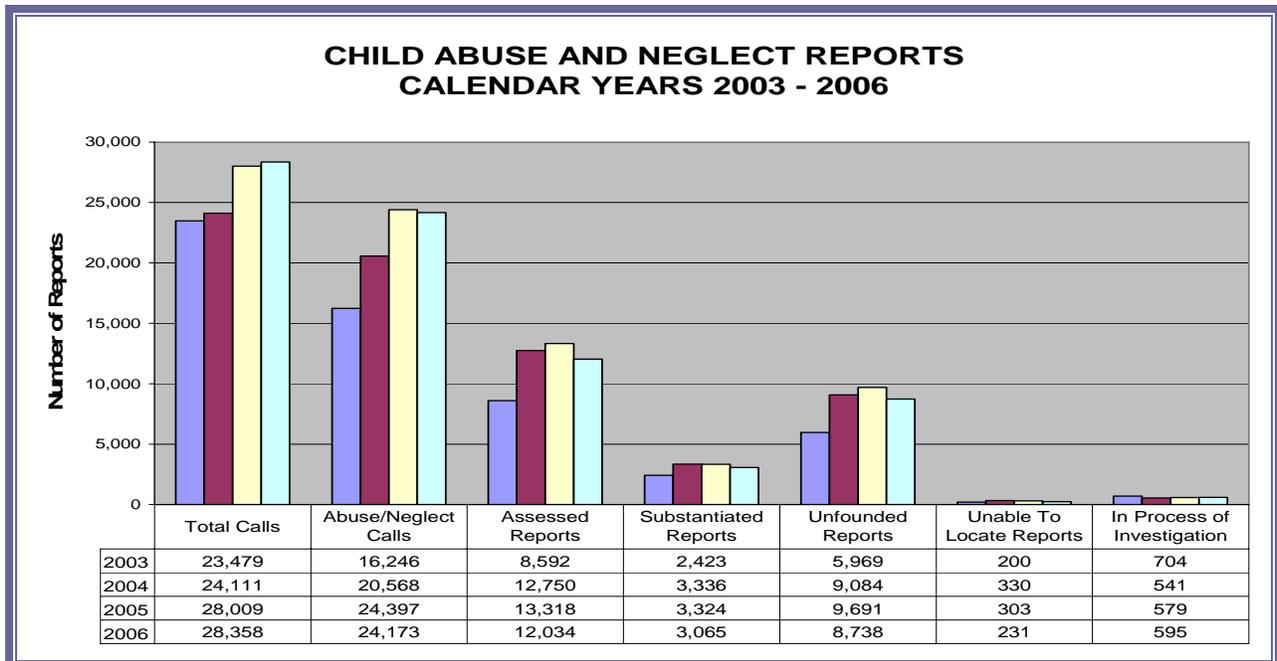
Strategies:

- Hold a second annual adoption conference in 2007 and involve adoption staff in the planning.
- Continue to provide training to staff on adoption finalization, subsidized adoption, the dynamics of adoption, and adoption of older children.

b) Describe the steps the State agency will take to expand and strengthen the range of existing services and develop and implement services to improve child outcomes; planned activities, new strategies for improvement, and methods to measure progress in the upcoming year.

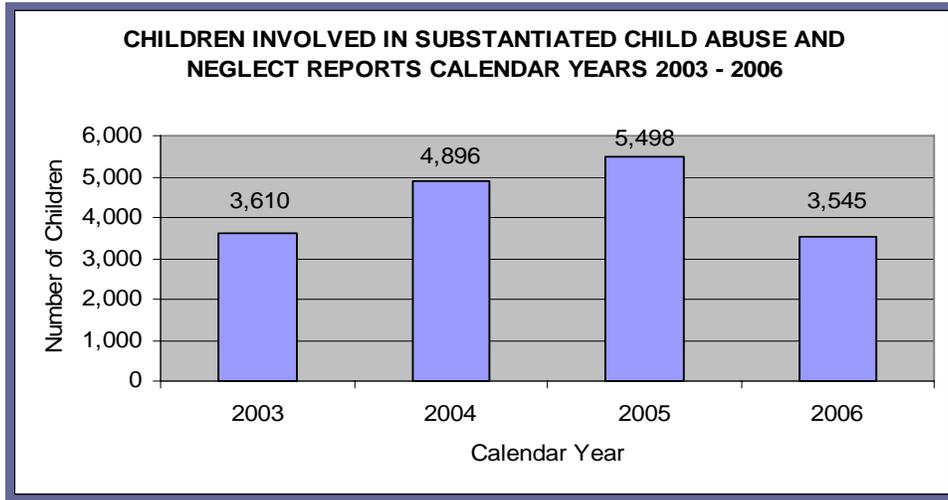
HHS is working to expand and strengthen many of its services through a variety of avenues. We have recently developed and are just beginning to implement a new safety model to guide Protection and Safety workers in assessing child safety and we continue to emphasize and train workers in the importance of using Family Centered Practice (FCP) when working with the families we serve. We have also been working to establish and/or enhance in-home safety services and resources and to improving many other aspects of service contributing to the outcomes examined in the Federal Child Family Service Review (CFSR) and outlined in our Program Improvement Plan (PIP).

A New Safety Assessment Process: Over the last four years, the number of calls received by the Child Abuse/Neglect Hotline has grown and Protection and Safety Workers have been assessing more and more cases of child abuse and neglect for safety issues. In 2006, the hotline received 28,369 calls, the majority (85.3%) of which involved reports of child abuse or neglect. Over half (52.2%) of the child abuse or neglect reports received were assessed or were in the process of being assessed at the end of the year. Nearly two-thirds (64.8%) of child abuse or neglect reports were unfounded (that is, the Department determined that there was not a preponderance of evidence that the allegation occurred), and almost one-quarter (23.1%) of reports were substantiated (including court pending or court substantiated cases, or cases in which the Department concluded that – by the preponderance of evidence – the alleged abuse or neglect occurred based upon an assessment). In a small percent of cases (1.8%), Protection and Safety Workers were unable to locate the individuals or families involved in the report, and therefore were unable to further assess the report.

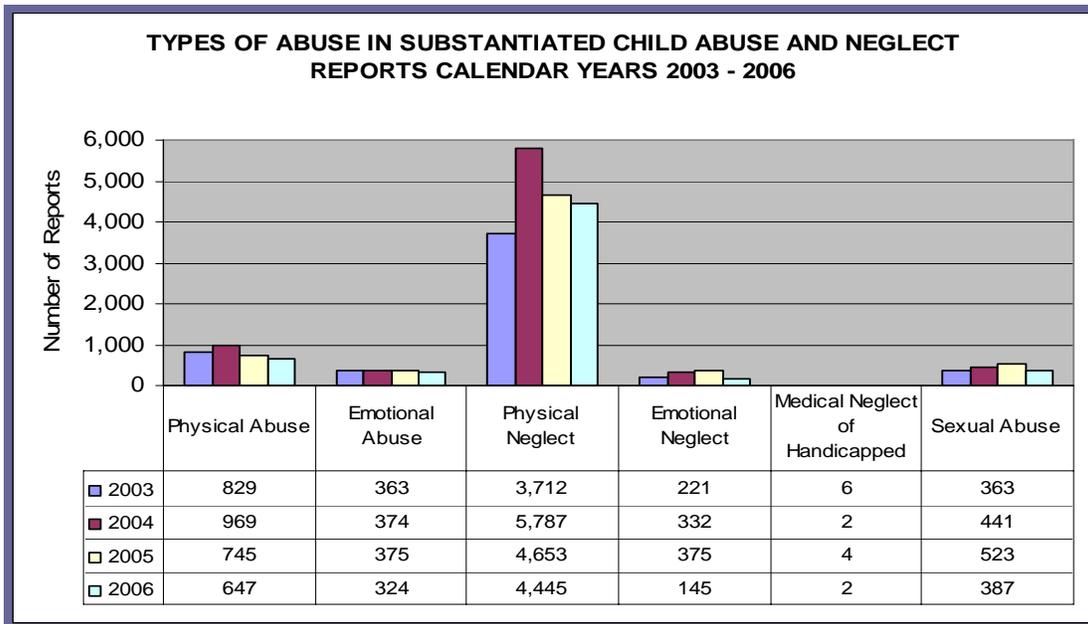


Notes: 1 denotes percent when compared to "Total Calls." 2 denotes percent when compared to "Abuse/Neglect Calls." 3 denotes percent when compared to "Assessed Reports." "Substantiated Reports" indicates reports in which a finding of Court Substantiated, Court Pending, or Inconclusive was made.

For the first time in four years, the number of children involved in substantiated reports of child abuse or neglect has decreased from 5,498 children in 2005 to 3,545 children in 2006. In fact, this number is at its lowest in the last four years.



A large percent of cases (74.7%) handled by the Office of Protection and Safety have continued to involve physical neglect. The second most common type of abuse in 2006 was physical abuse (present in 10.9% of cases), followed by sexual abuse (present in 6.5% of cases) and emotional abuse (present in 4.0% of cases). Obviously, by comparing the number of children involved in substantiated reports of abuse or neglect and the prevalence of some types of abuse such as physical neglect, one can see that any given case can and often does involve multiple types and occurrences of maltreatment.



Nebraska is in the process of improving our child abuse and neglect assessment process by directing greater focus on child safety. Staff is currently being trained on a safety assessment process developed with the assistance of the National Resource Center on Child Protective Services. Under this new safety assessment process, Protection and Safety Workers will not just

focus on an alleged incident of maltreatment, but instead will gather information around six categories of family functioning to determine: the presence or absence of maltreatment; the circumstances surrounding any maltreatment; the functioning of all children in the family; general parenting and disciplinary practices; as well as the functioning of all adults in the household.

Protection and Safety Workers will analyze all of the information gathered in light of 14 safety factors to determine if family conditions meet certain threshold criteria for a child to be determined unsafe. These criteria include whether or not the negative family circumstances are specific and observable, are likely to occur in the present or near future, are out of control and unable to be managed by anyone in the household, and are likely to have severe effects on the child; and whether or not there is a child in the family who is vulnerable to the concerning family condition. If the five threshold criteria are met, the child is determined to be unsafe.

This process asserts that children may be unsafe from present or impending danger safety threats, both of which require a response from HHS. If present danger is identified, an immediate protective action is necessary. If impending danger is identified by the safety assessment process, Protection and Safety Workers will complete a safety plan. The purpose of the safety plan is to provide short-term management and control of any identified safety threats. Whenever it is possible to do so safely, an in-home safety plan which allows the children to remain in the family home is preferred. If the children cannot be safe at home, a combination in home/out-of-home plan or an out-of-home safety plan is necessary.

Safety is the emphasis not only for in-home, combination and out-of-home safety plans, but it continues to be the focus of ongoing casework throughout the time the family is involved with HHS. In addition to safety plans, Protection and Safety Workers develop case plans with families. Case plans identify the behaviors that need to change to increase parental capacity to provide for child safety. The case plan will identify the needs of the family, strategies to obtain those needs, and the outcomes necessary to address and diminish identified safety threats

This safety assessment process provides a structured decision-making process to assist Protection and Safety Workers and Supervisors in identifying information relevant to safety, and helps them use critical thinking skills to make appropriate decisions about child safety and case planning. The new safety assessment process requires greater participation and oversight by the Supervisor, which will also improve decision-making and case outcomes and – ultimately – result in greater safety for children. We are excited about this new model and expect it will help us do a better job of assuring child safety.

Outcome: Children are safe in their living environment.

Needs:

- To have a structured process that provides the field with the necessary tools to assess safety.
- To ensure Protection and Safety workers have the skills to effectively utilize the identified safety assessment process.
- To ensure that stakeholders understand and support the safety model
- To have the infrastructure to support the safety model.

Strategies:

- To work with the National Resource Center for Child Abuse and Neglect to develop the safety model.
- Develop and deliver training to administrators, supervisors and workers
- Provide information to stakeholders
- Develop flexible services to help maintain children safely in their living environments

In-Home Safety Services: Safety services were built on information related to the number of children coming into care in CY 2006, their demographics, and the reasons why they are believed to be unsafe in their family home.

During 2006, 3,736 children entered state custody in the State of Nebraska. As of December 31, 2006, the State had a total of 4,935 children placed in out-of-home care. Most children were removed from the home due to child physical neglect (44.3%), a child's behavior problem (30.2%), or parental substance abuse (23.3%). With the exception of physical abuse (12.9%), all other factors for removal from the home were less than 10.0% of the total population. These factors include sexual abuse, inadequate housing, abandonment, relinquishment, parental incarceration, parent death, child substance abuse, and child disability.

For children ages 0 to 5 years, 62.6% were removed from their home due to physical neglect; over one third (38.5%) were removed due to parental substance abuse. For children ages 6 to 10 years, 64.2% were removed from their home due to neglect and approximately one third (33.7%) were removed due to parental substance abuse. For children ages 11 to 15 years, over one-third (37.3%) were removed due to neglect and 41.2% were removed due to the child's behavioral problems. For children ages 16 or older, 65.5% were removed due to the child's behavioral problems.

HHS has forged a partnership with the University of Nebraska, Omaha (UNO) – Juvenile Justice Institute, University of Nebraska Medical Center Munroe Meyer Institute, University of Nebraska, Lincoln (UNL) Policy and Program Center, and Dr. Mario Scalora and colleagues, to develop community-based services so children can remain safely in their home. The foci of our efforts is to develop and provide evidence-based interventions and to also collect data to measure the effectiveness of these services in providing the skills, knowledge, motivation, and ability necessary for parents to be able to provide for their children safely in their homes. This will also offer us the opportunity to identify parents who are unwilling or unable to make the changes necessary to obtain permanency for children in a more efficient and effective manner than has occurred historically.

In the areas where it is determined that a parent may have a mental health or a substance abuse issue, a referral will be made to a Medicaid/Medicaid Managed Care Provider to conduct a comprehensive family assessment. The comprehensive family assessment will have the following components: each parent (caregiver) in the home will have a mental health status exam, an Addiction Severity Index completed for substance abuse issues, and any additional psychological testing that may be indicated such as IQ as well as a family assessment conducted in the family home by a Licensed Mental Health Practitioner. In addition, all children will have an early periodic screening and diagnostic testing completed if one has not been completed in the current year. If – during this assessment – it is determined that the children may require additional assessment for mental health or substance abuse issues of their own, the provider will assess those as well. For adults who are not Medicaid eligible, this service will be funded by child welfare.

In the area of substance abuse, Hank Robinson, Ph.D., from UNO – Juvenile Justice, has identified the MATRIX model as an evidence-based substance abuse treatment model for adults, approved by the Substance Abuse Mental Health Services Administration (SAMSA) in the Division of Center for Medicare/Medicaid Services (CMS). The MATRIX model is an intensive 16-week outpatient treatment program based of five treatment goals. The goals of the model are for the client to:

- stop drug use;
- learn issues critical to addiction and relapse;
- receive education for family members affected by addiction and recovery;

- become familiar with self help programs; and
- receive weekly monitoring by urine toxicology and breathalyzer alcohol testing.

The MATRIX model teaches parents to use a paper schedule to chronicle their plans for each portion of their day but for never more than two to three days at a time. Parents will also be required to attend therapy sessions three times a week for at least four months. This service will be provided as clinically indicated with funding available from the divisions of Medicaid, Behavioral Health, and Child Welfare.

In the area of domestic violence, collaboration between Protection and Safety and Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) is helping to define roles and responsibilities in providing services to families once a safety issue has been assessed by Protection and Safety. Unfortunately, there is very little evidence-based research regarding service provision to families experiencing domestic violence. We are working with Mario Scalora, Ph.D. to determine the appropriateness of the Spousal Assault Risk Assessment or another instrument which will allow for:

- the identification of individual risk factors for spousal assault;
- the recording of critical items;
- summary risk ratings; and
- comparisons to norms.

Once Protection and Safety and NDVSAC develop statewide protocols for serving families where domestic violence has been identified as a safety threat to the child, these protocols will be implemented across the State. In addition, we believe it is necessary to develop training requirements in the areas of domestic violence for in-home services providers such as parent trainer/educators, therapists, etc, as well.

We are working with the UNO – Munroe Meyer Institute to develop parent education and training sessions for parents involved in cases of neglect and who lack the knowledge, skill, motivation, and/or ability to provide a safe environment for their child. These sessions will assess the parenting ability of the caregiver and provide education and hands-on training to the caregiver. In these sessions parents will observe, demonstrate, and retain parenting techniques to ensure that appropriate supervision, structure, and monitoring based on the current developmental stage of their child is provided. These programs will include a pre- and post-test to allow us to measure the change in a caregiver's parenting ability prior to making visitation, placement, or custody recommendations to the court.

Another evidence-based program that demonstrates a long history of success in reunifying families is the Homebuilders model for intensive family preservation (IFP) services. Nebraska will be switching their present IFP model to the Homebuilders model to facilitate appropriate utilization of services and support our reunification and preservation efforts across the State. A requirement of the Homebuilders model is to make contact with families within 24 hours of accepting a referral.

The service is provided in the family home/community and the therapists are available 24 hours-a-day, seven days-a-week, including weekends and holidays. This program will have a pre- and post-assessment attached to it as well. The North Carolina Family Assessment Scale is completed within 24 hours of referral and again one to two weeks of service closure. Areas identified as problematic shape the goals included in the service plan and are later used in the post-assessment to determine whether measurable improvement in family functioning as a result of services has occurred.

In situations where a safety plan must be implemented and the family does not have the necessary informal/formal supports to provide for supervision, surveillance and monitoring of their children can be provided through a written safety plan and referrals to crisis intervention services can be made. Crisis interventions services are safety services designed to provide supervision, structure, and monitoring of children while an assessment of parental capacities occur. Crisis intervention services are three tiered: residential, 23:59, or in-home crisis intervention.

In *residential crisis intervention services* children are placed with a contracted provider who is licensed as a child caring agency and a family engagement process will occur that will identify family members from both the mother and the father's side that can be contacted to participate in the development of a plan, provide support and /or possible placement of children if out of home placement is necessary.

23:59 is a service that is provided outside of the family home for one minute less than a day. The service can be provided by any licensed child caring agency including child care centers. Funding of this service is available via Title XX with an authorization of two daily rates to the provider. Increments of a 23.59 service can be authorized in units of 0 to 8 hours; 8 to 16 hours, or 16 to 23.59 hours. Children cannot be left in this service for a 24 hour period. This service also a family engagement process will occur that will identify family members from both the mother and the father's side that can be contacted to participate in the development of a plan provide support and /or possible placement of children if out of home placement is necessary.

In-home crisis intervention provides a person in the family home to provide supervision and monitoring of the child. This person must be approved by HHS and meet the requirements identified via the family support worker contract. This person must have the ability to provide services in the family home within two hours of contact to avoid the need for out-of-home placement and to provide adequate supervision to the minor child.

Outcome: To safely maintain children in their home while involved with Protection and Safety.

Needs:

- To identify risk factors that contributes to out-of-home placement, including:
 - Child victimization and maltreatment;
 - Family violence as a risk factor for displacement;
 - A pattern of high family conflict;
 - Sibling anti-social behavior; and
 - Paternal use of physical punishment/harsh and/or erratic discipline.
- To recognize individuals who require a higher level of mental health intervention.
- For caseworkers to understand the purpose of in-home services.
- To build an infrastructure of in-home services.

Strategies

- Use of the Homebuilders model for IFP, including the North Carolina Family Assessment Scale.
- Implementation of the statewide protocols developed between Protection and Safety and NDVSAC.
- Use of the MATRIX model approved by SAMSHA.
- Use of a comprehensive family assessment.
- Develop and contract with providers for community-based in-home services.
- Utilize 23:59 services provided outside of the family home.

c) Update the goals and objectives to incorporate areas needing improvement identified in Child and Family Services Reviews (CFSRs), Title IV-E, AFCARS, SACWIS, or other reviews, and activities proposed and completed in subsequent Program Improvement Plans.

CFSR Program Improvement Plan (PIP): The CSFR PIP outlined Nebraska's commitment to improve the child welfare services outcomes and systemic factors that were identified needing improvement in the 2002 CSFR. Nebraska's PIP was completed in August 2006, when we met the over 200 action steps and benchmarks set forth in the plan. Some of the outcomes included: reducing the recurrence of child abuse and neglect from 7.58% to 4.70%; increasing the stability of foster home placements from 81.6% to 83.5%; increasing the percent of finalized adoptions within 24 months of the child's removal from home from 8.2% to 20.1%; and increasing placements with relatives from 18.9% in 2003 to 25.2% in 2006.

Family Centered Practice (FCP): HHS continues to be committed to a holistic approach to working with children and families and achieving better outcomes for children and families. FCP represents a holistic approach to working with people that values individuals and families. In 2006, we have seen a lot of success with this approach.

- An orientation to FCP has been delivered to Protection and Safety staff across the State, in addition to staff from the areas of Economic Assistance, Developmental Disabilities, Resource Development, and Support. Efforts are currently underway to deliver orientation to various contracted staff and community partners as well.
- Case plan training on the development of outcomes, needs, and strategies was delivered to many staff in 2006 and continues to be delivered in 2007.
- Facilitation training was developed and implemented in March 2007, and will continue to be delivered across the State.
- Supervision 101 training was introduced. This series of sessions targets supervisors and assists them in developing and refining skills in supervision and FCP.
- Finally, we successfully delivered FCP training to judges, the court system, providers, and community partners including foster parents, Behavioral Health Regions.

In 2007 the focus will not be on developing/delivering new training models, but rather on applying our current knowledge of FCP in our daily work and continued training of new staff. There has been discussion among the FCP coordinators about HHS goal of "One Team/One Plan." Currently, there are many Nebraskans who receive more than one service from HHS and who may potentially have a plan for each of these services. Having one plan and one team for a person or family is a more family centered, holistic approach to providing these services. The team has been expanded to include other programs areas to ensure "One Team/ One Plan" is a success.

Outcome: To holistically work with children and families

Needs:

- Knowledge, skills, and abilities in the areas of FCP values, principles, and beliefs; supervision; job skills and activities; and policy, procedures, and best practices.
- Adequate resources to implement timely and effective training for all supervisors.

Strategies:

- To use FCP in every aspect of working with children and families
- To incorporate FCP into new worker training
- For supervisors to model FCP
- One Plan/ One Team for families served

Quality Assurance: Nebraska has developed its own CFSR process that mirrors the Federal CFSR. We are in our second year of conducting these reviews. The on-site reviews for 2006 occurred in Fremont, Lincoln, and Omaha. Our legal department contacted judges to invite them to participate in the review as reviewers and one judge and one Guardian Ad Litem (GAL) accepted. Former wards were also invited to join the advisory groups in Fremont and Lincoln and one former ward in Lincoln accepted the invitation. Lincoln was also able to have a representative from the Ponca Tribe of Nebraska on the Advisory Team. This individual was hired by HHS as an Indian Child Welfare Act (ICWA) Specialist. Our plan is to have the ICWA Specialist recruit other ICWA experts in the State for the Federal CFSR in 2008.

Program Improvement Plans are being developed for areas identified as not being in substantial conformity in the State CFSR. Well-being continues to be an area requiring improvement. As a result, a tool was created for supervisors in Lincoln and Omaha to monitor caseworkers' efforts in promoting well-being for the children and families with which they work, beginning in March 2007. Specifically, the tool focuses on caseworker contact with youth, parents, and out-of-home care providers, and it also examines child and family involvement in case planning. Each supervisor is required to complete the tool on five cases per month and then review the results with their staff.

Consumer satisfaction surveys continue to be conducted with biological parents quarterly. For the next quarter beginning July 1, 2007, we will be adding a question asking parents whether caseworkers shared a copy of the youth's case plan with the parent. The question in the survey on which we receive the highest marks is in regards to parents actively participating in the most recent court review hearing. The surveys also suggest that parents feel as though caseworkers treat them with dignity and respect. An area in which caseworkers need to improve is in returning calls in a timely manner, although we've seen steady improvement in ratings for this item over the past five quarters. Foster parents will also be surveyed quarterly beginning July 2007. The foster parent survey will include the same questions as the survey for biological parents to allow us to compare the two perspectives on the quality of service that the children in the care and custody of HHS receive from their caseworkers.

In July 2007 we also began surveying youth released from the Youth Rehabilitation and Treatment Center (YRTC) in Kearny, and surveying youth released from the YRTC in Geneva shortly thereafter (September 2006). Responses are aggregated by the Research and Performance Measurement Unit in Finance and Support and are given to the Office of Protection and Safety to analyze, identify trends, and establish any necessary improvements based upon the results of the survey. We have just received our first report and are excited to analyze the findings.

The individual case review that was completed was only done on 71 cases so it was deemed that it is not statistically valid to show how we are implementing FCP. We would like to show results from our most recent quarter of our consumer satisfaction survey for our results. (Appendix A)

We continue to have the opportunity to use the University of Nebraska's academic portal which is called the Blackboard. The Blackboard allows us to post case examples on the web and then reviewers can go in and score the case examples using our QA tool. When the reviewers are done with the case examples the blackboard will then give them the answers to the examples and why that answer was chosen. The Blackboard can be used from any computer across the state so all reviewers have access. We use this as a tool for reviewers to continue to gain more skills as a reviewer and improve their reliability. The Blackboard also has a grading system in it so we can go in and review how a reviewer is doing with the case examples and whether they need extra help with a certain area.

Outcome: Programming at the YRTC's will reflect input gathered from the surveys of youth discharged from the facilities.

Need:

- An avenue for youth to express their satisfaction with their stay at the YRTC's.

Strategy:

- Youth will be surveyed by phone by a third party no more than 30 days after being discharged from the YRTC. This will start on July 1, 2006 and continue monthly for one year.

Outcome: Determine a baseline of where the State of Nebraska is with implementing FCP in traditional cases.

Need:

- Assess where we are with FCP in the State.

Strategy:

- Conduct an individual case review of children in out-of-home care. This is targeted for January 2007.

Outcome: Build consistency among statewide reviewers in their ability to conduct individual case reviews.

Need:

- Assess individual reviewers' interpretation of specific case review questions.

Strategy:

- Use the University of Nebraska at Lincoln's web-based learning system (Blackboard) each month with specific case examples and a grading system.

Outcome: Increase external partners' involvement in the Nebraska CFSR process.

Need:

- More involvement of external partners including judicial, ICWA experts, and youth.

Strategy:

- Use our HHSS Legal staff to recruit judicial partners by sending letters and informing them of our need.
- Each service area involved in the review is mandated to have at least one youth represented on their local advisory groups.
- Quality Assurance staff will contact ICWA experts to inform them on the CFSR process and our need for their involvement.

d) Describe the services to be provided in FY 2008, highlighting any changes or additions in services or program design and how the services will achieve program purposes.

Please refer to each service report for any changes or additions in services or program design and how the services will achieve program purposes.

e) For each service, report the population to be served, geographic areas where services will be available, and the estimated number of individuals and/or families to be served.

Please refer to each service report for population served and the geographical location.

f) Indicate if there are no planned changes to the program.

Any changes to programs will be indicated within each service report.

COLLABORATION

a) Describe activities in the ongoing process of coordination and collaboration efforts conducted across the entire spectrum of the child and family service delivery system.

The Office of Protection and Safety has coordinated and participated in numerous collaborative efforts across the entire spectrum of child and family services ranging from the court system to policy and legislation to law enforcement, etc. Below are examples of the collaborative efforts that occurred throughout FY 2007 that are not addressed in other areas of this report. For information on collaborations with the Tribal communities please refer to the 'Tribal Consultation' section of this report; for information on collaborations specific to youth population please see the 'Chafee Foster Care Independent Living Services Program (CFCIP)' section of this report; and for other collaborative efforts funded by the Child Abuse Prevention and Treatment Act (CAPTA) please refer to the 'CAPTA' section of this report.

Child Abuse Prevention Plan: The Office of Protection and Safety and the HHS Office of Family Health collaborated with Prevent Child Abuse Nebraska (PCAN; a program of NCFE) and the Nebraska Child Abuse Prevention Fund Board to develop a statewide child abuse prevention plan, which was implemented in 2006. The fundamental idea behind this document is that all Nebraskans have a real stake in the safety and healthy cultivation of our children. Therefore, the Prevention Plan has been designed to educate an audience that is not limited to professionals in the social services, but also parents, retired persons, teachers, health care workers and all other citizens in every community throughout our state. This plan will serve as a guide to those in the field as they make decisions, develop policies, and implement programs around the prevention of child abuse. Ideally, legislators will use the plan to guide policy and funding decisions, state agencies will use the plan to guide them in setting priorities and funding decisions, and community groups will use the plan as they design and secure resources for effective, research-based child abuse prevention programs.

Youth Level Service/Case Management Inventory (YLS/CMI): HHS collaborated with State Probation Administration to implement the YLS/CMI, a unified assessment tool for juvenile delinquents. Statewide implementation of this tool occurred in March 2006. The YLS/CMI is a dynamic, comprehensive, and research-based risk and needs assessment that can help identify factors that are important for the rehabilitation of a particular juvenile offender (e.g., factors related to physical health, mental health, substance abuse, education, social skills, and other areas of life). It also aids in determining which interventions or programs would be most beneficial for the youth (e.g., social skills training, anger management, remedial education, substance abuse treatment, etc.). In other words, the YLS/CMI provides concise information for the case manager and other staff regarding what issues the youth needs to work on most and drives treatment planning and resource allocation.

Drug Endangered Children's Group: In 2005, the State Patrol, Nebraska Crime Commission, and HHS collaborated to form the Drug Endangered Children's Group. This group addresses methamphetamine laboratories and other substance abuse to which children could potentially be exposed. Currently there is a plan to train law enforcement, HHS, and the medical community on these issues. The group is also working on enhancing Nebraska's Chem-L protocol which defines "best practice" for law enforcement, HHS caseworkers, the medical community, and foster care providers to coordinate efforts on behalf of children who have been exposed to methamphetamine.

b) Update the State's description of substantial, ongoing, and meaningful collaboration between the State child welfare agency and the courts in the development of the APSR and any CFSR or Title IV-E Program Improvement Plans.

The Office of Protection and Safety has placed an emphasis on collaborating with the courts and has continued to do so on an ongoing basis by collaborating on efforts already underway and also by developing new collaboratives in recent months.

Through the Eyes of a Child Initiative, Improving the Court System for Abuse/Neglect and Foster Care Children: This initiative is designed to improve the processing and outcomes of the child protection court system in Nebraska through the development of community teams of judges, social services administrators and workers, attorneys, court administrators, and other stakeholders. The initiative was kicked-off by a statewide summit in September 2006. The objectives of the summit were to train participants on a set of nationally recognized "best practice" guidelines for judges to apply in child abuse and neglect cases, and to provide participants with the tools to develop collaborative teams and implement these guidelines in their local communities. The following quote taken from the minutes of the summit describes the initiative and its focus well: "A principle tenet of the Through the Eyes of the Child Initiative is that Nebraska's judges must take an active leadership role in improving the court process in child protection cases. Judges have the greatest ability to improve the lives of foster children through systems change and procedural improvements within their courts."

Court Improvement Project Court Agency Collaboration: A court agency liaison is leading collaborative work groups in Douglas, Lancaster, and Sarpy Counties. These groups include all juvenile judges, several Protection and Safety Administrators and Workers, attorneys (GALs, parents' attorneys, prosecutors, and agency attorneys), Foster Care Review Board (FCRB) representatives, and Court Appointed Special Advocate (CASA) representatives within each county. Each group is working on concretely addressing various barriers to permanency throughout the court process.

Each group began by identifying barriers to permanency on a time continuum beginning with the initial reporting of alleged child abuse or neglect through the time that a child is placed in a permanent home (i.e., either reunified with his or her family, adopted, or in a permanent guardianship). These barriers have been prioritized within each group. Groups are currently analyzing system issues that create these delays and are developing and implementing system-based solutions.

2008 Federal CFSR Planning: The Court Improvement Project (CIP) Director and staff participated in a planning meeting with Protection and Safety staff and an Administration for Children and Families (ACF) Program Specialist in May 2007 to discuss ways in which to involve the courts during all phases of the 2008 Federal CFSR. Ideas included: tapping into the "Through the Eyes of a Child Initiative" teams to gather input for the statewide assessment, including posting information and surveys on their CIP website; collecting information from quarterly reports the collaborative work groups have submitted for the project that identify barriers and solutions to permanency; and obtaining information from an assessment of the courts that was conducted in 2005. Additionally, in September 2007, these groups will meet regionally and HHS will be given the opportunity to share our ideas on the different ways in which courts can be involved in the CFSR process. During the planning meeting we also discussed seeking commitment from three or four judges to participate as reviewers, meeting with the Tribal court judges with hopes to engage them in both the CIP initiative (currently, the Tribal courts have limited involvement with this initiative) and the CFSR process, and inviting the CIP Director to the five review planning and three PIP calls with the ACF.

Better Services through Enhanced Partnering: The Division of Child Support Enforcement and the Office of Protection and Safety applied for a grant to utilize funds from Section 1115 Demonstration Grants Priority Area 3: Improved Child Support Results through Collaboration with Child Welfare Agencies. This 3 year project will establish a pilot site in Nebraska's Southeast Service Area in order to refine protocols and procedures, and to establish best practices which will enable the Office of Protection and Safety to improve communication and information sharing with Child Support Enforcement Division, district courts, county/juvenile courts, and other entities.

These refinements and enhancements have potential to provide significant benefits for children and families, including:

- An increase in the number of children in Protection and Safety cases with legal paternity established
- An increase in child support orders and medical support orders to assist in supporting children and families
- Reduced out-of-home placements for Nebraska children
- Fewer delays in establishing permanency for Nebraska children

This grant began in September 2006. The approach incorporates the creation of two new multi-disciplinary staff caseworkers, knowledgeable in both Child Support and Protection and Safety. All staff have been hired and are in the process of increasing their knowledge of the different programs and data systems. They have begun to initiate case reviews to identify dual-division cases. The initial draft of cross-training modules developed for Child Support Enforcement 101 and Basics of Child Protection and Safety are in the process of being completed by the end of June.

c) Healthy Marriage, Fatherhood, Youth Development, Rural, Faith-Based, and Community Initiatives. Describe services provided using only IV-B funds during FY 2007 that support the above initiatives, and how these initiatives are improving outcomes for children; identify who is providing the service, and services to be provided using IV-B funds in FY 2008.

Aside from the collaborative efforts mentioned above, we have been busy collaborating with a variety of groups on the following initiatives

Healthy Marriage Initiative: Please refer to Appendix B for the summative evaluation of the Nebraska Healthy Marriage Initiative conducted by the Center for Marriage at Creighton University. The Healthy Marriage Initiative targeted the Omaha Enterprise Community (OEC) which has one of the highest poverty rates in the country, higher-than-average birth rates for unmarried women under 20, high crime rates (the violent crimes and homicide rate is nearly double that of the state average), and an overrepresentation of people in the welfare system. The intention of the initiative was to provide culturally-appropriate and specific marriage preparation training and support services to high-risk families in the OEC in order to secure safer and stable environments for target children.

Positive Youth Development Initiative: In the last three years Nebraska has established numerous programs to build positive youth development across the State. These programs involve both State and local representatives and agencies from a variety of disciplines and/or areas. There has been a particular success in this initiative with Tribal youth. It is worth mentioning that much of the success of these programs can be credited to the talented youth who have participated in and led many of these efforts.

Circle of Courage: The Circle of Courage has focused on two levels of community participation for Native American youth development. The initial proposal focused on the first level of participation within the Native American community. It is believed that the foundation of

success for Native American youth is based in the values and traditions of the Native American community. Resiliency and skills are developed through experience and interaction within the Native American community. Within this intergenerational community young people learn the requirement for defining oneself in the context of the community rather than self. This interdependence is seen as the hallmark of leadership. Youth gain the skills and attributes of leaders through intergenerational interactions, and through their behaviors within the context of community. This supportive, inclusive environment is essential for Native American youth development and leadership within the second level of participation – in the larger Caucasian community. Without this foundation youth have historically failed to succeed. For the youth involved in this program success has been increased within the context of culture.

It is the second level of participation – the level of participation within the larger Caucasian community – that has provided the most important lesson. The initial goal at this level was to highlight the positive attributes of Native American youth leadership within the larger community. It is not possible for an individual to perceive a valued role in leadership if the culture of the individual is not valued.

What was not anticipated was the value added benefit of the response of the non-native community/institutions to the Circle of Courage. The impact of the Circle of Courage has led to a heightened awareness of the value of culture within the non-native community. This has been evidenced by the success of partnership with schools to include cultural education as part of the curriculum. Below you will find updates on aspects of the project that have occurred:

- Community Organizers: Linn Ainslie, formerly a youth worker at the Chadron Native American Center, was transferred to work with youth and the community in Box Butte County, Nebraska. Ohitika Tasso was hired as the new youth worker for the Chadron Native American Center. Lonnie Little Hoop, the community organizer in Alliance/Box Butte County, and Cassandra Whipple, the organizer for Scottsbluff County, remained constant this quarter.
- National Youth Summit in Denver, Colorado: This summit provided insight into other communities and sparked dialogue about the possibilities for the Circle of Courage. This meeting provided great opportunity for the Circle of Courage community as well as the state coordinator to highlight the accomplishments of the Nebraska Circle of Courage Project.
- Community Activities: The Circle of Courage continues to be very active with daily activities and weekly events that support Native American youth from Box Butte, Dawes, Sheridan, and Scottsbluff County and encourages positive development. A few of the events are highlighted below:
- Friends of Inter-Tribal Gathering Pow Wow: On July 9 – 11, 2006, over 2,500 youth, families, coordinators from the Chadron Native American Center, Lakota, and Cheyenne Groups, and the general public participated in a Pow Wow. The purpose of the Pow Wow was to share Lakota culture and to teach Lakota traditions. Sixty youth set up the Arbor, and welcomed and prepared meals for the Cheyenne Elders.
- Becoming a Women Ceremony: Three girls from the Circle of Courage participated in this reservation tradition. Girls dressed in traditional gown consisting of Mohicans, belts, and female sage. They sewed their own ribbon dresses, while discussing religion, star knowledge, and prevention of pregnancy and diabetes. This is the first time that anyone from boarder communities has participated in the Lakota reservation ceremony.
- Scottsbluff Youth Panel: Youth from Box Butte and Dawes counties participated in a UNL extension activity where they taught others a hand game and other traditions of Lakota life.

The 5th Annual “Circle of Nations” Youth Conference was held at the University Nebraska, Lincoln campus July 10 – 12, 2006. One hundred twenty four youth and 35 sponsors from the Omaha, Ponca, Santee and Winnebago Tribes participated. The theme for the conference was

“Where Culture, Tradition and Education Meet Success.” Two of the conference goals were to allow youth from different Tribes to meet native youth from other Tribes and to gain exposure to college life. During the conference academic sessions were held with University staff, such as: Industrial Revolution, Hip-Hop, Food, Science, Engineering, Business, Natural Resources, Chemistry, and Agricultural Economics. There were many positive comments from the youth and chaperones regarding the academic sessions, such as “the Industrial Revolution session was fun because we got to do some hands-on activities.” Another student said that “college prep showed me what standards and classes I need to be accepted to UNL. “

Circle of Nations has started the planning process for the 6th Annual Native American Youth Conference which will be held July 16 – 18, 2007 at UNL. The conference will address seven key areas identified by a youth planning committee: abstinence, gang awareness, bullying, teen pregnancy, youth suicide prevention, domestic violence, and drug and alcohol use/abuse. Through participation in this event youth will have the opportunity to gather information and influence change in their community youth councils, all while developing pivotal leadership skills.

Governor's Youth Advisory Council (GYAC): GYAC is a group of young people who come together to discuss the challenges and potential solutions to issues that affect young people.

GYAC met in Hastings on November 4 – 5, 2006. The purpose of this was to discuss the recruitment of youth ages 14 through 19. Six GYAC members reviewed and discussed issues that were on the November 2006 ballot and began preparations for the annual Governor's meeting and Senators' luncheon held on January 29, 2007.

Nineteen youth participate in a two-day GYAC meeting in Lincoln on January 28 – 29, 2007. Of the 19 in attendance eight were new members. The first day the youth reviewed and wrote position statements on ten legislative bills and discussed important issues to the council including potential funding resources, community activism, and council membership. The second day 14 youth met with the Governor and hosted a senator luncheon. Governor Heinemann challenged the young people to think about impact on the state as a whole as they reviewed pieces of legislation. The Governor requested that the youth add a platform committee to evaluate economic development issues in Nebraska, and he also expressed interest in a second meeting with the council in July 2007. A total of 23 Senators attended the GYAC-sponsored Luncheon. This luncheon provided the youth an opportunity to present their position statement to lawmakers as well as discuss youth involvement in the lawmaking process. Several Senators have contacted NCFE to request more information since the luncheon.

Fifteen GYAC members met in Grand Island on April 1, 2007. At this meeting youth reviewed the progress of the pieces of legislation they reviewed and planned for a discussion with the Governor during the second meeting of the year, scheduled on August 3, 2007.

Nebraska's Promise: Nebraska's Promise has continued to lay the ground work for becoming a State of Promise. A steering committee has been formed and includes members from across the State who has areas of expertise surrounding one or more of the five promises. NCFE staff and steering committee members have been developing the tools necessary for a statewide infrastructure to help communities build local partnerships surrounding five fundamental resources (promises) to every young person; Caring Adults, Safe Places, Healthy Start, Effective Education and Opportunities to Help Others. This has been done through the development of statewide benchmarks for each of the five promises, communication tools for communities, and preparation for an awareness campaign.

Nebraska's Foster Youth Councils (FYC): FYC currently consists of one statewide council. This year has been one of engagement and outreach for council members.

- “It's My Life” National Conference: Two youth attended sessions on life skills, sustaining youth councils, and youth-adult partnerships, and were given the opportunity to listen to the stories of successful former foster youth. The youth brought back a wealth of new ideas and knowledge to share with the other FYC members.
- Council Meetings: Since October 2006, the council has met four times. The meetings focus on planning FYC's current projects and events, and building relationships with other youth in care. The FYC set their 2007 goals, which include recruiting new members, promoting the council, and advocating for youth in care through panel presentations.
- FYC Panel Presentations: Since October 2006, the FYC have conducted eleven panel presentations to various audiences including state legislations, Nebraska Commission on the Protection of Children, FCRB, Nebraska Foster and Adoptive Parent Association (NFAPA), HHS, and CASA conferences.

PROGRAM SUPPORT

a) Discuss anticipated updates to the training plan, including staff development plans based on new caseworker visit requirements (improve retention, recruitment, training, and access to technology), and training with Title IV-E funds (courses offered, numbers and positions of prospective attendees, and estimated cost).

Nebraska is in the process of improving our child abuse and neglect assessment process by directing greater focus on child safety. As mentioned earlier, staff is currently being trained on a safety assessment model developed with the assistance of the National Resource Center on Child Protective Services. Under this new safety model, Protection and Safety Workers will not just focus on an alleged incident of maltreatment, but instead will gather information around six categories of family functioning to determine: the presence or absence of maltreatment; the circumstances surrounding any maltreatment; the functioning of all children in the family; general parenting and disciplinary practices; as well as the functioning of all adults in the household.

There are no changes to the training goals and objectives. We will provide a more detailed training plan upon resolution of the litigation between the Department and the Administration for Children and Families.

b) Discuss the technical assistance the State anticipates receiving as it implements current or new Federal requirements.

Nebraska intends on requesting assistance from the National Child Welfare Resource Center for Organizational Improvement (NRCOI) in the fall of 2007. The NRCOI has worked with other national resource centers to develop a CFSR training and technical assistance package. Of particular interest to Nebraska is assistance with our CFSR Kick-off Event which will serve as an opportunity to build the agency team, engage community partners, and plan how to use the CFSR process to achieve system change.

c) Discuss the child and family programs research, evaluation, management information systems, and quality assurance systems that will be updated or implemented in the upcoming fiscal year. Specify any additions or changes in services or program design that the State has found particularly effective or ineffective.

Program Evaluation: The Department is focusing on program evaluation in several new areas in the next year.

Youth Rehabilitation and Treatment Centers (YRTCs): Professor Edward J. Latessa, head of the Division of Criminal Justice at the University of Cincinnati, will evaluate the treatment modality at our YRTCs and develop recommendations for consideration of treatment based on Cognitive Based Therapy (CBT). CBT is an evidenced-based model that is designed to help people identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their problems. The underlying principle in CBT is that thoughts affect emotions, which then influence behaviors. CBT combines two very effective kinds of psychotherapy – cognitive therapy and behavioral therapy.

Professor Latessa has directed over 100 funded research projects including studies of day reporting centers, juvenile justice programs, drug courts, intensive supervision programs, halfway houses, and drug programs. He and his staff have also assessed over 450 correctional programs throughout the United States. Dr. Latessa is a consultant with the National Institute of Corrections, and he has provided assistance and workshops in over forty states.

Edward J. Loughran, Executive Director of the Council of Juvenile Correctional Administrators, will conduct a comprehensive evaluation of the YRTC's organizational structure and security and make recommendations for improvement in these areas.

Dr. T. Hank Robinson, Director of the Juvenile Justice Institute and the Department of Criminal Justice at UNO, is developing an assessment that will be used to evaluate whether youth placed in the YRTCs truly require such a level of care or if they would be better served in a community-based program. We anticipate receiving the findings of this assessment in June 2007.

Youth Level of Service/Case Management Inventory (YLS/CMI): As stated previously, HHS collaborated with State Probation Administration to implement the YLS/CMI, a unified assessment tool for juvenile delinquents. Statewide implementation of this tool occurred in March 2006. Refer to page 24 for further details.

In-Home Services: There is a program evaluation component built into the new in-home services model. For further detail on this component, please refer to 'In-Home Safety Services' in the 'Service Description' section of this report.

Pre-Conference Hearings: Currently pre-hearing conferences designed to facilitate early information sharing and problem solving among parties to increase the provision of early services to parents and children, and to speed the process of resolving cases and ultimately achieving safe, timely permanency is being evaluated. For further detail, please refer to "Time-Limited Reunification" in the 'Service Description' section of this report.

Management of Information Systems: Nebraska has an internal collaboration process between the HHS Programs and the Information and Technology division. This collaboration allows for Protection and Safety to identify and prioritize data and technology needs. The most recent two quarters resulted in some major enhancements to the Protection and Safety data system (N-FOCUS), as well as improving internal and external access to information.

Children's Outcomes Measured in Protection and Safety Statistics (COMPASS): COMPASS presents statistics and outcome measures for children and youth served through the combined effort of the child welfare system as a whole, including HHS and the courts. Data includes outcomes established by the Federal Government, used in the first round of the Federal Child and Family Service Reviews (CFSR) as well as, performance accountability measures developed by the State.

This is the first time Nebraska has been able to offer such easy access to its performance in all of the Federal and State measures and outcomes. COMPASS is a web-based program that displays large amounts of data in a clear and user-friendly format, usually with charts and graphs. It is interactive, so that high-level data may be broken down into more specific units as dictated by the user. It displays the most current data available by service area and judicial district, and for the State as a whole. Future plans include allowing data to be displayed by each individual office and also include the measures for the second CFSS rounds.

All of these features help bring the data to life for users and increases the focus on the child welfare system being accountable to the public regarding the children and youth served.

COMPASS is available on our website at <http://www.hhss.ne.gov/compass/>

Data Exchange: HHS continues to be involved in collaboration with the several organizations that have a part in shaping the Nebraska Criminal Justice Information System (NCJIS). NCJIS is a data portal maintained and supported by the Nebraska Crime Commission. It allows member

agencies to display data other agencies need in order to complete their work effectively, efficiently, and safely. Each agency maintains ownership of their respective data and determines which of their data items, if any, other organizations or individuals within organizations can access. This year HHS intends to share data regarding the YLS/CMI and safety plans on the NCJIS portal.

N-FOCUS Upgrades: HHS is continuously upgrading N-FOCUS to capture data necessary to complete its work in serving children and families. The following highlight some of the upgrades being incorporated into N-FOCUS:

- Tools and documents related to the new safety model;
- Information specific to the Governor's initiatives;
- Quality Assurance and Evaluation Initiative; and
- Documentation of where caseworkers' contacts with children occur.

Effective and Ineffective Programs: A benefit to the Office of Protection and Safety and other key stakeholders continually monitoring our performance and progress in ensuring child safety and well-being is the ability to evaluate the programs we have implemented and their effectiveness in allowing us to reach our goals. Measuring and analyzing program outcomes allows us to implement programs that are successful and to discontinue or change programs that have shown little or no success. We have one salient example in our IFP program.

Intensive Family Preservation (IFP): As mentioned above, Nebraska will be switching their present IFP model to the Homebuilders model to facilitate appropriate utilization of services and support our reunification and preservation efforts across the State. This model was outlined in greater detail in the 'In-Home Safety Services' in the 'Service Description' section of this report.

d) Discuss State technical assistance provided to counties and other entities which operate State programs.

Nebraska is a state-run system with a Central Office that provides support to five service areas across the State through various avenues. To facilitate the provision of support, the Office of Protection and Safety established a Protection and Safety Management Team. This team is comprised of the Protection and Safety Administrator, Deputy Administrators, and Program Administrators from the Central Office, as well as the Protection and Safety Administrators and Resource Development Administrators from the five service areas. The Protection and Safety Management Team meets monthly to discuss both statewide and local level issues. Additionally, the Administrator of Protection and Safety meets monthly with Department of Health and Human Services' Service Area Administrators. At these meetings Administrators review new policies and discuss the technical assistance needed for policy implementation, review data on the State's performance in relation to federal measures, discuss service provisions and reimbursement issues at the state level, and discuss any needs for technical assistance at the service area level.

Another avenue for technical assistance is provided through our quality assurance process. This process includes formal reviews of each step completed by Protection and Safety Workers when working with children and families. The intake process, initial assessments, out-of-home assessments, home studies, and criminal background checks are the specific tasks evaluated for quality assurance. Ongoing case file reviews and quarterly parent satisfaction surveys are also conducted. The information gleaned from the various reviews and surveys conducted enable us to identify potential trends in the data and to establish any actions necessary to improve our work.

In 2005, Nebraska also began conducting a state version of the federal Child and Family Services Review (CFSR). We completed our second state review in 2006. Nebraska's version of the CFSR mirrors the federal version in that its purpose is to: (1) evaluate the Office of Protection and

Safety's conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in services; and (3) enhance the Department's capacity to help children and families achieve positive outcomes. Conducting state CFSRs not only allows us to measure our effectiveness in meeting federal outcomes related to safety, permanency, and well-being on a more frequent basis, but it also prepares us for upcoming federal reviews.

TRIBAL CONSULTATION

a) Provide an update, developed after consultation with Tribal organizations, of the specific measures taken by the State in the past year to improve or maintain compliance with each of the five major components of the Indian Child Welfare Act (ICWA). States should assess the level of compliance and progress achieved and provide an update to the goals and activities that have been undertaken to improve or maintain compliance with ICWA. Include laws, policies, and/or trainings implemented to increase compliance with ICWA.

During this past year, the Office of Protection and Safety has continued to work closely with the four Nebraska land-based Tribes (Omaha, Ponca, Santee and Winnebago), in a number of areas.

ICWA Program Specialist: An ICWA Program Specialist was hired in October 2006. The decision to hire an ICWA Program Specialist rather than continue our practice of contracting for ICWA consultation was a direct result of a recommendation from the Tribes and the Nebraska Commission on Indian Affairs. Sherri Eveleth, the ICWA Program Specialist, brings a wealth of knowledge and experience in ICWA. Ms. Eveleth has a Bachelor of Arts degree, *summa cum laude*, in Social and Behavioral Sciences from the University of Southern Maine, and a Juris Doctorate degree from the University of South Dakota School Of Law. She has been licensed to practice law in the states of South Dakota and Nebraska, and in the Omaha, Ponca, Santee Sioux, and Winnebago Tribal courts. For more than eight years, Ms. Eveleth was the Staff Attorney and Project Director of Legal Aid of Nebraska's Native American Program. In this capacity she provided advice and representation to Tribes and Tribal members in cases involving ICWA and the Nebraska Indian Child Welfare Act (NICWA), and worked with public and private agencies to maintain and enhance compliance with the ICWA and the NICWA. Ms. Eveleth was also the contract ICWA consultant for HHS from July 2005 to December 2005. In addition to her employment, Ms. Eveleth has served as the Tribes' expert witness in ICWA cases in Iowa, Minnesota, and South Dakota. She was also a member of the Community Initiatives for Native Children and Families, was a primary drafter of the Iowa ICWA, and has been personally active in ICWA issues.

ICWA Training and Consultation: Over 40 Protection and Safety staff members have received ICWA training this past year. Planned, formal training has been provided in Lincoln and Fremont, and training with individual workers has been provided on a case-by-case basis throughout the state. Staff has also participated in the May 31,2007 national teleconference "Building and Maintaining State-Tribal Partnerships to Improve Child Welfare Programs" sponsored by NRCOI and the Collaboration to AdoptUsKids. Additional training is planned at two remote sites in western Nebraska, a location in the central service area, and in Norfolk. In addition, ICWA training has been provided to CCFL staff.

A session at the 2006 annual Protection and Safety Supervisor conference focused on ICWA and provided information about the Nebraska Tribes. The session was facilitated by the ICWA Program Specialist and the panel of presenters included representatives from each of the Tribes.

A training of Tribal child welfare case management staff was conducted in Norfolk on accessing N-FOCUS as well.

Consultation has been provided to over 60 Protection and Safety Workers and 30 Tribal members and representatives. The ICWA Program Specialist is also available to participate in family group conferences.

Last, at the request of the Native American Commission on Indian Affairs, HHS will facilitate a

meeting of Tribal ICWA Specialists and Urban Indian Center staff to receive training on ICWA and to discuss communication issues between the Tribes, the Urban Indian Center, and HHS. The meeting is being planned for late June 2007 or early July 2007.

Other ICWA Efforts: A draft Program Memorandum and Amendment to the current ICWA Guidebook has been developed to give further direction to staff on compliance with ICWA. These documents include: information on the identification of Indian children and notice to Tribes regarding Tribal membership; an ICWA checklist; ICWA flowcharts related to determining a child's status, determining jurisdiction, notice, active efforts, and emergency removal; and a revised list of federally recognized Tribes. We anticipate this information to be issued in July 2007 or August 2007.

Changes to N-FOCUS are in process to address the changes referenced in the Program Memorandum and Amendment to the current ICWA Guidebook.

b) Provide a description of the understanding, gathered from State consultation with Tribes, as to who is responsible for providing the protections for Tribal children, whether in State or Tribal custody, delineated at section 422(b)(8) of the Act.

For Tribal children who are in State custody, the State of Nebraska is responsible for providing protections. Tribes are contacted at the earliest opportunity and provided with notice of proceedings as required by ICWA. For cases that are not transferred to Tribal courts, Tribes who choose to do so are involved in the proceedings and all aspects of planning for the future of their children. For cases that are transferred to Tribal courts, responsibility for providing the protections is transferred with the case to the Tribe as soon as the Tribal court has accepted the transfer of the case.

For children who are in Tribal custody, the Tribe is responsible for providing protections. After extensive consultation with three of the four Tribes, the State of Nebraska reached agreements to provide funding for Tribal child protective services programs. Those three Tribes are the Omaha Tribe, the Winnebago Tribe, and the Santee Sioux Nation. Jurisdiction granted to the State of Nebraska under Public Law 280 has been retroceded for each of the three Tribes with reservations and whose governmental headquarters are located in Nebraska. The agreements provide funding, but the Tribes are responsible for providing the protections and all aspects of case management and services.

The fourth Tribe, the Ponca Tribe of Nebraska, does not have reservation land. Jurisdiction and responsibility depends upon whether the child is in State or Tribal custody. If in State custody, the State of Nebraska is responsible for providing the protections. If in Tribal custody, the Ponca Tribe of Nebraska is responsible for providing the protections. The Ponca Tribe of Nebraska has few children who are in Tribal custody, but there are more children who are members of the Ponca Tribe of Nebraska who are in State custody. The State of Nebraska remains responsible for Ponca children who are in State custody, and the Ponca Tribe of Nebraska remains an active party in the planning concerning their children.

c) Provide information regarding consultations with Indian Tribes, specifically as they relate to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care under the Chaffee Foster Care Independence Act.

Each of the Tribes is allotted Chafee funds based on a formula that takes into account the Tribal population, membership, the reservation census, and other factors. The result of the formula is a

per eligible youth amount allotted for each Tribal youth which is the same as the individual amount allotted for non-tribal youth.

CONSULTATIONS WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS

Describe how the State agency actively consults with and involves physicians or other appropriate medical professionals in assessing the health and well-being of foster children and determining appropriate medical treatment.

Medical professionals are involved in obtaining appropriate treatment for children in out-of-home care in a number of ways:

- Within two weeks of entry into out-of-home care, a physical is provided for children in HHS or HHS-OJS custody. In most situations, this physical would consist of a child health check, which is a comprehensive screen for physical and mental health needs. When a physician finds a need to follow up, he or she notes that fact. The information is given to the case manager, who works with the caregiver and the child's parent(s) to arrange for further testing or treatment.
- It is expected that every child who is a ward of HHS will receive medical care as outlined by Medicaid (e.g., expected frequency of eye and dental exams, immunizations, etc.).
- On a regular basis, Protection and Safety Workers consult with medical professionals who provide treatment for children in custody to better understand their needs and to assure that treatment is appropriate and adequate.
- Medical professionals assist in training parents, foster parents, and other caregivers to meet the special needs of specific children (e.g., hospital staff train parents or foster parents on providing home health care; or a physician is asked to discuss a special medical need of a child with prospective adoptive parents).
- Nebraska's Medicaid program contracts with Magellan as the Administration Service Organization for mental health and substance abuse services. Under this contract, Magellan utilizes licensed professionals to review applications for treatment and authorizes and locates appropriate treatment. Medicaid also contracts with mental health professionals who are involved in the process and provide regular consultation on treatment for children and youth with special needs.
- Collaboration between Nebraska's Medicaid program and child welfare/juvenile services is frequent. Examples include: consultation for Protection and Safety staff regarding individual children or specific diagnoses and how the needs of an individual child best can be met; and assistance in location or development of appropriate providers, facilities, or services.
- The Office of Protection and Safety and Behavioral Health have partnered with the private sector to develop services that will be used to support the new safety model, with the anticipated outcome of keeping children at home, or allowing them to return home more quickly.

DISASTER PLANS

The State must describe its procedures for responding to a disaster, in accordance with the following criteria for programs funded by Title IV-B 1 and 2:

- Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster.
- Respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
- Remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster.
- Preserve essential program records, coordinate services, and share information with States.

Nebraska's disaster plan for programs funded by Title IV-B, subparts 1 and 2, is modeled after the Missouri "Protocols Emergency Procedures for Children and Out-of-Home Care" and "Foster Parent's Responsibilities in Developing an Emergency Plan and Notifying Staff of Foster Child Status in an Emergency Situation," dated March 17, 2006. A draft of the plan was provided to Service Area Administrators, Protection and Safety Administrators, and Resource Development Administrators in June 2007, and the draft plan was also reviewed with NFAPA. In fact, the Executive Director of NFAPA is a member of the Disaster Planning Committee for the National Foster Parent Association.

The Protection and Safety Management Team (consisting of the administrators mentioned above) will meet to discuss the plan in July 2007. It is anticipated that plan will be finalized in August 2007. Once the emergency protocol is final, the plan will be communicated to all foster parents and staff, and will be available on the HHSS public website, the Protection and Safety internal website, and the Nebraska Foster and Adoptive Parent website. The draft plan is as follows:

The purpose of the Emergency Plan is to provide guidelines for each service area in developing emergency procedures for children in out-of-home care and foster parent guidelines for responding to emergencies and other life threatening situations.

Each service area plan will include the following elements:

- The names and contact information for the service area designated individual/group of staff that will coordinate information received from the disaster affected area.
- A list of local facilities that are suitable for temporary lodging, supplies, and food, that will be given to all foster parents at in-service training.

Emergency Communication Plan: This plan, which will be a part of each service area's overall disaster plan, should include who shall be contacted in cases of emergencies. In cases where there is a man-made or natural disaster, a communication center in a different part of the service area and away from the affected local office shall be set up as a communication center as back-up for the affected local office. The selected local office should be far enough away that it is unlikely to be directly affected by the same event. The Child Abuse/Neglect Hotline number shall be given to each foster parent to use only when all other usual means of communication are down, which precludes foster parents from contacting their local office contacts. A written protocol will accompany this number to highlight when this number is to be used and this information will be included in the protocol that is to be shared with foster parents.

The protocol will include instructions that all staff in the affected area shall call into the designated communication center and that the designated staff person will contact the Administrator of the Office of Protection and Safety. The foster parent guidelines for responding to emergencies – as referenced earlier – will include the hotline number to be used only when no other communication channels are available to reach their local contacts.

The service area plan shall include:

1. Who to contact within the service area during an emergency situation, during normal work hours as well as after hours.
2. Who to contact during man-made or natural disaster when all normal communication channels are down (i.e., the hotline number). This plan will also include how foster parents will contact the communication center when normal communication is down (i.e., use of cell phones, messages through established web pages, etc.).
3. Who will contact birth parents/relatives, the Protection and Safety Administrator, the HHS Director, and central office staff, regarding a child's emergency situation.
4. How often foster parents/staff shall communicate with the designated communication site during man-made or natural disasters (i.e., daily, weekly etc).
5. The information to be provided regarding emergency situations.
6. How and where in the case record the information is to be documented.
7. How it will be monitored.
8. Address voluntary or involuntary closure of facilities in emergency situations.
9. Address the requirement of notifying a person's parent or legal guardian and other appropriate authorities.
10. Any additional requirement as specified by the Service Area Administrator and the Protection and Safety Administrator.

In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure their foster children are evacuated according to the plan and procedures set forth by the Nebraska Emergency Management Agency (NEMA).

Additionally, in the event of emergency, HHS's Office of Communication and Legislative Services will coordinate all communication with the media, leadership staff, personnel, persons served, and the public.

Upon notice of an emergency, the Administrator of the Office of Protection and Safety will notify the Executive Director of NFAPA who in turn will contact the National Foster Parent Association. The National Foster Parent Association provides assistance to foster parents impacted by disasters.

Foster Parent and Out-of-Home Care Provider Emergency Procedures: This document will be used to provide assistance to foster parents and out-of-home care providers in developing emergency procedures for responding to accidents, serious illness, fire, medical emergencies, water emergencies, natural disasters, terrorism and other life threatening situations for children in out-of-home care. Each foster home or facility shall develop emergency procedures to submit to Resource Development; this plan will be reviewed every six months with their foster children and a Protection and Safety Worker for each child in care. The review dates and time will be recorded by the foster parent or provider and given to Resource Development.

Foster Parents and Out-of-Home Care Provider Responsibilities: The foster parent or out-of-home care provider shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing record. For agency supported foster families, the plan will be approved by that agency. The plan should include the following:

1. An evacuation plan for various disasters;
2. A meeting place for all family members if and when a disaster occurs;
3. Contact numbers which shall include:
 - a. Local law enforcement;
 - b. Service area communication plan with contact personnel;
 - c. Emergency numbers; and

- d. The hotline number (only to be used when no other local communication means are available); and
4. A disaster supply kit.

As part of the disaster plan each foster parent or out-of-home care provider will identify what will happen to the child if he/she is in school or the foster parent or caregiver is away from the child (i.e., the school may keep the children until a parent or designated adult can pick them up or send them home on their own).

Foster parents and out-of-home care providers will provide Resource Development Workers with back-up contact phone numbers in case of emergency in which they cannot be located via their home or work phone and the location or locations where they would likely go in the event of an emergency. Foster parents should consider providing staff with back-up phone numbers of other individuals (such as relatives) whom they would contact in case of an emergency.

Foster parents or out-of-home care providers and Protection and Safety Workers will review this plan with children in care – when age and developmentally appropriate – every six months. Workers will document this information in children's case files. This information will also be made a part of the resource development file.

MONTHLY CASEWORKER VISIT DATA AND STATE PLAN REQUIREMENTS

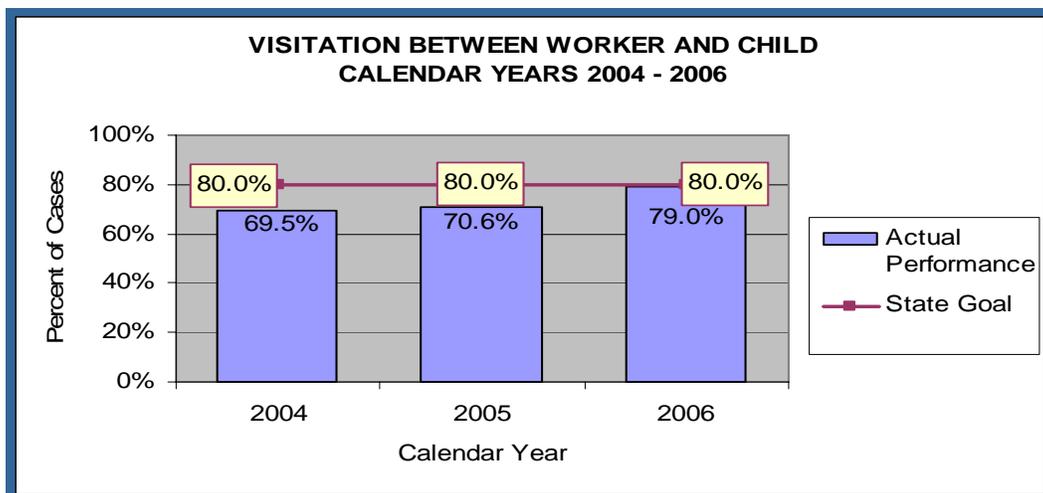
a) The State must describe:

- How it will use additional funds under IV-B 2 to support monthly caseworker visits with children who are in foster care.
- Procedures to track and report caseworker visit data.
- State standards for content and frequency of caseworker visits to ensure children are visited monthly.

The additional funding will be used to purchase tools to assist caseworkers in timely documentation of visits with children on their caseloads. Consideration is being given to memory stick digital voice recorders. These devices are used to: make notes, provide information, provide instructions, remember details, give directions, dictate memos and letters, generate reports and anything else that can be done with the user's voice. The material that is recorded is timely, detailed and available for review in an audible format that is easy to understand. Another feature available with some devices, which funding may be used, is the Dragon Naturally Speaking Software. This software allows recorded audio to be converted into text, allowing the narrative to be downloaded into N-FOCUS making manual transcription a thing of the past. Also, Workers and Supervisors have indicated that more laptops for teams would be beneficial in documenting visitation in a timely manner.

Currently, caseworkers are required to document visitation with children on their caseloads in N-FOCUS. Workers, Supervisors and Administrators receive a monthly report regarding visitations. This report is broken down by Service Area, Local Office, Supervisor and Worker and contains information regarding each child, parent and provider visit during the month and whether the visit was face-to-face or by telephone. As of July 1, 2007 N-FOCUS will also capture the location of each visit.

Protection and Safety Workers are expected to visit with the children and parents in their caseloads on a monthly basis at minimum. HHS has set internal goals to assist workers in working over time to meet this expectation. The state goal for worker visitation with children is that visits will be conducted monthly in at least 80.0% of cases. In regard to workers' visits with parents, the goal is that such visits will be conducted monthly in at least 50.0% of the cases. Protection and Safety Workers have improved at these measures in the last three years. In 2006, workers were at 79.0% of the state goal for child visitation. In regard to visits with parents, workers met the 50.0% goal in 2005 and continued to exceed at this goal at 57.4% in 2006.



Documentation of monthly child contact (and information about attempted contacts that were not successful) with children is documented in N-FOCUS.

b) By October 31, 2007, report FY 2007 data on the percent of children in foster care visited monthly and the percent of visits that occurred in the residence of the child (baseline data).

This data will be submitted to the Regional ACF office by October 31, 2007.

c) By June 30, 2008, provide an outline of steps to ensure 90 percent of children in foster care are visited monthly and visits occur in the residence of the child. This must include target percentages for each fiscal year and a description of how the steps will be implemented.

A plan which outlines steps to ensure 90 percent of children in foster care are visited monthly will be included in next year's annual progress report due June 30, 2008.

CAPTA STATE GRANTS

a Describe the specific accomplishments and progress achieved to establish, expand, or strengthen areas selected for improvement

Nebraska's CAPTA state grant funds a variety of child welfare services. In fact, a vast majority of our collaborations with representatives and agencies from other disciplines and/or areas use these monies to fund their efforts. We continued to see success in these services in FY 2007.

Triage Center: The purpose of Project Harmony's triage center is to provide a child-friendly environment in which children who have been abused and placed into protective custody can receive a variety of services. At the center, children can receive a physical by the Project Harmony Nurse Practitioner to ensure all medical/physical needs are met and documented; forensic interviews can be scheduled and conducted; an Initial Assessment Worker can make face-to-face contact with children to begin the assessment process; and most importantly the children can wait in a child-friendly "waiting room" while awaiting placement if placement is necessary. At the triage center, an Initial Assessment Worker will determine if there are safety factors to address immediately, interview the parents to determine if the child truly needs to be removed or if safety services can be referred to prevent removal, identify possible relative placements if needed, and other tasks. In CY 2006, the triage center provided these services to a total of 289 children in protective custody.

Children Served through the Triage Center in 2006			
January	39	July	8
February	70	August	2
March	34	September	17
April	44	October	9
May	36	November	27
June	1	December	2

CAPTA referrals to Early Development Network: In December 2004, Nebraska began implementation of CAPTA referrals from Protection and Safety to the Early Development Network. During this reporting period, Protection and Safety has referred 735 infants and toddlers to the Network. A number of cross-training sessions between Protection and Safety staff and the local Early Development staff have also taken place.

Central Register: Central Register checks increased from 59,497 checks completed in 2005 to 65,767 checks completed in 2006. A majority of the checks are completed as a requirement for employment. Employers most often making the request are group home providers, schools, day care agencies, and other entities that work with children. Individuals are notified in writing when their name has been entered into the Central Register.

Individuals are provided the opportunity to request their name to be removed, amended, or expunged from the Central Register if they believe the information is inaccurate or has not been maintained in a manner consistent with law. If the individual's request is upheld in an administrative hearing, their name is removed, amended, or expunged from the Central Register. In 2006, there were 927 requested expungements, 554 of which were granted, 367 of which were denied and 6 were still pending.

Regional Meeting: In April 2006, a Protection and Safety Administrator and a provider for the Nebraska Service Array Community Assessments and Planning project presented at the Region

VII states liaison meeting in Kansas City. The presentation provided information on the many efforts underway in this particular project (included earlier in this report).

Disaster Plan: HHS has identified a team of individuals to develop a disaster plan for the agency. Individuals on the team represent divisions within the agency and are assigned to prepare a plan for their area that can be made a part of the bigger plan. The Office of Protection and Safety has begun to collect personal contact information and identified key functions within the division that must be done in the event of a disaster. We have also developed a draft policy memorandum for staff to follow in assisting foster parents in developing emergency procedures for responding to accidents, serious illness, fire, medical emergencies, water emergencies, natural disasters, terrorism, and other life threatening situations for children in-out-of-home care. As mentioned earlier, it is anticipated that the plan will be finalized in August 2007 and a final policy memorandum distributed to staff no later than December 31, 2007.

Commission for the Protection of Children: In FY 2007, CAPTA funds were used to support the Nebraska Commission for the Protection of Children, which serves as the State's Task Force for the Child Abuse Prevention and Treatment Act. The Commission continues to perform comprehensive reviews and evaluations as well as making recommendations in laws, policies, and the handling of child abuse and neglect cases. (Refer to Appendices E and F for Membership roster and meeting minutes) Some of the other activities the Commission has been involved with through guidance or oversight are summarized below:

Governor's Task Force on Children: During this past year, the Commission continued to monitor the implementation of the recommendations set forth by the Governor's Task Force. In December 2006, it was reported that 23 of the 28 recommendations contained in the Children's Task Force Report have been implemented or, upon further study, are no longer recommended for implementation. The following are the 28 recommendations set forth in the Children's Task Force Report, and their current status:

Recommendation 1.1: Implement voluntary universal home visitation services for new parents on a statewide basis. Home visitation services exist in some communities and neighborhoods, but not on a statewide basis. LB 425, introduced by Senator Howard, appropriated \$200,000 for home visitation programs in FY 2007. The Office of Protection and Safety has selected one urban and one rural program in the eastern and western parts of the State respectively. As pilots, the purpose of these programs is the prevention of child abuse and neglect in families that have been identified as high-risk for abusive behaviors, with the anticipation – should the pilots prove successful – of extending the program over the entire State.

Recommendation 1.2: Conduct drug screening of newborns and services for follow-up, including treatment programs for mothers. The Commission for the Protection of Children focused on drug screening of newborns at its May 2006 meeting. A panel comprised of professionals from Omaha and Grand Island presented on the current practice drug screening of newborns and treatment for mothers in Nebraska. Dr. Shah, a national expert on newborn drug screening, gave a national perspective, reporting that no state at this time has universal drug screening. While the issue was raised in Iowa a couple of years ago, Dr. Shah publicly opposed the idea. As an alternative to universal drug screening, most states have identified risk-based factors that their hospitals use for screening mothers and babies. Based on the presentations by Dr. Shah and other panel members, Commission members voted not to pursue universal drug screening of newborns. The recently formed Nebraska Alliance for Drug Endangered Children Board, chaired by the Attorney General's Office, is having some discussion about the issue of drug screening for newborns.

Recommendation 1.3: Encourage the State Department of Education to require child abuse prevention education to be integrated into public and private school curricula. We have no knowledge of any work currently underway to implement this recommendation. The State Department of Education develops mandates in the way of curriculum and all Nebraska schools are allowed to create and develop their own.

Recommendation 1.4: Conduct public service announcements on various topics (e.g., shaken baby syndrome, co-dependency, the dangers of leaving children with a substance abusing adult – particularly methamphetamine users, etc.). Public education efforts continue through a partnership between HHS, the Nebraska Child Abuse Prevention Fund Board, and PCAN, and a contract with the Nebraska Broadcasters Association. The “You Have the Power to Protect a Child” campaign is focusing on raising public awareness on six topics: child abuse prevention; shaken baby syndrome; safe sleep for babies; foster/adoption parent recruitment; domestic violence; and substance abuse (specifically methamphetamine), and includes television and radio spots, newspaper ads, posters, and brochures.

Recommendation 1.5: Oversight of the State Child Death Review Team’s review of child maltreatment related deaths should be assigned to an agency that does not have a potential conflict of interest in the outcome of the review. A process for local child death reviews should be instituted under the administration of the State Attorney General’s Office. The Commission for the Protection of Children formed a subcommittee in May 2005 to develop a protocol for child death scene investigations. This subcommittee is also developing recommendations for a local review process for child deaths. LB 1144 – passed by the Nebraska Unicameral in 2006 – requires death scene investigations for deaths related to Sudden Infant Death Syndrome and provides partial funding for autopsies of children under five.

Recommendation 1.6: Mandatory training on child maltreatment for professionals who work with children and who are licensed to practice in the State of Nebraska. Funding was allocated to train medical and law enforcement personnel and ongoing sessions are being coordinated by Child Advocacy Centers (CACs).

Recommendation 1.7: Expand mental health treatment for children and youth to ensure early identification and treatment of problems. A new Infant Mental Health Association has been formed, which is affiliated with the World Infant Mental Health Association. HHSS has received a five year federal grant (the Children’s Mental Health and Substance Abuse Statewide Infrastructure Grant) to develop mental health treatment for children and youth.

Recommendation 1.8: Drug courts which incorporate treatment in their program should be established locally and be funded by a combination of federal, state, and local funds. The use of Family drug courts to mandate treatment of all household members should be explored and the development of pilot programs encouraged. Both Omaha and Lincoln have implemented family drug courts and progress continues in this area. Gering is also working toward the implementation of a family drug court.

Recommendation 2.1: Child maltreatment reports involving children under the age of six are given priority for a response. This recommendation has been implemented by HHS through the development of new screening criteria and a new screening tool in the specialized intake process. HHS has also been working with the National Resource Center for Child Protective Services on assessing safety for children and families.

Recommendation 2.2: State law should be amended to require child protective services and law enforcement to investigate reports alleging children are in a home where they witness

domestic violence or children are in a home where drugs are used, manufactured, or available to the children. HHS policy regarding domestic violence and substance abuse allegations should be changed accordingly. HHS policy regarding the screening of reports alleging domestic violence and substance abuse has been revised to include a specialized intake process.

Recommendation 3.1: Clarify the respective roles of child protective services and law enforcement in the investigation of child maltreatment reports with well-delineated mechanisms for accountability and follow through on investigations. The CAC Coordinator positions added through funding appropriated by the Legislature in 2004 are helping to implement this recommendation through their work with the local multidisciplinary child abuse investigation teams. Considerable progress has been noted in the areas of increased communication and coordination on child abuse investigations. Each team has or is in the process of developing protocols.

Recommendation 3.2: Expand the availability and utilization of Child Advocacy Centers. There are currently eight CACs in Nebraska located in Scottsbluff, Kearney, North Platte, Valentine, Grand Island, Norfolk, Lincoln, and Omaha. The services provided by the CACs continue to expand but more funding is needed to enable the centers to offer a fuller array of services. Commission members agree that the CACs are a vital component of the child protection system and that their role in coordinating child abuse investigations has led to significant improvements in the system.

Recommendation 3.3: Require coordinated investigations by child protective services and law enforcement. This recommendation is being implemented through the coordinator positions in the CACs and their work with the multidisciplinary child abuse investigation teams across the State.

Recommendation 3.4: Facilitate and enhance the exchange of information between law enforcement and child protective services through a shared data base that can be accessed by both parties, and through clearer statutory provisions for the mandated sharing of information relevant to child abuse and neglect investigations. Child abuse and neglect reports are available to all Nebraska law enforcement agencies through NCJIS. These reports are updated in real time, so there is no delay in the availability of the reports to law enforcement personnel.

Recommendation 3.5: Require a multidisciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training, and operating expenses for teams. This recommendation has been implemented through the coordinator positions in the CACs. Current discussion is underway to support the Alliance of CACs as the coordinating point for training of multidisciplinary teams.

Recommendation 3.6: Facilitate communication and coordination between child protective services and law enforcement agencies through co-location in urban areas and – to the extent possible – in rural areas of the State. Project Harmony in Omaha has co-located with law enforcement and child protective services. Lincoln's CAC is researching its options for a co-location arrangement. The North Platte CAC plans to house law enforcement and child protective services at their new location. Grand Island law enforcement officials have moved two officers into the Grand Island child protective services office.

Recommendation 3.7: Increase the capacity of law enforcement professionals to investigate child maltreatment reports through increased training. Funding has been appropriated for

training of law enforcement professionals and training is ongoing in various locations across the State.

Recommendation 4.1: The legislature must restore the Crimes against Children Fund as quickly as possible. This fund has been restored to the Attorney General's Office.

Recommendation 4.2: The Office of the Attorney General should be given the responsibility for handling all juvenile court cases for abuse, neglect, and termination of parental rights cases in all jurisdictions where there is no established separate juvenile court. In jurisdictions having a separate juvenile court, such responsibility should be retained by the elected county attorney. Legislation was introduced in the 2004 legislative session that would have added attorneys to the Child Protection Division in the Attorney General's Office to assist with the prosecution of cases at the request of the local county attorney. This bill did not pass.

Recommendation 4.3: Guardians ad Litem should be trained, accredited, and required to certify to the court they have visited the children they represent. This recommendation has been addressed through the Supreme Court Commission on Children in the Court, formed by Former Chief Justice Hendry in January 2005. Former Chief Justice Hendry identified this issue as one of the priority focus areas at that time. The Commission included a subcommittee on GALs. Based on the recommendation of the subcommittee, the Supreme Court adopted a rule on June 28, 2006, effective April 1, 2007, requiring an attorney appointed as a GAL for a juvenile proceeding to have completed six hours of specialized training and three hours of specialized training per year thereafter. Information about the rule can be reviewed on the Supreme Court website (www.court.nol.org/rules/).

Recommendation 4.4: Court Appointed Special Advocate (CASA) programs should be coordinated by state funded coordinators. The Nebraska CASA Association plans to pursue state funding for CASA programs.

Recommendation 4.5: The Supreme Court should undertake a study in conjunction with the Nebraska Bar Association (NSBA) to determine 1) to what extent the current judicial system is insensitive to children, and 2) whether the establishment of a Family Court system is in the best interest of children of the State and its citizens. The Supreme Court Commission on Children in the Court is addressing this issue.

Recommendation 5.1: Increase the number of Protection and Safety staff to bring caseloads within state standards. In 2004, funding was appropriated by the Nebraska Legislature through LB 1089 for an additional 120 Protection and Safety staff. Prior to these added positions – in 2002 – caseloads were at 129.0% of state standards. As of December 31, 2006, overall Protection and Safety caseloads were at 96.0% of the state standards. The impact of these additional staff was lessened, however, by increasing demands on the HHS system. In 2006, HHS conducted 12,680 assessments of child abuse/neglect reports. There was a 16.0% increase in the number of state wards from 2003 to 2006, and a 49.4% increase in investigations and assessments from 2003 to 2005.

Recommendation 5.2: The Department of Health and Human Services should expand the hours child protective services staff is available. Progress on this recommendation has been made through efforts underway in HHS. HHS continues to work to enhance the availability of staff after traditional business hours.

Recommendation 5.3: Take the appropriate steps to hire and retain competent Protection and Safety Workers and Supervisors. HHS makes ongoing effort to hire, train, and retain

competent staff. Once hired, HHS has made considerable improvements in the training new Protection and Safety Workers receive. There has also been a significant reduction in the turnover rate of Protection and Safety staff in the past year. The turnover rate for Protection and Safety Workers in 2006 was 20.7%, which is well below the national average of 30.0 to 40.0% turnover for front-line workers. The turnover rate for Protection and Safety Supervisors in 2006 was 9.4%.

Recommendation 5.4: HHS should move toward accreditation through the Council on Accreditation for Agencies serving Children and Families (COA). No efforts are currently underway to implement this recommendation.

Recommendation 6.1: Establish the Child Safety Fund. LB 1256 was passed by the Nebraska Unicameral in 2006. It establishes an Early Childhood Endowment to provide for services for at-risk children from birth to three years of age. It establishes a public-private partnership to support the Endowment. Earnings from \$40 million in public funds (contained in the Educational Land Fund) will be combined with earnings from \$20 million in private funds. The interest earnings will fund services, including home visitation services, for at-risk families.

Recommendation 6.2: Ensure the Attorney General's Office has the necessary resources to assume the new responsibilities they will be given through implementation of the recommendations in this report. The responsibilities of the Attorney General's Office have not been expanded as recommended by the Children's Task Force, so this recommendation is not applicable at this time.

Governor's Initiatives: During this past year, the Commission monitored the progress made by HHS in meeting the goals identified by Governor Heinemann. As stated earlier in this report, HHS has made significant progress in meeting the goals outlined by the Governor. Please refer to the 'Service Description' section of this report for a more detailed update on our progress.

Citizen Review Panel: As the only Citizen Review Panel for the State, the Commission for the Protection of Children is required to examine the practices, policies, and procedures of the agency in effectively discharging their child protection responsibilities. In 2006, the Commission continued its examination of the practices and procedures of the Omaha Intake Unit. Appendix C outlines in more detail the findings of the Commission's examination and the efforts currently underway.

Nebraska Child Abuse Prevention Fund Board: CAPTA funds were also used in part to provide staff support for the Nebraska Child Abuse Prevention Fund Board. The Board awarded \$201,124.00 to eleven local agencies across Nebraska through a request for proposal process. It is one of the principal players in the Nebraska Statewide Prevention Partnership.

Nebraska Statewide Prevention Partnership: In 2006, the Nebraska Child Abuse Prevention Fund Board joined forces with NCFE and HHS to create the Nebraska Statewide Prevention Partnership. The Partnership has committed to increasing public awareness of child abuse, delivering child abuse best practice models to local communities, building community capacity to increase protective factors, and strengthening families by supporting and encouraging community-based partnerships. The Partnership's overall goal is to reduce child abuse in Nebraska by 20.0% by the year 2020. The Partnership will accomplish this by dedicating resources to support child abuse efforts across the State; developing, implementing and coordinating joint grant processes; providing technical assistance; carrying out public awareness efforts; and developing and implementing evaluation processes. The Partnership will also pursue funding opportunities for the use of child abuse prevention efforts.

The Office of Protection and Safety and the HHS Office of Family Health collaborated with PCAN and the Nebraska Child Abuse Prevention Fund Board to develop a statewide child abuse prevention plan that was implemented in August 2006 (as mentioned earlier in the 'Collaboration' section of this report). The purpose of this plan is to serve as a guide to those in the field as they make decisions, develop policies, and implement programs around the prevention of child abuse. For more information about this plan, please see Appendix D.

Child Advocacy Centers (CACs): CAPTA funds are also used to support CACs. There are currently eight CACs in the State of Nebraska. The centers are located in Omaha, Lincoln, Grand Island, Norfolk, Kearney, North Platte, Valentine and Scottsbluff. All of the centers, with the exception of the North Platte and Valentine centers, are members of the National Children's Alliance. The National Children's Alliance is an organization based in Washington, D.C. that supports the development of CACs around the world. The National Children's Alliance has established certain standards a center must meet to be considered a full member of the Alliance and to receive funding.

Heart City Child Advocacy Center, located in Valentine, is the most recent center to open on January 15, 2006. This center provides nationally standardized forensic interview and medical examination of child victims of sexual abuse, physical abuse, and drug exposure in this highly rural part of north central Nebraska. In addition, planning is underway to serve adult victims of sexual assault and victims of elder abuse. State-of-the-art audio video equipment has been provided by the Cherry County Hospital in Valentine and installed in the center's examination rooms. This equipment is used to make a video record of the interview and to acquire image-based evidence during medical examinations. Policies and procedures to address referral methods in the community and operating procedures for the center have been developed. The Minnechaduzza Foundation is functioning as an umbrella organization to manage all aspects of the center, including: daily operations; financial management; and fund raising from public, corporate, and private sources. The Minnechaduzza Foundation is a 501(c) 3 public charity that was created in 1999 to develop and support scientific, clinical, and community initiatives which support the improved health of Great Plains dwellers while promoting and preserving their unique cultural and historical values.

During this reporting period, the Nebraska CACs conducted 2,078 forensic interviews and 956 medical examinations.

INTERVIEWS	
Grand Island	186
Kearney	243
Lincoln	591
Norfolk	193
North Platte	0
Omaha	768
Scottsbluff	187
Total	2,168

MEDICALS	
Grand Island	38
Kearney	35
Lincoln	40
Norfolk	53
North Platte	0
Omaha	775
Scottsbluff	15
Total	956

The number of medical exams provided by Project Harmony in Omaha is significantly higher than other CACs because in 2005 Project Harmony received funding from the Alegent Benefit Trust to expand the medical portion of the Child Protection Center. The program has a Full Time nurse practitioner, part time Physician and Full Time RN, and by September 2007 will add a fellowship trained medical director. This expansion has allowed the program to not only see children alleged

of sexual abuse, (traditional colposcopy exams) but provide a medical exam for ALL children being placed into foster care (physical abuse and neglect). This is considered both a forensic exam as well as the initial well-being exam, as required within the first 2 weeks of placement. By providing this immediate exam (the day of or within 1 business day of initial placement) we can help with any medical evidence that might be needed in court. As a coordinating agency, after each medical exam, the case manager receives a medical case plan which is presented to the court. The program provides all follow up with foster parents, shelters and other care providers to ensure that the children receive follow-up specialized care addressing medical, dental, vision, hearing, or other issues. Should a child have a medical home already identified, the program coordinates care with the child's medical home to ensure continuity of care. Finally the program is the lead for the Omaha area following the State CHEML protocols regarding drug endangered children.

Child Abuse and Neglect Investigation and Treatment Teams (LB1184 Teams): CAPTA funds were also used to support the State's Child Abuse and Neglect Investigation and Treatment Teams (LB1184 Teams). Under Nebraska law, multidisciplinary teams are to be established in each county of the State.

The CAC case coordinators have been instrumental in assisting the county attorneys in setting up meetings, preparing agendas, and developing the protocols required by law. The coordinators are also responsible for reviewing reports of child abuse and neglect and providing a summary of the review to the local teams. State legislation passed during the 2006 session (LB 1113) recognized the role of the CACs in limiting the additional trauma to child victims and supporting the investigation and prosecution of child abuse and neglect.

MDT Meetings Attended	January	February	March	April	May	June	July	August	September	October	November	December
Grand Island	0	0	0	0	0	0	0	0	0	0	0	0
Kearney	4	4	7	5	3	6	2	6	6	6	4	6
Lincoln	10	15	10	16	15	8	11	12	16	17	16	16
Norfolk	9	9	5	11	5	10	4	4	13	9	8	6
North Platte	1	1	2	4	5	5	2	5	6	6	5	6
Omaha	6	6	6	6	6	6	6	6	6	6	6	6
Scottsbluff	6	6	7	11	9	6	3	6	5	8	9	6
Total	36	41	37	53	43	41	28	39	52	52	48	46

Annual Statewide Child Abuse/Neglect Conference: CAPTA funds were also used in part to support the annual statewide child abuse/neglect conference, "The 2006 Child Maltreatment Summit." The conference was held August 29 – 31, 2006 in Kearney with over 250 attendees. The participants list included law enforcement, Protection and Safety staff, CAC staff, child care providers, and other professionals.

Protection and Safety Supervisors Conference: The most recent conference, "Roadmap for Successful Intervention," was held in November 2006. Topics included ways to effectively communicate with courts, understanding resource development, achieving better staff performance, successful supervision, Office of Juvenile Services (OJS) initiatives, and guidance on the IV-E plan. Attendees included Protection and Safety Supervisors, Protection and Safety Administrators, and Resource Development Administrators.

Outcome: To prevent child abuse/neglect.

Needs: To reduce the number of child abuse/neglect cases in the State of Nebraska.

Strategies:

1. CAPTA funding will be used to support community programs in an effort to prevent child abuse/neglect in Nebraska
2. Hold Protection and Safety Supervisors Conference, Annual Child Maltreatment Conference and Staff Trainings

b) Update the program areas selected for improvement from one or more of the 14 program areas set forth in Section 106(a) of CAPTA

Program Areas: Enhancing the general child protective system by improving risk and safety assessment tools and protocols and intake, assessment, screening and investigation of the reports of abuse and neglect:

- o Nebraska is currently training on our new safety assessment process which directs greater focus on child safety. Under this new safety assessment process, Protection and Safety Workers will not just focus on an alleged incident of maltreatment, but instead will gather information around six categories of family functioning to determine: the presence or absence of maltreatment; the circumstances surrounding any maltreatment; the functioning of all children in the family; general parenting and disciplinary practices; as well as the functioning of all adults in the household. Please refer to page 14 for further detail.

Program Area: Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations:

- o As stated previously, the Child Advocacy Center Coordinators are helping to facilitate clarification of the respective roles of child protective services and law enforcement in the investigation of child maltreatment reports. These clarifications include well-delineated mechanisms for accountability and follow through on investigations through their work with the local multidisciplinary child abuse investigation teams. Considerable progress has been noted in the areas of increased communication and coordination on child abuse investigations. Each team has or is in the process of developing protocols.

Program Area: Developing, strengthening and supporting child abuse and neglect prevention.

- o For further information, please refer to page 48 regarding the Nebraska Statewide Prevention Partnership.

c) Identify the activities that the State intends to implement with CAPTA State grant funds and any changes in activities for FY 2008.

The following activities have been identified by the Nebraska Commission on the Protection of Children as the focus of the CAPTA funding for 2007 – 2008. It is anticipated that these activities will help reduce child abuse/neglect in the State of Nebraska.

Grants to Child Protection Centers (CACs): CAPTA funding will continue to be used to support continuation and further development of centers across the State. CAC staff will also provide services to support development and ongoing operation of the investigation and treatment teams (1184 teams). The Commission believes the 1184 teams should be a focus area for CAPTA funds as the teams are critical and need to be operational in all counties.

Commission for the Protection of Children: CAPTA fund will continue to be used to support the Nebraska Commission on the Protection of Children, Nebraska's State Task Force.

Child Abuse Prevention Activities: CAPTA funds will be used to support child abuse prevention activities. Refer to the Statewide Child Abuse Prevention Plan in Appendix D for more details on what these activities entail.

Nebraska Child Abuse Prevention Fund Board: The Legislature mandates the NCAPF Board to include disbursement of funds, council development, and the development of a child abuse prevention plan and annual report in its activities. CAPTA funds will be used to support these activities, as well as staff support for the Board.

Citizen Review Panels: CAPTA funding will be used to support the activities of Nebraska's Citizen Review Panel. In the upcoming year, the panel will focus on the front end of the system by ensuring that reports are taken, screened, and responded to in a timely manner.

d) Describe the services and training to be provided under CAPTA.

Protection and Safety Supervisory Conference: In order to ensure that HHS is providing the best services to children and families, continued training of Protection and Safety Supervisors is essential. The 2007 annual Protection and Safety Supervisor Conference will be held October 2 – 4, 2007 in Grand Island.

The Annual Child Maltreatment Conference: The annual child maltreatment conference will be a tremendous resource for Protection and Safety staff for a number of reasons. Most importantly, it will provide staff with the knowledge and tools to provide better service response and delivery to the population we serve. It will also support staff's professional growth by giving them the opportunity to develop and foster relationships with colleagues and to network with other local professionals and organizations that address child maltreatment issues. Last, it will provide staff with an opportunity to fulfill a portion of the training hours mandated for all Protection and Safety personnel.

National and State Training: CAPTA funds will be used to allow staff's participation in national and statewide trainings in order to gain knowledge about best practice approaches and to learn what others are doing to prevent child abuse in their states.

e) Describe substantive changes, if any, in State law that could affect eligibility, including an explanation from the State Attorney General as to why the change would or would not affect eligibility.

There have been no substantive changes to Nebraska law this year that affects CAPTA eligibility.

f) Submit copies of annual reports from citizen review panels and copies of the State agency's most recent responses to the panels and State or local child protective services agencies.

See Appendix E.

g) Describe the provisions and procedures for criminal back-ground checks for prospective foster and adoptive parents and other adult relatives and non-relatives in a household.

Nebraska continues to require the completion of the following background checks for all prospective foster and adoptive parents and other adult relatives and non-relatives prior to placement of a child:

- Federal Bureau of Investigation's National Criminal History System;
- Nebraska Central Register for Child Abuse;
- Nebraska Adult Central Registry; and
- Sex Offender Registry.

In order to carry out the federal requirements of the Adam Walsh Child Protection and Safety Act of 2006, the Nebraska developed a policy memorandum that states (in summary):

- Staff will obtain the places of residence in the past five years for any prospective foster and/or adoptive parents and any other adult(s) age 18 and over living in the home.
- If the prospective foster and/or adoptive parents and any other adult(s) age 18 and over living in the home have resided outside the State of Nebraska in the past five years from the date of application for licensure or approval, staff will request a child protective services check in each state resided.
- All out-of-state background checks are required prior to the final approval or licensure of the foster and/or adoptive home.

CHAFEE FOSTER CARE INDEPENDENT LIVING SERVICES PROGRAM (CFCIP)

a) A report on specific accomplishments achieved and progress made in FY 2007 and planned activities for FY 2008 for each of the five purpose areas.

There have been several new developments in the Preparation for Adult Living Services (PALS) program. Descriptions of each are posted below:

Chafee Assessment: A requirement for providers to conduct the Chafee Assessment with the youth they serve has been added to our child welfare contracts with group homes and agency supported foster care homes. The PALS program has already been using the Chafee Assessment to assess all of the youth that it serves. Youth in the program for six or more months are assessed twice per year – in November and May. The data captured by the assessment relate to the outcomes specific to the Chafee program and identified by the National Youth in Transition Database and ACF. The purpose for conducting the Chafee Assessment are: 1) to identify which youth stay in foster care until their 18th birthday; 2) to provide youth with tools that could help them develop better education, vocation, and life skills; 3) to prepare youth for education after high school; 4) to support youth's personal and emotional needs; 5) to support former foster youth ages 18 through 21 years with a variety of supports; and 6) to help youth access funds for education and training.

Youth Incentives: PALS continues to include financial or other incentives to the youth as they demonstrate competencies in life skills and progress toward self-sufficiency. PALS allots \$25,000.00 per year in to youth as incentives. The youth, with the help of the PALS Specialist, identify their most needed and/or wanted goal and then determine the nature of the attending incentive. This can be done at the time the PALS plan is developed or at a later date. The youth and worker then monitor the progress towards goal and when the goal has been met the incentive is provided.

Like all youth, those involved in the PALS program have a wide range of interests and are at different stages of their transition to independence. Thus, incentives funds have been used in a variety of ways. Funds have been used for youth to purchase practical items such as cooking utensils, bedding, etc., to help youth pay a bill or buy a needed part for their car, or as mileage dollars to provide transportation for youth to look for employment or housing, to get back and forth to work, or to keep medical or case manager appointments. In every instance, PALS Specialists uses the incentive money as a "reward" for the work the youth has done either directly or indirectly to accomplish the eventual goal of successful independent living.

The most common use of funds assisting youth, particularly between the ages of 18 and 21 years of age, is to provide direct staff support. PALS Specialists work one-on-one with the youth in the following areas: life skills training; locating and securing affordable housing; education planning; securing employment; development of a support system; securing transportation; and crisis plan. The intensity of their work is dictated by the needs of each individual youth identified through the Chafee Assessment, the Ansell Casey Life Skills Assessment, and "The New Making It on Your Own" workbook that the youth complete.

There has been a steady increase in youth participating in the PALS program who are also attending post-secondary education this year. PALS staff work with a variety of post-secondary schools as well as with the EducationQuest Foundation to ensure that the youth have accessed available funds. In Omaha we have added a half-time position that works specifically with youth attending Metro Community College, where many PALS youth attend.

Emotion Management Curriculum: PALS now utilizes the “Emotion Management” Curriculum. This workbook has a variety of activities that the PALS Specialist and youth can complete together to help the youth deal with the many emotional issues they may be feeling. This has been a beneficial tool for Program Specialists to use when working with youth in this area.

Camp Catch-up: Camp Catch-up is an event for siblings who are placed in out-of-home care, but in separate residences from one another. At Camp Catch-up siblings have opportunities to gain skills for successful independent living while enhancing supportive relationships with each other through workshops and camp activities designed to promote teamwork.

Camp Catch-up was held June 9 – 11, 2006 and was attended by 68 youth. The next Camp Catch-up will be held June 7 – 10, 2007. FYC members have been very active in planning the conference and will be serve as camp leaders this year.

Transitional Living Surveys: Each month three new referrals are selected statewide to participate in interviews using the Transitional Living Surveys. The same PALS participants, their family, and their case managers (if applicable) will continue to be contacted and interviewed at six-month intervals until their final discharge interview. These interviews enable us to identify the strengths and weaknesses of our program and our staff and provide us with the opportunity to adjust the program as needed.

The following are a few of the most noteworthy findings of the interviews conducted during this reporting period:

- “Do you feel the PALS services helped you deal with your situation more effectively?”
 - 95.0% of youth rated this item a 4 or 5, indicating “very good” and “excellent”
- “What part of the PALS program was most helpful to you?”
 - Helping with school and setting budget
 - Helping find an apartment to live in
 - Checked up on me and helped me find employment
 - Helping to get me back in school
 - Encouragement
 - Helped with things I don’t understand
- Families, case managers, and care providers were also surveyed and 88.0% indicated that they felt PALS staff did a “very good” or “excellent” job in helping the youth deal with their independent living situation more effectively.

b) Report service collaboration activities carried out in FY 2007 and planned for FY 2008 with other Federal or State programs for youth.

For FY 2007 the following collaboration has occurred.

Local, regional, and statewide staff meetings are conducted to discuss the progress of the program and ideas for future developments. The following are the dates in which PALS staff convened:

- November 13, 2006 – Lincoln PALS staff meeting
- November 21, 2006 – Omaha PALS staff meeting
- December 7, 2006 – Statewide PALS staff meeting
- December 13, 2006 – Scottsbluff PALS staff meeting
- December 14, 2006 – Grand Island and northern service area PALS staff meeting
- January 16, 2007 – Sidney and Scottsbluff PALS staff meeting
- January 31, 2007 – North Platte PALS staff meeting
- February 21, 2007 – Northern and central service area PALS staff meeting
- April 19, 2007 – Statewide PALS staff meeting

- This meeting included a workshop titled “Unmasking Sexual Con Games,” which provided training on ways to help teens avoid emotional grooming and dating violence.

Central Plains Center for Services currently administers the Preparation for Adult Living Program (PALS), the Education and Training Voucher Program (ETV) and manages the 5 contracts for Transitional Living Services in Nebraska. The Director of Central Plains Center for Services, Nancy Ferguson, serves on the Greater Nebraska Workforce Investment Board through the Nebraska Department of Labor. As well she is a member of the Greater Nebraska Workforce Investment Board Youth Council. The Greater Nebraska Workforce Investment Board provides oversight of the Workforce Investment Act (WIA). The Youth Council acts as a special subcommittee to the Board. It has been extremely valuable to have the connection between Central Plains Center for Services and the youth and programs they serve and the Workforce Investment Board. Nancy meets quarterly with the Board.

Central Plains Center for Services has been working with the Nebraska's Coordinating Commission for Postsecondary Education. The CCPE is a state agency created in 1990 and has a responsibility for collaborating with the State's public colleges and universities to implement a plan that will guide Nebraska's higher education system. The commission and Central Plains Center for Services have met and have continued meeting individually with commission members to outline how our working together can assist youth in pursuing and succeeding in postsecondary education. The Commission has been extremely supportive of the efforts put forth by the ETV program in Nebraska.

Central Plains Center for Services' staff has met individually with the following postsecondary institutions to establish a working relationship, as well as identify a program liaison with each school. This liaison serves as the main contact in each school to assist and provide support to the youth involved entering their school. We have established working relationships and contacts with the following institutions: University of Nebraska Omaha; Metro Community College; University of Nebraska Lincoln, Southeast Community College Lincoln and Milford; Northeast Community College; Wayne Sate College; University of Nebraska Kearney; Central Community College Hastings, Grand Island, Kearney; Mid-Plains Community College North Platte and Curtis; Chadron State College; and Western Nebraska Community College Scottsbluff and Sidney. We have also established a working relationship with their student support service programs for easy access to their services for the youth we serve.

The PALS and ETV staff have also collaborated with the following State and private agencies.

- Education Service Units
- Vocational Rehabilitation services
- Youth Build Omaha – an academic job readiness program operated by Goodwill Industries, Inc.
- EducationQuest – is a Nebraska nonprofit organization with a mission to improve access to higher education in Nebraska. In the month of June 2007 EducationQuest hosted 5 college access trainings throughout Nebraska for community agencies. Representatives attending the sessions included Vocational Rehabilitation, Health and Human Services, public school personnel, postsecondary institutions, GED coordinators, to name a few. Education Quest asked Central Plains Center for Services staff to present at each session on the programs they administer and how working together we can strengthen the opportunities for the youth we serve.
- Staff coordinate services for youth with the Transitional Living programs in Nebraska which include Omaha Home for Boys; Cedars Youth Services, Christian Heritage and Turning Point Family Services.

Central Plains center plans to continue and expand the collaboration listed above in FY 2008; as well we hope to work with private corporations on youth sponsorships and internships. We also plan to continue our work with the Nebraska Department of Health and Human Services, as well as Nebraska policy makers.

Central Plains Center for Services submitted on behalf of the Transitional Living Programs in Nebraska and was selected to present at the Daniel Memorial Institute National Independent Living Conference in September 2007 in Denver, CO. They will be presenting on the uniqueness and effectiveness of transitional living in Nebraska. This presentation will include Central Plains Center for Services as well as Omaha Home for Boys; Cedars Youth Services, Christian Heritage and Turning Point Family Services

c) Provide information on specific training conducted during FY 2007 and planned for FY 2008 in support of the goals and objectives of CFCIP.

Even though the "Preparing to Move On" training classes are not being offered on a regular basis PALS continues to mail this curriculum to foster and adoptive parents across the State. The curriculum is focused on the skills and activities that youth age 17 to 19 years need to be addressing for successful transition. It is designed to assist foster parents and other providers in learning ways that they can incorporate independent living assessments, education, planning, and practice into their everyday lives with the children in their home. The content of this curriculum is straightforward enough for foster and adoptive parents to be able to understand and administer it themselves without in-depth training. We will, however, offer this as part of our foster and adoptive parents' statewide conferences this summer to allow parents the opportunity to participate in and observe the training. This particular workshop was well received at each of last year's conferences.

In addition to the "Preparing to Move On" curriculum, we offer the "Making It on Your Own" curriculum. "Making it on Your Own" is a basic core self-sufficiency skills manual designed for caretakers of youth who are maturing in care. The curriculum can be used as a "self-study" experience. A supply of curricula has been provided to each of the resource staff in each service areas.

The Nebraska Independent Living Conference will be held July 23 – 24, 2007, in Kearney. The goal of the conference is to assist youth who are in care in becoming prepared, connected, and responsible adults. In addition, the conference will provide opportunities to help adults establish and maintain effective independent living programs and life long connections with their youth in care. The six session goals include: financial self-sufficiency, educational attainment, positive connections with adults and peers, reduced homelessness, high-risk behaviors, and access to health insurance. FYC members have participated in planning committee meetings and will be presenting a keynote and breakout session and hold other responsibilities during the conference.

d) Update the service design/delivery of a new or changed trust fund program, for States that established a trust fund program for youth receiving independent living or transition assistance.

Nebraska does not currently administer a trust fund program.

e) Describe any activities to involve youth in planning efforts (CFSR, Program Improvement Plan, etc.).

Nebraska has developed its own CFSR that mirrors the Federal CFSR. Three or four youth participated in each Nebraska CFSR. In 2006 we interviewed youth in Lincoln, Omaha, and

Fremont to gain their perspective on how they believe the system works. We primarily used youth from the FYC, but also included youth from group homes.

We are currently planning for ways in which to involve youth in our upcoming Federal CFSR. We have been participating in conference calls and networking with other states to see how they have incorporated youth participation into their efforts.

f) Describe how the State uses, or plans to use, the option to expand Medicaid to provide services to youth ages 18 to 20 who have aged out of foster care.

Nebraska's Former Ward Program makes youth eligible for Medicaid from age 18 to age 21. The program also provides payments up to \$352.00 per youth per month if the youth is successfully attending a secondary educational program, university, vocational school, or technical training school.

g) Explain the results of Indian Tribe consultations as they relate to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth. Describe:

- How each Tribe in the State has been consulted about the Chafee Program.
- Efforts to coordinate the programs with such Tribes.
- How the State ensures that benefits and services are made available to Indian children on the same basis as to other children in the State.
- The Chafee benefits and services currently available and provided for Indian children and youth, in fulfillment of the purposes of the law.

A Tribal meeting will be held in June 2007 to discuss the progress of the Tribes' Chafee Programs. Individual consultation has taken place with each of the Tribes during the past year to discuss specific programming, utilization of funds, and future plans.

In effort to coordinate programs with Tribes, the 5th Annual "Circle of Nations" Youth Conference was held at the University Nebraska, Lincoln campus July 10 – 12, 2006. There were 124 youth and 35 sponsors from the Omaha, Ponca, Santee, and Winnebago Tribes. The theme for the conference was "Where Culture, Tradition, and Education Meet Success." The planning committee included representatives from the Ponca, Winnebago, Omaha, and Santee Tribes, a number of Tribal youth, and a team of leaders from UNL. The 2007 Circle of Nations Conference will be held July 16 – 18, 2007.

To ensure benefits and services are distributed on an equal basis to Tribal and non-tribal youth, a formula has been in place for the past seven years. Each of the Tribes is allotted Chafee funds based on a formula that takes into account the Tribal population, membership, the reservation census, and other factors. The result of the formula is a per eligible youth amount allotted for each Tribal youth which is the same as the individual amount allotted for non-tribal youth. The formula was developed in consultation with the Tribes.

The Chafee benefits and services currently available and provided for Tribal youth include:

- Preparation: A process to assess and assist the youth in preparing for self-sufficient adulthood; obtainable through formal and informal modeling and teaching of skills, recognizing values, and establishing achievable goals.
- Transition: Processes to assess, support, practice, and monitor youth's ability to successfully apply learned skills in a semi-supervised scatter site or congregate living arrangement.
- Independence: The act of applying learned skills, demonstrating self-sufficiency with the community, and having connection to a natural support network.

- Youth development and youth leadership opportunities for Tribal youth.
- Support and involvement of the Tribal Youth Council in identifying and communicating the needs of the Tribal youth.
- Support and facilitation of the Nebraska Indian Youth Council (in which all four Tribes participate) to identify best practices for serving Tribal youth and planning the Native American youth conference.

EDUCATION AND TRAINING VOUCHERS (ETV)

a) Describe the specific accomplishments and progress achieved to establish, expand, or strengthen the State's postsecondary educational assistance program.

There are many elements and new developments to the ETV program that have shown success over the last year. Some of these activities include the following:

- Meetings have occurred with colleges statewide to access their student support services and programs. Staff have visited colleges and identified a contact in the student support services program at each school to coordinate services for youth in attendance.
- A structured contact/support process has been implemented with each active and inactive ETV youth. Each active youth is contacted monthly either by phone or email to see if everything is going as planned, if they need anything or have questions, to see if they need assistance getting ready for the next semester, or if they are having trouble in any classes. If youth are experiencing any difficulties, staff assists them with problem solving to eliminate such difficulties. Follow-up contact is made for the inactive youth to see why they want to leave school, problem solve with them to eliminate any barriers or difficulties, and to offer any assistance in getting back on track with their educational goals.
- ETV "celebrations" are being held in Omaha, Lincoln, Norfolk North Platte, and Grand Island. The purposes of these gatherings are to meet participating youth, to celebrate their academic accomplishments, to provide additional support and connections to the youth, and to share additional information regarding the ETV program with the youth.
- The ETV program is now sending "orientation packets" to all new ETV applicants. The packets include a welcome letter to youth explaining the ETV program and student expectations, the Youth Education Specialist contact information, a phone card, and resource material including:
 - college money management tips;
 - time management skills;
 - tips on study skills;
 - information on student support services; and
 - tutoring information.
- Emphasis on program outreach continues. We want to guarantee that HHS staff, service agency staff, foster/adoptive and guardianship parents, and the youth themselves are aware of the ETV program.

Retention Rate: The overall retention rate of youth attending school is 46.0%; however, the retention rate for the current reporting period (beginning October 1, 2006 until March 31, 2007) is 90.0%.

Training: Foster parents and other care providers were provided training last summer (with another session scheduled this summer) at each of the three statewide foster parent conferences. Training consisted of three hour sessions titled "Preparing to Move On" that addressed transitioning youth to independence. These sessions were well attended and evaluations were completed by each person attending. In addition to the training, a booth was staffed to give people information about Chafee and its various services and free copies of "Developing Successful Adolescents" were distributed. "Developing Successful Adolescents" is a self-directed training that includes a question and answer sheet that foster parents can complete for and submit to receive three hours credit towards foster parent training.

b) Indicate how the ETV program is administered (State child welfare agency, in collaboration with another State agency, or with an outside entity).

Nebraska contracts with Central Plains Center of Services to administer the ETV program. Central Plains Center for Services has been the contractor of this service for almost three and a half years.

FINANCIAL AND STATISTICAL INFORMATION REPORTING

a) For FY 2008, the specific percentages of IV-B 2 funds to be expended on service delivery of family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services, and a rationale if the percentage is below 20 percent for any one of the four service categories. Report separately the amount allocated for planning and service coordination.

Nebraska plans to utilize IV-B Part II funds in the following percentages:

- 25% for family preservation
- 25% for family support
- 20% for time-limited reunification
- 20% for adoption promotion and support
- 10% for administration, training, and consultation

b) Complete CFS-101 Part III for all programs under this Program Instruction to show estimated and actual FY 2005 expenditures and administrative costs; compare actual and estimated costs and provide an explanation for differences.

Refer to Appendix F

c) Non-supplantation requirement: Provide State and local share expenditure amounts for IV-B subpart 2 for FY 2005 for comparison with the 1992 base year amount.

Amounts expended in FY 2005:

2005 Federal title IV-B, Subpart 1 & 2 Funds			
	<i>Budgeted Amount</i>	<i>Actual Expenditures</i>	<i>Difference</i>
Total Federal title IV-B, Subpart 2 funds	\$1,656,561.00	\$1,656,561.00	\$0.00
Total Family Preservation Services	\$414,140.00	\$414,140.00	\$0.00
Total Family Support Services	\$414,140.00	\$414,140.00	\$0.00
Total Time-Limited Family Reunification Services	\$331,312.00	\$331,312.00	\$0.00
Total Adoption Promotion and Support Services	\$331,312.00	\$331,312.00	\$0.00
Administration	\$165,656.00	\$165,656.00	\$0.00

Amounts expended in FY 1992:

Title IV-B -48 Child Welfare:

- General Fund (GF) \$17,633,136.00
- Cash Fund (CF) \$17,194,060.00
- Federal Fund (FF) \$439,076.00

d) Provide actual expenditures of Chafee allocated funds for FY 2005 (final) and FY 2006 (year-to-date). Identify percentage of Chafee funds used for room and board in FY 2005, how funds were used, and any planned changes.

For FY 2005 (October 1, 2004 through September 30, 2005)

- PALS program: 521 youth at a cost of \$1166.02 per youth for the entire time they were in the program.
- TLP programs: 199 youth at a cost of \$4175.89 per youth for the entire time they were in the program.

For FY 2006 (October 1, 2005 through September 30, 2006)

- PALS program: 566 youth at a cost of \$1076.31 per youth
- TLP programs: 162 youth at a cost of \$5123.46 per youth

The percentage of Chafee funds used for room and board in FY 2005 was 7.3%.

As stated previously, funds have been used for youth to purchase practical items such as cooking utensils, bedding, etc., to help youth pay a bill or buy a needed part for their car, or as mileage dollars to provide transportation for youth to look for employment or housing, to get back and forth to work, or to keep medical or case manager appointments.

The most common use of funds assisting youth, particularly between the ages of 18 and 21 years of age, is to provide direct staff support. PALS Specialists work one-on-one with the youth in the following areas: life skills training; locating and securing affordable housing; education planning; securing employment; development of a support system; securing transportation; and crisis plan.

e) Identify the number of youth who received ETV awards in FY 2006 and FY 2007 (year to Date).

In FY 2006 (October 1, 2005 through September 30, 2006) 215 youth received ETV awards.

In FY 2007 (October 1, 2006 through September 30, 2007) 311 youth received ETV awards.

f) Identify the estimated number of youth the State plans to award ETV vouchers to in FY 2008 (ongoing or new vouchers).

Nebraska estimates that we will award 350 ETV vouchers (on-going and new vouchers) during the next year.

JUVENILE JUSTICE TRANSFERS

Report the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

Not applicable.

Discuss contextual information, such as how States define the reporting population.

The Office of Protection and Safety provides care for child abuse and neglect populations, as well the OJS population. The OJS population consists of youth who are adjudicated by a court of competent jurisdiction as having committed a crime.

INTER-COUNTY ADOPTIONS

Identify the number of children who were adopted from other countries and entered into State custody in FY 2006 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

There are no inter-county adoptions to report this year.

Explain the permanency plans and the reasons for disruption or dissolution

Not applicable.

Identify the agencies who handled the placement or adoption and the reasons for the disruption or dissolution.

Not applicable.

Describe the activities the State has undertaken for children adopted from other countries, including the provision of adoption and post adoption services.

Not applicable.

CHILD WELFARE DEMONSTRATION PROJECTS

Nebraska currently does not have any child welfare demonstration projects.

FOSTER AND ADOPTIVE PARENT RECRUITMENT

Describe progress and accomplishments made in FY 2007 with regard to the diligent recruitment of potential foster and adoptive families, reflecting the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

During this past year, HHS renewed its contractual relationship with NFAPA. The work of NFAPA focuses on the recruitment and retention of foster and adoptive parents. Specific activities have included:

- Management of the foster and adoptive parent inquiry line,
- A foster parent mentoring program provided through regional network groups has increased from 32 to 36 locations across the State and a mentor retreat is planned for the fall of 2007 to increase skills and knowledge of mentors (resource family consultants),
- Distribution of a bimonthly foster and adoptive parent newsletter,
- Provision of in-service training,
- Foster parent conferences in four sites across the State: Lincoln, Grand Island, North Platte, and Scottsbluff,
- Annual adoption conference,
- Distribution of Foster Care Guidebook, Adoption Guidebook, Assessment Guidebook, and Adoption Life Books,
- Foster Care Awareness Day including a proclamation from Governor Heinemann,

During this past year we continued our relationship with NFAPA for the activities described above. We also sponsored foster parent and adoptive parent recruitment campaigns in collaboration with NFAPA and through our partnership with the Nebraska Broadcasters Association in the fall and winter of 2006. Our partnership with the Nebraska Broadcasters Association provides us with access to primetime airing of television and radio ads at no cost as a contribution by members of the Association.

During the fall, we focused on both foster care and adoption campaigns. The foster care recruitment campaign was entitled "Why You Should Become a Foster Parent" and was purchased from the Utah Foster Care Foundation. The adoption recruitment campaign, entitled "When I Get Home" was purchased from Texas and focuses on the adoption of teenagers. Our ads were aired 12,287 times across the State for a value of \$227,574.00. The winter campaign focused solely on adoption recruitment and our ads were aired 6,084 times for a value of \$119,077.00. We plan to continue this effort in the fall and winter of 2007.

During the past year we also have developed a foster parent improvement plan in collaboration with NFAPA. In part, the focus of the plan is based on the premise that by supporting and thus retaining current foster homes we are in turn supporting the recruitment of new foster homes.

Describe planned activities for recruiting foster and adoptive families in FY 2008.

Activities targeted for the first quarter (April 2006 through June 2006) included: increased use of HHS's secure email site (the SIX system) to promote confidential communication between staff and foster parents; activities that ensure the sharing of case plans and notice of hearings to foster parents; development of a process for active foster parent participation in court hearings; development of a foster parent customer satisfaction survey; accountability for worker visits; development of materials regarding the decisions to pursue the options of guardianship or adoption with information on access to Medicaid; and elimination of the use of social security numbers for foster parent trainings. In early July 2007, plans for the next quarter of activities will be finalized. Items under discussion include: training of foster parents on FCP; training of foster parents on

HHS's new safety model; working together as a team; kinship training; uniformity in funding/equity in supports for foster parents; licensing/conflict resolution; and utilization of foster homes.

ADOPTION INCENTIVE PAYMENTS

Specify the services that have been, or will be, provided to children and families with adoption incentive funds.

During the past year, Adoption Incentive funds have been used for the following:

- Digital cameras to be used for pictures of children for the Adoption Exchange, life books, and sharing with prospective adoptive families;
- Printing and purchase of recruitment materials;
- Speakers for Adoption Training for Adoptive Parents and staff;
- Life books for younger children and teens;
- Adoption books for libraries housed in HHS offices, for use by staff and adoptive parents;
- Videos for libraries housed in HHS offices, for use by staff and adoptive parents;
- Registration and other costs for staff to attend adoption training, both in-state and out of state;
- Fees to private agencies in other states for home-studies and post-placement supervision of children placed for adoption through the National Adoption Exchange;
- Camcorders to be used to film children and prospective adoptive families for purposes of “matching” and preparation for placements;
- Adoption celebrations which included media coverage;
- Adoption home studies for in-state families;
- Supplies for Adoption Days in three sites in the state;
- Training for attorneys in adoption processing, presented by a knowledgeable, experienced adoption attorney;
- Processing of adoption packets for finalization of adoptions;
- Videotaping of Spaulding Adoption Training for use when an adoptive family finds it impossible to attend group training;
- Support group meetings for adoptive parents;
- Recruitment ads for adoptive parents.

Availability of these funds and the goods and services for which they were used contributed to the State’s increase in adoption of wards. In the next year, we plan to use the funds even more strategically, focusing their use on activities that are related to specific children. Planned activities include:

- Follow-up with every family that has inquired about a child listed on the State or National Adoption Exchanges;
- Gathering of information from a variety of sources to assure that all potential adoptive or other permanent families have been considered for waiting children, with an emphasis on teenagers. Strategies will include file reviews and discussions with youth to assure that potential families have been explored, as well as location of and contact with absent parents, other relatives, or other unrelated persons who have been important to the youth to determine their availability and suitability or their knowledge of other family members or other person who might be available and suitable;
- Assistance to staff in preparation of adoption packets to assure timely filing of adoption petitions and timely finalizations

PAYMENT LIMITATIONS – TITLE IV-B SUBPART 1

Report the amount of FY 2004 and FY 2005 Title IV-B subpart 1 funds the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005.

The State expended \$444,000 of FY2004 and FY2005 Title IV-B subpart 1 funds in FY2005 for foster care maintenance payments. No FY2004 or FY2005 Title IV-B subpart 1 funds were used for child care or adoption assistance payments in FY2005.

Report the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

The amount of non-Federal funds expended by the state in FY 2005 for foster care maintenance payment was \$42,405,285.