CHAPTER 1: CONTINUOUS QUALITY IMPROVEMENT (CQI)

OUTCOME STATEMENT: CHILDREN AND FAMILY SERVICES WILL MEASURE AND EVALUATE THE QUALITY AND EFFECTIVENESS OF OUR WORK WITH CHILDREN AND FAMILIES.
Schedule of Discussion Subjects 2013

- January
  - Process Measures
  - Operations Data
  - SDM Quality
- February
  - Process Measures
  - SDM Quality
  - Turnover/Vacancy
- March
  - Process Measures
  - SDM Quality
  - COMPASS
- April
  - Process Measures
  - Intake Results
  - Operations Data
  - SDM Quality
  - Denials/Disruptions
- May
  - Process Measures
  - Intake Results
  - SDM Quality
  - Turnover/Vacancy
  - Caseload
  - Denials/Disruptions
- June
  - Process Measures
  - WSA CQI Discussion
  - Intake Results
  - COMPASS
  - SDM Quality
  - Local CQI Update
  - Ward Count Review
  - Wild Card Discussion – Youth re-entering care
- July
  - Process Measures
  - SESA CQI Discussion
  - Intake Results
  - Operations Data
  - SDM Quality
  - Denials/Disruptions
  - Wild Card Discussion
- August
  - Process Measures
  - Intake Results
  - SDM Quality
  - Turnover/Vacancy
  - Caseload
  - Wild Card Discussion (AFCARS Trial Home > 6 mos.)
- September
  - Process Measures
  - NSA CQI Discussion
  - Intake Results
  - COMPASS
  - SDM Quality
  - LB-1160 Survey results
  - Maltreatment Recurrence
- October
  - Process Measures
  - Intake Results
  - Operations Data
  - SDM Quality
  - Denials/Disruptions
  - Wild Card – SDM Timeliness
- November
  - Process Measures
  - CSA CQI Discussion
  - SDM Quality
  - Dictation Program
  - Wild Card Discussion - Time Permitting
- December
  - No Meeting this month
Federal IM 12-07

- **CQI Structure**
  - Statewide Quality Assurance program with autonomous oversight and dedicated staff
  - Continual training of CQI staff is occurring and QA is collaboratively working with Policy, Training and Administrators to ensure QA’s decisions are based upon common policy and to help policy with Administrator’s situations
  - Written policies and procedures are being updated and produced where they don’t exist

- **Quality Data Collection**
  - Common data collection and measuring process statewide
  - All QA staff are trained and utilize the same QA Tools
  - CFSR reviews are performed by the same staff and reported consistently
  - 2nd level reviews occur on all processes to ensure consistent QA and learning opportunities

- **Case Record Review Data and Process**
  - Quality unit is responsible for all case reviews
  - Case review system has been developed to randomly select cases statewide, provide the QA person with correct review questions and stores results in a non-editable location.
  - Case review system has been modified to allow for testing of specific CFSR questions by service area as needed and generate an email to the worker.
  - Inter-rater reliability testing is ongoing to ensure consistent scoring.

- **Analysis and Dissemination of Quality Data**
  - Statewide case review system has been developed to review all cases selected for review
  - Data is reported statewide and by service area
  - An extensive array of performance reports are created and distributed at monthly CQI meeting

- **Feedback to Stakeholders**
  - Results are used to inform training, policy, stakeholders, community partnerships and others as a means to identify and communicate improvement opportunities and areas of strength
  - Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field leadership to assess and improve practice.
  - First stage of CQI communications is monthly Statewide CQI meeting. Second stage of CQI communications is local CQI meetings. At the local level 4-6 areas of improvement have been selected and structured teams created to analyze the results and identify improvement opportunities.
Local CQI Process
CHAPTER 2: PREVENTION AND EARLY INTERVENTION

OUTCOME STATEMENT: DELIVER AN EFFECTIVE SYSTEMS RESPONSE THAT IS FLEXIBLE, FAMILY CENTERED AND FOCUSED ON PREVENTING CHILD ABUSE AND NEGLECT

Goal Statement: Identify and develop the community-based prevention supports that allow children to safely remain in their home without CFS involvement
Safely Decrease the Number of State Wards

Strengths/Opportunities:

<table>
<thead>
<tr>
<th>Stateward Reductions (Oct 2012 - Oct 2013)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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Barriers:

Action Items:

*Completed:
- 40 Day Focus Initiatives
  - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
  - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:

CQI Team Priority:

* Statewide

Data Review Frequency: Quarterly

OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

Statewide: Count of Wards 2012-2013

Western Service Area: Count of Wards

*LB 961 directs DHHS to realign the Western, Central, and Northern Service Areas to be coterminous with the District Court judicial districts. The baseline data from July 2, 2012 reflects this geographical change.
Safely Decrease the Number of State Wards

Strengths/Opportunities:

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Action Items:
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    - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
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    - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:

CQI Team Priority:
- * Statewide

Data Review Frequency: Quarterly
Safely Decrease the Number of State Wards

**Strengths/Opportunities:**

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  - 40 Day Focus Initiatives
    - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
    - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
    - C.) OJS & 38 Youth. 228 wards achieved permanency as a result of this initiative.

- **Planned:**

**CQI Team Priority:**

* Statewide

**Outcome Statement:** Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

**Data Review Frequency:** Quarterly
Safely Decrease the Number of OOH Wards by Moving Them Back to In-Home Care

**Strengths/Opportunities:**
- WSA reduced In Home count by 50% which increased their Out of Home to In Home proportion (8/5/13).

**Barriers:**

**Action Items:**
*Completed:
- 40 Day Focus Initiatives
  - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
  - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:

**CQI Team Priority:**
* Statewide

**Data Review Frequency:** Quarterly

OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

Point in time report 3/4/2013 OOH court wards using 2012 Claritas youth population < 19

Source – Point-in-Time 8/5/2013
Safely Decrease the Number of State Wards

Strengths/Opportunities:
- In 2011, NE ward count was 10.1 per 1,000 youth. Current NE ward count is at 7.6/1,000 youth.

Barriers:

Action Items:
*Completed:
- 40 Day Focus Initiatives
  - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
  - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:

CQI Team Priority:
* Statewide

Data Review Frequency: Static

OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

The in-care rate in Nebraska (10.1 per 1,000 in FY11) is twice the national in-care rate (5.0 in FY11). (Pink shaded states also include some number of Juvenile Justice youth in their AFCARS reporting)

Data source: CASEY - AFCARS – population 0-18 years olds

Below is the website for more information on the source of population information. http://www.claritas.com/sitereports/default.jsp
Safely Decrease the Number of State Wards

**Strengths/Opportunities:**

**Barriers:**

**Action Items:**

*Completed:*
- 40 Day Focus Initiatives
  - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - B.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:

**CQI Team Priority:**
* Statewide

**Data Review Frequency:** Monthly

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**OUTCOME STATEMENT:** Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect


Note: Count by County Report is now available.
Safely Decrease the Number of State Wards

**Strengths/Opportunities:**
- Lower number of entries than exits.

**Barriers:**

**Action Items:**

*Completed:*
- 40 Day Focus Initiatives
  - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
  - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - C.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:*

**CQI Team Priority:**
* Statewide

**Data Review Frequency:** Quarterly
Safely Decrease the Number of State Wards

**Strengths/Opportunities:**
- Entry numbers continue to be lower than exit numbers. Significant decrease in entry numbers between April to June and July to September 2013.

**Barriers:**

**Action Items:**
*Completed:*
- 40 Day Focus Initiatives
  - A.) All wards living at home 60 days or more. 421 wards achieved permanency as a result of this initiative.
  - B.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
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*Planned:

**CQI Team Priority:**
* Statewide

**Data Review Frequency:** Quarterly

OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

N-Focus Legal Status field. An entry occurs when a child is made a state ward. An exit occurs when the Legal Status changes to non-ward - not when it is entered into NFocus. **Entries include youth that go from non-court to court.**

Counts based on date of action, not entry date into NFocus.
OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

Safely Decrease the Number of State Wards

DHHS Statewide CQI Meeting
OUTCOME STATEMENT: Deliver an Effective Systems Response That is Flexible, Family Centered and Focused on Preventing Child Abuse and Neglect

- Safely Decrease the Number of State Wards

Regression Slope of Court Entries
Jan. 2011 - July 2013

Regression Slope of Court Exits
Jan. 2011 - July 2013

Exit Period is Measured Quarterly from Jan 2011 – July 2013
CHAPTER 3: PERFORMANCE AND ACCOUNTABILITY

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Goal Statement: Measure youth’s Safety, Permanency and Well-being.
In-home versus out-of-home placements

**Strengths/Opportunities:**
- September 2013 OOH Rates
  - State – 69.8%
  - NFC – 74.2%
  - SESA – 64.0%
  - CSA – 67.3%
  - NSA – 64.9%
  - WSA – 79.4%

*Note:* The OOH Rates may increase due to the LB 561 transition of OJS and 3B youth to Probation.

**Barriers:**

**Action Items:**
- *Completed:*
- *Planned:*

**OUTCOME STATEMENT:** CHILDREN ARE SAFELY MAINTAINED IN THEIR HOME\$ WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (April, July, November & January)
OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHenever POSSIBLE AND APPROPRIATE.
In-home versus out-of-home placements

Strengths/Opportunities:
- Nov 2013: 88% of all calls to the hotline were answered within 18 seconds. 7% of the calls went to voicemail and were returned within 1 hour.

Barriers:

Action Items:
*Completed:

*Planned:

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Monthly

Definitions:
* Abandoned-call comes in and is not answered due to something in the ACD system which caused a reason for a disconnect or caller hung up.
* Forceout-call comes in and call was sent to worker and worker did not answer — (maybe due to...forgot to log off while faxing)
* Voicemail-calls unanswered that go to voicemail. The goal is to return the call within 1 hour. Case Aides track when the message came in and when the call is returned.
**Intake Quality Measures**

**Strengths/Opportunities:**
- Nov 2013: Increase in 2 of the measures. Decrease in percentage related to taking action to address immediate safety concerns.

**Barriers:**

**Action Items:**
*Completed:*
- Intake QA Unit Reviews were implemented by CQI unit in July 2013. QA feedback is sent via email to the Hotline Supervisor and Worker. QA Results are discussed during Intake Monthly Meetings and System Team Calls and strategies are developed to address areas needing improvement.

*Planned:*
- A satisfaction Survey will be implemented in 2014.

**Outcome Statement:** Children are safely maintained in their homes whenever possible and appropriate.

**Intake/Hotline Quality Measures**

July-November 2013

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percent Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information gathered and documented was detailed enough and/or adequate to determine if the report met the screening criteria.</td>
<td>97% 98% 97% 95% 97%</td>
</tr>
<tr>
<td>The referral statement was detailed enough to determine if the victim may be a vulnerable adult on APS Intakes.</td>
<td>87% 91% 90% 90% 90%</td>
</tr>
<tr>
<td>The Intake CFSS took action to address immediate safety concerns such as calling Law Enforcement or the On-Call Supervisor.</td>
<td>75% 83% 86% 100%</td>
</tr>
<tr>
<td>Prior history/background checks were documented in the Records Check Narrative.</td>
<td>92% 98% 99%</td>
</tr>
</tbody>
</table>

This chart illustrates the percentage achieved for four measures that are part of the Intake QA Review. The Intake QA reviews are completed on a random sample of the total CPS and APS Intakes completed by hotline staff. The Intake QA reviews were implemented by the CQI Unit on July 1st, 2013.
OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Monthly

**Strengths/Opportunities:**
- Nov 2013: Central Service Area continues to have the lowest number of Initial Assessments Not Finalized (33) that were due between Jan 2012 – Nov 2013. Western Service Area has the highest number of assessments Not Finalized (352) during this same period. On 12/17/13, there were 1,115 Initial Assessments that were not finalized for the entire State for this same period.

**Barriers:**

**Action Items:**
- Completed:
  - Direction was given to hotline staff to restart N-Focus at midnight in order to reset the clock used to calculate timeframes.
  - 4/30/13 Doug Beran emailed document to all CFS Admin/Supervisors providing guidance accessing the report to identify items not tied. Not tied includes instances where the ARP ID on Assessment does not match ARP ID on Intake.
  - Reminders and Directions were given to IA staff regarding the following:
    - * P1 time is based on 24 hours from the time the call was received by the hotline, so 8:00 am means we must respond by 8:00 am the following day.
    - * When a meeting occurs prior to the hotline received date, the worker should either notify the hotline that the received date was in the past review the SDM report and set the received date to the proper date.
    - Quick tip video instructions are now available with information on how to use weekly InfoView reports to identify intakes not tied etc.
  - IA Case Management Due date report is now available and includes all IA related timeframes.
- Planned:
  - Systems Team/S.Haber will discuss and make a decision about IA completion timeframes.
  - Systems Team/S.Haber will discuss and make a decision regarding instances when a risk assessment should not be completed.

**CQI Team Priority:**
- Statewide
- Western Service Area

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.
OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

**IA – Contact Timeframes**

**Strengths/Opportunities:**
- Nov 2013: Decrease in performance for P1 and P2 Measures.
  Note: Intakes accepted for APSS or OH investigations were included in this measure for the first time in November 2013.

**Barriers:**
- Intakes not tied to Assessments
- ARP ID # errors

**Action Items:**
- Completed:
  - Direction was given to hotline staff to restart N-Focus at midnight in order to reset the clock used to calculate timeframes.
  - 4/30/13 Doug Beran emailed document to all CFS Admin/Supervisors providing guidance accessing the report to identify items not tied. Not tied includes instances where the ARP ID on Assessment does not match ARP ID on Intake.
  - Reminders and Directions were given to IA staff regarding the following:
    - P1 time is based on 24 hours from the time the call is closed by the hotline, so 8:00 am means we must respond by 8:00 am the following day.
    - When a meeting occurs prior to the hotline received date, the worker should either notify the hotline that the received date was in the past review the SDM report and set the received date to the proper date.
- Planned:
  - Upcoming Quick Tip will include video instructions on how to use weekly InfoView reports to identify intakes not tied etc.

**CQI Team Priority:**
- Statewide
- Western Service Area

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

**Data Review Frequency:** Monthly
**IA – Contact Timeframes**

**Strengths/Opportunities:**
* Nov 2013: ESA, CSA, and NSA achieved 100% for P1 this month. ESA and NSA achieved 99% and 100% on all 3 measures.

**Barriers:**
- Finding is not entered for the assessments.
- Intake is not tied to the safety assessment.

**Action Items:**
*Completed:*
- New/Improved SDM Intake and Assessment Reports are now posted on InfoView. Reports identify assessments that are not tied to the intake, assessments with no findings entered etc. Instructions were emailed to CFS staff.
- IA Case management due date report is available and can be used daily to ensure timeframes are met.
- Quick Tip Videos are now available with instructions on how to access and use infoview reports to manage assessments.

*Planned:

**Data Review Frequency: Monthly**
Absence of Maltreatment in Six Months

Strengths/Opportunities:
Nov 2013: ESA & NSA are the two service areas that are exceeding the target goal at this time. Close to achieving the goal on a statewide level.

Barriers:
- Duplicate Reports for the same incidents are creating instances of repeat maltreatment.

Action Items:
*Completed:
- Policy changes were implemented in October 2012 to eliminate duplicate reports/substantiation of intakes that are received within 6 months for the same allegations

*Planned:
- A workgroup will convene to look at reason for case involvement and put instructions together on how to document reason for case involvement to better capture information about substance abuse and other reasons for case opening/involvement.
- CQI team will complete additional breakdown of repeat maltreatment data to help the team identify areas needing improvement.

CQI Team Priority:
*Statewide External Stakeholder Team
*Western and Southeast Service Areas

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (March, June, September, December)
Absence of Maltreatment in Foster Care

Strengths/Opportunities:
Nov 2013: ESA is the only Service Area that is not meeting the target goal for this measure.

Barriers:
- Duplicate Reports for the same incidents are creating instances of repeat maltreatment.

Action Items:
*Completed:
- Southeast Service Area Administrator and the Foster Care Review Office Director met and created a process to staff and address barriers for repeat maltreatment in foster care cases in Southeast Service Area.
- Policy changes were implemented in October 2012 to eliminate duplicate reports/substantiation of intakes that are received within 6 months for the same allegations.

*Planned:
- A workgroup will convene to look at reason for case involvement and put instructions together on how to document reason for case involvement to better capture information about substance abuse and other reasons for case opening/involvement.
- CQI team will complete additional breakdown of repeat maltreatment data to help the team identify areas needing improvement.

CQI Team Priority:
*Statewide External Stakeholder Team

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHenever POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (March, June, September, December)
Permanency for Children in Foster Care

**Strengths/Opportunities:**
Nov 2013: All Service Areas continue to meet the target goals for this measure. NSA is seeing a decrease in the last few months.

**Barriers:**

**Action Items:**
*Completed:

*Planned:

**Data Review Frequency:** Quarterly (March, June, September, December)

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

This is a Federal Composite Measure that reports on a rolling 12 month period. Data Source: N-FOCUS COMPASS-State Wards. The Permanency Composite measures the frequency that permanency is achieved for children and youth who have been in care for longer periods of time.

Permanency is defined as exiting care to reunification, adoption or guardianship. The Composite includes three measures: 1. Exits to Permanency Prior to the Child’s 18th Birthday for Children in Care for 24 More Months or More; 2. Exits to Permanency for Children Who are Free for Adoption; and 3. Children Emancipated Who Were in Foster Care for 3 Years or More.
**Timeliness of Adoption**

**Strengths/Opportunities:**
Nov 2013: CSA is the only service area not meeting this measure. wSA leads the state in performance for this measure.

**Barriers:**

**Action Items:**

*Completed:*
- CQI team corrected the definition of Free for Adoption to no longer include the existence of TPR hearing for this measure.
- Eastern Service Area/NFC completed a review of 119 adoption cases and identified barriers to Adoption in ESA. Eastern Service Area continues to address barriers through Court Collaboration meetings and other processes.

*Planned:

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (March, June, September, December)
Timeliness of Adoption

**Strengths/Opportunities:**
Nov 2013: NSA and WSA continue to meet the target goal for this measure. While NSA performance still exceeds the target goal, there has been a decrease in performance in the last few months.

**Barriers:**

**Action Items:**
*Completed:*
- CQI team corrected the definition of Free for Adoption to no longer include the existence of TPR hearing for this measure.
- Eastern Service Area/NFC completed a review of 119 adoption cases and identified barriers to Adoption in ESA. Eastern Service Area continues to address barriers through Court Collaboration meetings and other processes.

*Planned:

**OUTCOME STATEMENT:** CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (March, June, September, December)
Timeliness & Permanency of Reunification

Strengths/Opportunities:
Nov 2013: WSA is the only Service Area that is meeting the target goal for this measure. Significant increase in performance was also seen in SESA.

Barriers:

Action Items:
*Completed:
- CFS Staff are utilizing Average Number of Out of Home Report to look at length of time and address barriers for youth who are in Out of Home Care for an extended period of time.
- 40 Day Focus Initiatives
  - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - B.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.
- Service Area CQI teams need to drill down and identify barriers to reunification.
- Service Areas should track how many requests for early hearings are denied.
- Policy & Training will work together to develop quick tip or training materials to remind staff of their role as advocates and experts and to use assessments and tools available to them to request and promote achievement of reunification.

CQI Team Priority:
*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Timeliness & Permanency of Reunification - COMPASS Measures

Data Review Frequency: Quarterly (March, June, September, December)
Timeliness & Permanency of Reunification

**Strengths/Opportunities:**

**Barriers:**

**Action Items:**

*Completed:*
- CFS Staff are utilizing Average Number of Out of Home Report to look at length of time and address barriers for youth who are in Out of Home Care for an extended period of time.
- 40 Day Focus Initiatives
  - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
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*Planned:*
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.

**CQI Team Priority:**

*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHenever POSSIBLE AND APPROPRIATE.

**Data Review Frequency:** Quarterly (March, June, September, December)
**Timeliness & Permanency of Reunification**

**Strengths/Opportunities:**
Nov 2013: Increase in performance in WSA and CSA but no service area is meeting the target goal at this time.

**Barriers:**

**Action Items:**
- **Completed:**
  - CFS Staff are utilizing Average Number of Out of Home Report to look at length of time and address barriers for youth who are in Out of Home Care for an extended period of time.
  - 40 Day Focus Initiatives
    - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
    - B.) OJS & 3B Youths. 228 wards achieved permanency as a result of this initiative.
- **Planned:**
  - CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.

**CQI Team Priority:**
- Statewide External Stakeholder Team
- Eastern, Northern, Southeast and Western Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

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**OUTCOME STATEMENT:**  **CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

<table>
<thead>
<tr>
<th>Exits to Reunification in &lt; 12 Months of First Entry - COMPASS Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target = 48.4%</strong></td>
</tr>
</tbody>
</table>

![Exits to Reunification Graph](image)

*This is a Federal Composite Measure. Data Source: N-FOCUS COMPASS- State Wards. This is a Federal Measure that reports on a rolling 12 month period. For the prior reporting year, of all children entering foster care in the second 6 months of the year who remained in foster care for 8 days or longer, the percent who met either of the following criteria: (1) the child was reunified in less than 12 months from the date of entry into foster care, or (2) the child was placed in a trial home visit in less than 11 months from the date of entry into foster care and the trial home visit was the last placement setting prior to discharge to reunification.*

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**Data Review Frequency:** Quarterly (March, June, September, December)
Timeliness & Permanency of Reunification

Strengths/Opportunities:
- Nov 2013: State average remains around 9 months.

Barriers:

Action Items:
*Completed:
- CFS Staff are utilizing Average Number of Out of Home Report to look at length of time and address barriers for youth who are in Out of Home Care for an extended period of time.
- 40 Day Focus Initiatives
  - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
  - B.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.

CQI Team Priority:
*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Review Frequency: Quarterly (March, June, September, December)
Timeliness & Permanency of Reunification

Strengths/Opportunities:
- Nov 2013: Central and Western Service Areas have the highest re-entry into care in less than 12 months of discharge. All other Service Areas were below the target goal of 9.9% in 2013.

Barriers:

Action Items:
*Completed:
- CFS Staff are utilizing Average Number of Out of Home Report to look at length of time and address barriers for youth who are in Out of Home Care for an extended period of time.
  - 40 Day Focus Initiatives
    - A.) All wards in out of home care over 180 days. 123 wards achieved permanency as a result of this initiative.
    - B.) OJS & 3B Youth. 228 wards achieved permanency as a result of this initiative.

*Planned:
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.

CQI Team Priority:
*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

Data Review Frequency: Quarterly (March, June, September, December)
Placement Stability

**Strengths/Opportunities:**
- Nov 2013: State met the target goal for the 1st time this month!!!! Northern Service Area continues to exceed the target goal performance continues to increase each month. NSA leads the state with 111.1. Eastern Service area met the target goal for this measure this month.

**Barriers:**
- Placement disruptions due to child behaviors
- Shortage of foster placements for older youth with behavior needs.

**Action Items:**
- **Completed:**
  - Southeast and Western Service Areas are utilizing Denials and Disruption Tracking/Database to address placement stability issues/needs. Other Service Areas will be implementing this tracking method in the future. Data from this system is shared with foster care agency providers.
  - CQI Team provided additional data to each Service Area regarding placement changes in N-FOCUS.
- **Planned:**
  - CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement

**CQI Team Priority:**
- *Statewide External Stakeholder Team
- *Eastern, Northern, Southeast and Western Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

**OUTCOME STATEMENT:** Children Will Experience Stability and Permanency In Their Lives

**Placement Stability - COMPASS Measures**

Data Review Frequency: Quarterly (March, June, September, December)
Placement Stability

Strengths/Opportunities:
Nov 2013: ESA, NSA and WSA continue to exceed the target goal for this measure. Nice steady improvements each month in NSA and ESA. NSA leads the state at 94.4%.

Barriers:
- Placement disruptions due to child behaviors
- Shortage of foster placements for older youth with behavior needs.

Action Items:
*Completed:
- Southeast and Western Service Areas are utilizing Denials and Disruption Tracking/Database to address placement stability issues/needs. Other Service Areas will be implementing this tracking method in the future. Data from this system is shared with foster care agency providers.
- CQI Team provided additional data to each Service Area regarding placement changes in N-FOCUS.
*Planned:
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement

CQI Team Priority:
*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas.
*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives

Data Review Frequency: Quarterly (March, June, September, December)
**Placement Stability**

**Strengths/Opportunities:**
Nov 2013: SESA and NSA continue to meet the target goal for this measure. NSA leads the state at 75.5%.

**Barriers:**
- Placement disruptions due to child behaviors
- Shortage of foster placements for older youth with behavior needs.

**Action Items:**
*Completed:*
- Southeast and Western Service Areas are utilizing Denials and Disruption Tracking/Database to address placement stability issues/needs. Other Service Areas will be implementing this tracking method in the future. Data from this system is shared with foster care agency providers.
- CQI Team provided additional data to each Service Area regarding placement changes in N-FOCUS.
*Planned:*
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement

**CQI Team Priority:**
*Statewide External Stakeholder Team
*Eastern, Northern, Southeast and Western Service Areas.

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

**OUTCOME STATEMENT:** Children Will Experience Stability and Permanency In Their Lives

**Children in Care for 12 - 24 months (2 or fewer placements) - COMPASS Measures**

Data Review Frequency: Quarterly (March, June, September, December)
Placement Stability

**Strengths/Opportunities:**
Nov 2013: None of the areas are meeting the target goal at this time. NSA is the closest at 39.2%.

**Barriers:**
- Placement disruptions due to child behaviors
- Shortage of foster placements for older youth with behavior needs.

**Action Items:**
*Completed:*
- Southeast and Western Service Areas are utilizing Denials and Disruption Tracking/Database to address placement stability issues/needs. Other Service Areas will be implementing this tracking method in the future. Data from this system is shared with foster care agency providers.
- CQI Team provided additional data to each Service Area regarding placement changes in N-FOCUS.

*Planned:
- CQI Team will provide additional data breakdown by adjudication, judge, and other variables to assist with identification of areas needing improvement.

**CQI Team Priority:**
*Statewide External Stakeholder Team*
*Eastern, Northern, Southeast and Western Service Areas.*

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.*

**Outcome Statement:** Children Will Experience Stability and Permanency In Their Lives

**Data Review Frequency:** Quarterly (March, June, September, December)

**Children in Care for > 24 months (2 or fewer placements) - COMPASS Measures**

*This is one of three Federal Measures on Placement Stability. This is a Federal Measure that reports on a rolling 12 month period. Data Source: N-FOCUS COMPASS-State wards. Of all children served in foster care during the 12 month target period that were in foster care for at least 24 months, the percent that had two or fewer placement settings.*
Kinship Care for Out of Home Wards

**Strengths/Opportunities:**
Sept 2013: Slight increase in statewide kinship placements since last quarter. Central Service Area has the lowest number of children in kinship care (29%) while Northern Service Area has the highest (50%).

**Barriers:**

**Action Items:**
*Completed:*

*Planned:*

**Outcome Statement:** Children Will Experience Stability and Permanency In Their Lives

Per LB 265 (July 2013) a "kinship home means a home where a child or children receive foster care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a pre-existing, significant relationship with the child or children or a sibling of such a child or children….”

Data Review Frequency: Quarterly (April, July, November & January)
OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives

Kinship Care for Out of Home Wards
Placement Change Documentation w/in 72 hours

**Strengths/Opportunities:**
- Nov 2013: Western Service Area achieved the highest score this month with 97.4%. ESA, NSA and SESA scored above 90% this month.  
  *Note: State performance was at 56% in May 2012.*

**Barriers:**
- Probation changing placements and not notifying CFS
- Data analysis determined that placements occurring on Thurs & Friday are not being documented timely.
- Staff need additional training and direction on removals and placement change documentation.

**Action Items:**
*Completed:*
- July 2013 – changes were made in N-FOCUS to allow CFS Supervisors to make corrections to placement changes in N-FOCUS.
- Workgroup tasked to work on definitions of removals and placement changes and create instruction materials for staff.
- Service areas are implementing creative methods to remind staff to document placement changes (email reminders, signage). Service area administrators are also holding staff accountable to providing explanations when documentation timeframes are not met.
- CQI Tip sent to CFS Staff with finalized definitions and instructions about removals and placement change documentation.

*Planned:*
- Pop Up window will show on n-focus whenever staff document a placement that exceeds the 72 hour timeframe (March 2014 release).

**CQI Team Priority:**
*Central, Northern, Southeast and Western Service Areas.*

---

Data Review Frequency: Monthly

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

![Documentation of Placement Changes within 72 Hours](image)

**Goal:** 100%

- June 2013
- July 2013
- Aug 2013
- Sept 2013
- Oct 2013
- Nov 2013

All contact information shall be up-to-date on N-FOCUS within seventy-two hours of any placement change for children in out of home care. The data represents the percentage of placement changes that were documented on N-FOCUS within 72 hours. Data includes OJS Wards. *(Data Source: NFOCUS Placement Documentation/InfoView Report)*
Family Team Meeting

Strengths/Opportunities:
- Nov 2013: State performance remained at 92% this month. NSA had the highest score at 99.5% followed by NFC at 99%. CSA and Tribes are the areas not currently meeting at least 90% in this measure.
  Note: The State performance was at 76.2% in May 2012.

Barriers:

Action Items:
*Completed:
- Service Area Admin/Staff sent FTM templates to the Training Administrator, to put together a common guide/template for new worker and current worker training.
- Case management due date report includes Family Team Meetings.
- Procedure Update #15-2013 regarding Family Team Meetings was issued on 4/19/13.
- Central Office Staff made necessary changes to FTM report on Performance Accountability Report.
- Quality Team is reviewing FTM documentation that are submitted by CFSS and provide feedback to improve quality.

*Planned:
-- Deputy Director and Training Administrator will put together a plan to address Family Team Meeting Quality.

CQI Team Priority:

Data Review Frequency: Monthly

OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives

DATA REVIEW FREQUENCY: Monthly

Note: Case manager will facilitate a family team meeting once every 90 days
(Data Source: CWS & OJS Performance Accountability Data - NFOCUS/InfoView Report). Data includes OJS Wards.
Case Planning Involvement – CFSR 18

**Strengths/Opportunities:**
Note: The CFSR review results are based on a review of N-FOCUS documentation and information obtained during phone interviews with the CFSS or FPS.

**Barriers:**
- Lack of ongoing efforts to locate and/or engage non-custodial parent in case planning (in most cases, this is the child’s father).
- Lack of ongoing efforts engage developmentally appropriate children in case planning.
- Lack of good quality documentation during family team meetings and face to face contacts between the worker, children, mother and father. Documentation should clearly state how the parent or youth was engaged in the creation of, ongoing evaluation and discussions regarding progress and needs related to case plan goals.

**Action Items:**
- *Completed:
- *Planned:

**Data Review Frequency:** Monthly

**OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives**

CFSR Item 18
Child and Family Involvement in Case Planning

Item 18 looks at whether or not the agency made concerted efforts during the period under review to involve the parent (mother and father) and the children during the case planning process. Children and parents have to contribute to the creation of the case plan goals and review them with the agency on an ongoing basis for this item to be rated as a strength.
**Federal Visitation with State Wards**

**Strengths/Opportunities:**
- Nov 2013: New Fed Fiscal Year begins this month. The Federal Measure is 90%, this will increase to 95% in 2015. NE has set goal at 95% in preparation for the change with the federal measure. NE is meeting this goal of 95% at this time. Performance is 98% and above for all Service Areas but at 6% for Tribal Cases.  
  *Note: In SFY11, NE reported 48.4% monthly child contact with this federal measure! WOW!!!*

**Barriers:**
- Lack of documentation in tribal cases

**Action Items:**
*Completed:*
- Case Management Due Date Report includes Monthly Child Contact.
- Sherri Haber and Sherri Eveleth will work with Vicki Macca to identify and provide support to the tribes.
- SAA/CFS Admin have been submitting a list and reasons for all missed worker visits with the child to the Deputy Director for review.
- SAA/CFS Admin have been coordinating visits with all youth placed out of state to ensure visits are taking place every month.

*Planned:*
- Some Service areas are planning to implement quality reviews and training with their staff on the quality of face to face contact.

**CQI Team Priority:**
*Central and Southeast Service Areas*
*Tribes*

*Refer to Local Service Area or Tribal Action Plan Forms for detailed Action Items and Strategies for each Area/ Tribe.

**Data Review Frequency: Monthly**

**OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives**

Case manager will have monthly face to face contact with the child. This federal visitation requirement is a cumulative measure for the federal fiscal year (October to December). Youth are required to be visited 95% of the months they are in out of home care. Data includes OJS Wards. (Data Source: Federal Visitation Data - NFOCUS/InfoView Reports).
OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Monthly Contact with State Wards and Non-Court Involved Child

**Strengths/Opportunities:**

Nov 2013: Non Court Case - statewide performance dropped from 97% to 94%. **Note:** In May 2012, the state performance was at 53.4% for this measure.

Nov 2013: State wards – performance dropped from 93% to 92%. Performance is over 96% for all Service Areas but less than 2% for Tribal Cases.

**Barriers:**

- Lack of documentation in tribal cases

**Action Items:**

*Completed:

- Case Management Due Date Report includes Monthly Child Contact.
- Sherri Haber and Sherri Eveleth will work with Vicki Maca to identify and provide support to the tribes.
- SAA/CFS Admin have been submitting a list and reasons for all missed worker visits with the child to the Deputy Director for review.
- SAA/CFS Admin have been coordinating visits with all youth placed out of state to ensure visits are taking place every month.

*Planned:

- Some Service areas are planning to implement quality reviews and training with their staff on the quality of face to face contact

**CQI Team Priority:**

*Central and Southeast Service Areas

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Case manager will have monthly face to face contact with the child (Data Source: CWS & OJS Performance Accountability Data - NFOCUS/InfoView Reports).
**Strengths/Opportunities:**
Note: The CFSR review results are based on a review of N-FOCUS documentation and information obtained during phone interviews with the CFSS or FPS.

**Barriers:**
- Lack of good quality documentation during face to face contacts between the worker and the child. Documentation should contain sufficient information to address safety, permanency and well-being.

**Action Items:**
*Completed:

*Planned:

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**OUTCOME STATEMENT:** Children Will Experience Stability and Permanency In Their Lives

**Data Review Frequency:** Monthly

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Item 17 on the CFSR determines whether or not the agency made concerted efforts during the period under review to assess the child, parents and foster parents needs and provide services to meet needs that were identified. Item 17 A is about the children’s needs and services, 17 B is about both the mother and father’s needs and services, and 17 C is about the foster parents needs and services. The three parts of Item 17 are combined into one item as a whole to determine if the overall item is a strength or area needing improvement. Note:

This data was added to the Statewide CQI packet on October 2013.
Caseworker Contact with Child CFSR 19

**Strengths/Opportunities:**
Note: The CFSR review results are based on a review of N-FOCUS documentation and information obtained during phone interviews with the CFSS or FPS.

**Barriers:**
- Lack of ongoing efforts to locate and/or meet with the non-custodial parent on a monthly basis. (in most cases, this is the child’s father).
- Lack of good quality documentation during face to face contacts between the worker and the child’s mother and father. Documentation should contain sufficient information to address safety, permanency and well-being.

**Action Items:**
*Completed:*

*Planned:

**Data Review Frequency:** Monthly
Caseworker Contact with Parent CFSR 20

Strengths/Opportunities:
Note: The CFSR review results are based on a review of N-FOCUS documentation and information obtained during phone interviews with the CFSS or FPS.

Barriers:
• Lack of ongoing efforts to locate and/or assess the needs of the child’s non-custodial parent (in most cases, this is the child’s father).
• Lack of good quality documentation during face to face contacts between the worker and the child, child’s mother and father. Needs assessment for the child, mother and father can be addressed informally through monthly face to face contacts.
• Lack of ongoing formal needs assessment (no evidence of ongoing completion of SDM FSNA).

Action Items:
*Completed:

*Planned:

Data Review Frequency: Monthly

OUTCOME STATEMENT: Children Will Experience Stability and Permanency In Their Lives

CFSR Item 20
Caseworker Visits with Parent

Item 20 on the CFSR looks at both the frequency and quality of the caseworker visits with both the mother and the father in the case. This item looks at whether or not the frequency and quality of visits between the caseworker and the mother and father of the child(ren) in the case were sufficient to ensure safety, permanency, and well being of the child and promote achievement of case goals. Each parent should be seen at least monthly in order for this item to be counted as a strength.

This data was added to the Statewide CQI packet on October 2013.
STRUCTURED DECISION MAKING (SDM)

OUTCOME STATEMENT: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Goal Statement: Measure youth’s Safety, Permanency and Well-being.
SDM Risk Re & Reunification Assessments

Strengths/Opportunities:

<table>
<thead>
<tr>
<th># of All Youth with No Finalized Risk-Re or Reunification Assessments</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>582</td>
<td>287</td>
<td>246</td>
</tr>
<tr>
<td>CSA</td>
<td>36</td>
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</tr>
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<td>ESA</td>
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<td>NSA</td>
<td>72</td>
<td>48</td>
<td>53</td>
</tr>
<tr>
<td>SESA</td>
<td>126</td>
<td>56</td>
<td>39</td>
</tr>
<tr>
<td>WSA</td>
<td>96</td>
<td>44</td>
<td>42</td>
</tr>
</tbody>
</table>

Barriers:

Action Items:

*Completed:

-10 Week SDM Refresher Trainings were implemented statewide.
-Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
-Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff etc.)
-Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

*Planned:

- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
-Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

CQI Team Priority:

* ALL Service Areas

Data Review Frequency: Monthly

OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Distribution of Youth in Care> 120 Days with a Finalized Risk Reassessment or Reunification Assessment:

*These measures were added to the CQI packet in October 2013.
SDM Risk Re & Reunification Assessments

Strengths/Opportunities:

-10 Week SDM Refresher Trainings were implemented statewide.

- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors

- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff etc.)

- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

*Completed:

- Supervisor Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.

- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

Barriers:

Action Items:

*CQI Team Priority:

* All Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

Data Review Frequency: Monthly

OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Distribution of State Wards in Care > 120 Days with a Finalized Risk Reassessment or Reunification Assessment

- These measures were added to the CQI packet in October 2013.
SDM Risk Re & Reunification Assessments

**Strengths/Opportunities:**

| # of Non-Court Youth with No Finalized Risk-Re or Reunification Assessments |
|------------------------|--------|--------|--------|
|                        | Oct    | Nov    | Dec    |
| State                  | 127    | 61     | 53     |
| CAS                    | 2      | 0      | 4      |
| ESA                    | 69     | 42     | 30     |
| NSA                    | 4      | 6      | 11     |
| SESA                   | 49     | 8      | 3      |
| WSA                    | 3      | 5      | 5      |

**Barriers:**

**Action Items:**

*Completed:*
- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff etc.)
- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

*Planned:*
- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

**CQI Team Priority:**

* ALL Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

**OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives**

**Data Review Frequency:** Monthly

**Distribution of Non-Court Children in Care > 120 Days with a Finalized Risk Reassessment or Reunification Assessment**

*These measures were added to the CQI packet in October 2013.*
OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Strengths/Opportunities:

<p>| # of ALL Youth with No Finalized FSNA |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>213</td>
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<td>126</td>
</tr>
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<td>SESA</td>
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</tr>
<tr>
<td>WSA</td>
<td>62</td>
<td>50</td>
<td>51</td>
</tr>
</tbody>
</table>

Barriers:

Action Items:

*Completed:
- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff, etc.)
- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

*Planned:
- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

CQI Team Priority:
* ALL Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

Data Review Frequency: Monthly

*These measures were added to the CQI packet in October 2013.
OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

SDM Family Strengths and Needs Assessment (FSNA)

<table>
<thead>
<tr>
<th># of State Wards with NO Finalized FSNA</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>183</td>
<td>111</td>
<td>108</td>
</tr>
<tr>
<td>CSA</td>
<td>40</td>
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<td>NSA</td>
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<tr>
<td>WSA</td>
<td>59</td>
<td>47</td>
<td>46</td>
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</table>

Outcomes/Opportunities:
- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff, etc.)
- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

Barriers:

Action Items:
- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

CQI Team Priority:
- ALL Service Areas

Data Review Frequency: Monthly

*These measures were added to the CQI packet in October 2013.
OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Strengths/Opportunities:
-10 Week SDM Refresher Trainings were implemented statewide.
-Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
-Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff, etc.)
-Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.

Barriers:

Action Items:
*Completed:
- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.

CQI Team Priority:
*ALL Service Areas

Data Review Frequency: Monthly

*These measures were added to the CQI packet in October 2013.
SDM Administrative Reviews

OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

**Data Review Frequency: Monthly**

**Strengths/Opportunities:**
- Nov 3013: Decrease in Admin reviews from 18 in October to 9 this month.

**Barriers:**

**Action Items:**
- *Completed:*
  - 10 Week SDM Refresher Trainings were implemented statewide.
  - Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors.
  - Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff).
  - N-FOCUS changes were implemented to add narrative boxes to each question on the FSNA.
  - Ongoing and IA Case Management Due Date Report includes SDM due dates.
  - Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2. How to use SDM Weekly reports to manage SDM assessments.
  - Narrative boxes added on N-FOCUS (Risk & Prevention Assessments).
- *Planned:*
  - Brief quality quick tips will be sent to all CFS staff on SDM items that are not successfully addressed in the assessment per QA reviews.
  - Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
  - Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.
  - N-FOCUS changes are planned to add narrative boxes to each question on the remaining SDM (March 2014-Risk Re and Reunification)
  - Quality & Training Teams providing additional one on one and team trainings on SDM.

**CQI Team Priority:**
- * ALL Service Areas

*Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.

**Count of SDM Admin Reviews Statewide 2012-2013**

Count by Concern Summary:
- 4-Insufficient Information
- 3-Other
- 2-Household/Caregiver
- No Admin had more than 2 Admin reviews this month.

This represents the count of Administrative Reviews sent by the QA unit to alert the Worker, Supervisor and Administrator of possible safety concerns due to lack of information or error in completion and scoring of the SDM assessment.

**Note:** The total number of SDM Assessments applicable for review increased in the month of November 2012 due to the following reasons: QA unit began reviewing Ongoing SDM assessments completed by NFC staff; and more ongoing SDM assessments were due and completed in CSA, NSA and WSA since SDM was implemented in July 2012.
**SDM Assessment Quality Results – Finalized Timely**

**OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives**

**Strengths/Opportunities:**

**Barriers:**

**Action Items:**

- **Completed:**
  - 10 Week SDM Refresher Trainings were implemented statewide.
  - Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors.
  - Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff).
  - N-FOCUS changes were implemented to add narrative boxes to each question on the FSNA.
  - Ongoing and IA Case Management Due Date Report includes SDM due dates.
  - Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.
  - Narrative boxes added on N-FOCUS (Risk & Prevention Assessments).

- **Planned:**
  - Brief quality quick tips will be sent to all CFS staff on SDM items that are not successfully addressed in the assessment per QA reviews.
  - Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
  - Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.
  - N-FOCUS changes are planned to add narrative boxes to each question on the remaining SDM (March 2014-Risk Re and Reunification).
  - Quality & Training Teams providing additional one on one and team trainings on SDM.

**CQI Team Priority:**
- **ALL Service Areas**

*Refer to Local Service Area Action Plan Forms for detailed action items and strategies for each Service Area.

**Data Review Frequency:** Monthly

---

**SDM - QA Results**

Assessment was finalized in a timely manner

(SDM Fidelity Measure)

September - November 2013

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety*</td>
<td>70%</td>
<td>72%</td>
<td>1%</td>
</tr>
<tr>
<td>Risk</td>
<td>52%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Prev (Dep)</td>
<td>60%</td>
<td>52%</td>
<td>50%</td>
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<tr>
<td>Prev (3B)</td>
<td>25%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Risk Re</td>
<td>59%</td>
<td>59%</td>
<td>54%</td>
</tr>
<tr>
<td>Reunification</td>
<td>51%</td>
<td>61%</td>
<td>41%</td>
</tr>
<tr>
<td>OJS FSNA</td>
<td>60%</td>
<td>47%</td>
<td>46%</td>
</tr>
<tr>
<td>All FSNA</td>
<td>53%</td>
<td>53%</td>
<td>46%</td>
</tr>
</tbody>
</table>

This measure shows the percentage of assessments that were finalized in a timely manner. Finalization date used for this measure is the date that the SDM assessment was finalized for all SDM Assessments except for the safety assessment.

*The safety Assessment date is the date when the assessment is placed in ready for review status by the CFS worker.

**Beginning Sept 2013 QA has eliminated the review sample assessments which were in draft status for more than 90 days.
SDM Initial Assessment Quality Results

OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Strengths/Opportunities:
- Nov 2013: Higher quality of documentation is seen in the Safety Assessments completed by IA staff.

Barriers:

Action Items:
* Completed:
- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff)
- N-FOCUS changes were implemented to add narrative boxes to each question on the FSNA.
- Ongoing and IA Case Management Due Date Report includes SDM due dates.
- Quick Tip video instructions made available to CFSS Staff (1. Introduction to Infoview reports and 2.) How to use SDM Weekly reports to manage SDM assessments.
- Narrative boxes added on N-FOCUS (Risk & Prevention Assessments).

* Planned:
- Brief quality quick tips will be sent to all CFS staff on SDM items that are not successfully addressed in the assessment per QA reviews.
- Supervisory Training will be implemented to assist supervisors to be able to coach and supervise to the SDM model.
- Workgroup will be meeting to put together materials to help staff use SDM tools to drive case plan goals and reflect progress in Court Reports.
- N-FOCUS changes are planned to add narrative boxes to each question on the remaining SDM (March 2014-Risk Re and Reunification)
- Quality & Training Teams providing additional one on one and team trainings on SDM.

CQI Team Priority:
* ALL Service Areas

Note: August 2013 – QA changed the review process to match program memo and practice expectations of including all supporting information for each assessment in the narrative sections of all SDM Ongoing assessments. Prior to August, QA reviewers were looking for supporting information in all N-FOCUS documentation (FTM, Req. Contacts, Court Reports etc.).
OUTCOME STATEMENT #3: Children Will Experience Stability and Permanency In Their Lives

Data Review Frequency: Monthly

Strengths/Opportunities:
- Nov 2013: Seeing an increase in the quality of Risk Reassessment documentation.

Barriers:

Action Items:

Action Items:

*Completed:
- 10 Week SDM Refresher Trainings were implemented statewide.
- Full Day SDM Training Sessions facilitated by Training, CQI and Policy staff for CFS Administrators and Supervisors
- Local CQI SDM workgroups implemented different strategies to improve staff proficiency in SDM (i.e. collaborative training with DHHS Legal staff)
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*Planned:
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- N-FOCUS changes are planned to add narrative boxes to each question on the remaining SDM (March 2014-Risk Re and Reunification)
- Quality & Training Teams providing additional one on one and team trainings on SDM.

CQI Team Priority:

* ALL Service Areas

* Refer to Local Service Area Action Plan Forms for detailed Action Items and Strategies for each Service Area.
CHAPTER 4: WORKFORCE STABILITY

OUTCOME STATEMENT: THE DIVISION OF CHILDREN AND FAMILY SERVICES’ WORKFORCE IS WELL-QUALIFIED, TRAINED, SUPERVISED AND SUPPORTED

Goal Statement: The number of employees who do their jobs with confidence and competency will increase and caseloads will align with CWLA standards
Caseload Sizes for IA Workers

**Strengths/Opportunities:**
- Nov 2013: 100% achievement by CSA and SESA.

**Barriers:**

**Action Items:**

*Completed:*

*Planned:

**Notes:**
- APSS assessments are not included in the IA caseload counts.
- Decrease in the total number of IA workers in some of the Service Areas is due to some IA workers carrying ongoing Non-Court Involved caseloads.
OUTCOME STATEMENT: The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

**Caseload Sizes for IA & Ongoing**

**Strengths/Opportunities:**
- Nov 2013: Increase in statewide compliance to 68%.

**Barriers:**

**Action Items:**
- *Completed:*
- *Planned:*

*Data Review Frequency: Monthly*

*Note: APSS assessments are not included in the IA caseload counts.*
Caseload Sizes

**Strengths/Opportunities:**
- Oct 2013: Increase in Statewide Compliance to 70%. CSA and ESA(NFC) have the lowest compliance – below 60%. WSA has the highest compliance at 96%.

**Barriers:**

**Action Items:**
- *Completed:
- *Planned:

**Data Review Frequency:** Monthly
OUTCOME STATEMENT: The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

Caseload Rates

Strengths/Opportunities:
- Oct 2013: Increase in Overall Compliance from 62% in October to 67% in November. Initial Assessment Only Caseloads have the highest compliance while Combined IA and Ongoing caseloads have the lowest compliance.

Barriers:

Action Items:
*Completed:

*Planned:

Data Review Frequency: Monthly

Note: APSS assessments are not included in the IA caseload counts.
Strengths/Opportunities:
-Nov 2013: 6 CFS Specialist left the state government during this month.

Barriers:

Action Items:
*Completed:

*Planned:

OUTCOME STATEMENT: The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

Protection and Safety Turnover Percent*

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<thead>
<tr>
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<tbody>
<tr>
<td>CFS Spec Trainee</td>
<td>0.00%</td>
<td>4.26%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1.89%</td>
<td>1.89%</td>
<td>6.12%</td>
<td>7.32%</td>
<td>14.29%</td>
<td>5.13%</td>
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<td>1.73%</td>
<td>1.17%</td>
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<td>2.21%</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1.32%</td>
<td>1.32%</td>
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Turnover Percent

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<thead>
<tr>
<th>Title</th>
<th>CSA PS</th>
<th>ESA PS</th>
<th>NSA PS</th>
<th>SESA PS</th>
<th>WSA PS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFS Spec Trainee</td>
<td>33.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5.26%</td>
<td>0.00%</td>
</tr>
<tr>
<td>CFS Specialist</td>
<td>2.25%</td>
<td>1.06%</td>
<td>1.53%</td>
<td>1.52%</td>
<td>1.79%</td>
</tr>
<tr>
<td>CFS Supervisors</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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Turnover Counts

<table>
<thead>
<tr>
<th>Title</th>
<th>CSA PS</th>
<th>ESA PS</th>
<th>NSA PS</th>
<th>SESA PS</th>
<th>WSA PS</th>
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<tbody>
<tr>
<td>CFS Spec Trainee</td>
<td>1</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>CFS Specialist</td>
<td>1</td>
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<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
<td>CFS Supervisors</td>
<td>0</td>
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Aggregate Counts

<table>
<thead>
<tr>
<th>Title</th>
<th>Total Employee</th>
<th>Term Employee</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFS Spec Trainee</td>
<td>41</td>
<td>2</td>
<td>4.88%</td>
</tr>
<tr>
<td>CFS Specialist</td>
<td>390.5</td>
<td>6</td>
<td>1.54%</td>
</tr>
<tr>
<td>CFS Supervisors</td>
<td>69.8</td>
<td>0</td>
<td>0.00%</td>
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*Note: Turnover rates are calculated using filled positions at the end of the month and includes only those employees who left state government during that month. It does not include employees who transferred from one program or Division to another within DHHS or from DHHS to another state agency. Turnover is as of the last day of posted month.

Data Review Frequency: Quarterly
NFC Staff Turnover

Strengths/Opportunities:
Nov 2013: Decrease in turnover for both FPS and FPS Trainees this month.

Barriers:

Action Items:
*Completed:

*Planned:

OUTCOME STATEMENT: Nebraska Family Collaborative Workforce is Well-Qualified, Trained, Supervised and Supported.

<table>
<thead>
<tr>
<th>NEBRASKA FAMILIES COLLABORATIVE TURNOVER PERCENT*</th>
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</thead>
<tbody>
<tr>
<td>FPS Trainee</td>
</tr>
<tr>
<td>FPS</td>
</tr>
<tr>
<td>FP Supervisor</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Aggregate Counts – November 2013</th>
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<tbody>
<tr>
<td>Title</td>
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<tr>
<td>FPS Trainee</td>
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<tr>
<td>FPS</td>
</tr>
<tr>
<td>FP Supervisor</td>
</tr>
</tbody>
</table>

Data Review Frequency: Quarterly
**YRTC Staff Turnover**

**Strengths/Opportunities:**
Nov 2013: 1 YSS 1 and 2 YSSII left state employment this month.

**Barriers:**

**Action Items:**
*Completed:*

*Planned:*

---

**OUTCOME STATEMENT:** The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

### YRTC Turnover Percent*

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</thead>
<tbody>
<tr>
<td>YOUTH SECURITY SPECIALIST I</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4.76%</td>
<td>0.00%</td>
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<td>2.35%</td>
<td>4.75%</td>
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<td>4.64%</td>
<td>4.87%</td>
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<tr>
<td>YOUTH SECURITY SPECIALIST II</td>
<td>2.79%</td>
<td>4.28%</td>
<td>5.69%</td>
<td>0.00%</td>
<td>4.38%</td>
<td>2.84%</td>
<td>6.01%</td>
<td>6.37%</td>
<td>7.78%</td>
<td>0.00%</td>
<td>3.10%</td>
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### Turnover Percent Nov 2013

<table>
<thead>
<tr>
<th>Title</th>
<th>Geneva</th>
<th>Kearney</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUTH SECURITY SPECIALIST I</td>
<td>0.00%</td>
<td>9.09%</td>
</tr>
<tr>
<td>YOUTH SECURITY SPECIALIST II</td>
<td>0.00%</td>
<td>5.48%</td>
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### Turnover Counts Nov 2013

<table>
<thead>
<tr>
<th>Title</th>
<th>Geneva</th>
<th>Kearney</th>
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<tr>
<td>YOUTH SECURITY SPECIALIST I</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>YOUTH SECURITY SPECIALIST II</td>
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### Aggregate Counts

<table>
<thead>
<tr>
<th>Title</th>
<th>Total Employee</th>
<th>Term Employee</th>
<th>Turnover</th>
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<tbody>
<tr>
<td>YOUTH SECURITY SPECIALIST I</td>
<td>20.55</td>
<td>1</td>
<td>4.87%</td>
</tr>
<tr>
<td>YOUTH SECURITY SPECIALIST II</td>
<td>64.55</td>
<td>2</td>
<td>3.10%</td>
</tr>
</tbody>
</table>

*Note: Turnover rates are calculated using filled positions at the end of the month and includes only those employees who left state government during that month. It does not include employees who transferred from one program or Division to another within DHHS or from DHHS to another state agency. Turnover is as of last day of posted month.*

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**Data Review Frequency: Quarterly**
CFS Staff Vacancy Rate

**Strengths/Opportunities:**
- Vacancy for CFSS+CFSS decreased to 4.8%. WSA has no vacancies this month.

**Barriers:**

**Action Items:**
- *Completed:*
- *Planned:

**Data Review Frequency:** Quarterly

**OUTCOME STATEMENT:** The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

Vacancies are allocated positions not filled, excluding frozen positions

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<tbody>
<tr>
<td>CFSS + CFSS/T</td>
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<tr>
<td>Central Service Area</td>
<td>3.4%</td>
<td>6.9%</td>
<td>6.9%</td>
<td>12.1%</td>
<td>8.6%</td>
<td>12.1%</td>
<td>8.9%</td>
<td>5.3%</td>
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<td>5.2%</td>
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<td>Eastern Service Area</td>
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<td>3.7%</td>
<td>6.5%</td>
<td>8.3%</td>
<td>8.3%</td>
<td>7.5%</td>
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<tr>
<td>Northern Service Area</td>
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<td>12.0%</td>
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<td>5.1%</td>
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<td>10.6%</td>
<td>12.4%</td>
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<td>5.3%</td>
<td>5.9%</td>
<td>6.2%</td>
<td>1.8%</td>
<td>1.9%</td>
<td>6.2%</td>
<td>6.2%</td>
<td>3.1%</td>
<td>2.6%</td>
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<td>Western Service Area</td>
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<td>11.3%</td>
<td>11.3%</td>
<td>7.0%</td>
<td>2.6%</td>
<td>4.3%</td>
<td>7.0%</td>
<td>9.9%</td>
<td>12.7%</td>
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</tr>
<tr>
<td>Total</td>
<td>7.1%</td>
<td>7.7%</td>
<td>9.2%</td>
<td>9.6%</td>
<td>7.7%</td>
<td>6.7%</td>
<td>7.0%</td>
<td>5.8%</td>
<td>5.4%</td>
<td>6.4%</td>
<td>10.0%</td>
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<td>6.6%</td>
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*Date is effective as of first day of posted month
OUTCOME STATEMENT: The Division of CFS Workforce is Well-Qualified, Trained, Supervised and Supported.

**NFC Staff Vacancy Rate**

**Strengths/Opportunities:**
- NFC Vacancies decreased to 11% this month -- from 15% last month.

**Barriers:**

**Action Items:**
*Completed:*

*Planned:*

**Data Review Frequency: Quarterly**

**NFC VACANCY RATES**

<table>
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<tr>
<th>Location</th>
<th>Jul 13 Vacant Positions</th>
<th>Aug 13 Vacant Positions</th>
<th>Sep 13** Vacant Positions</th>
<th>Oct 13** Vacant Positions</th>
<th>Nov 13** Vacant Positions</th>
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<tr>
<td>NFC**</td>
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<td>169</td>
<td>18</td>
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<td>8.87%</td>
<td>10.65%</td>
<td>11.90%</td>
<td>15.47%</td>
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**Includes Family Permanency Supervisors and Family Permanency Specialists (based on 148 fully trained Family Permanency Specialists and 20 Family Permanency Supervisors)**

***This does not include the Family Permanency Specialist Trainees***
ADULT PROTECTIVE SERVICES (APS)
OUTCOME STATEMENT: Vulnerable Adults will experience safety and stability in their lives.

These charts illustrate contacts made within expected timeframes per intake priority. Measure is from Intake Closure/Acceptance to CFSS Face to Face Contact. Data Source: N-FOCUS Data from the APS Investigation Status Report on InfoView.
**OUTCOME STATEMENT:** Vulnerable Adults will experience safety and stability in their lives.

**APS Investigation Timeframes**

**Strengths/Opportunities:**
Nov 2013: Significant decrease in timeframes met for P1 investigations. Note: The New Timeframes for APS Investigations were incorporated into this report this month.

**Barriers:**

**Action Items:**
*Completed:*

*Planned:

**Data Review Frequency:** Monthly
OUTCOME STATEMENT: Vulnerable Adults will experience safety and stability in their lives.

APS Investigation Summary - Quality
July - November 2013

Goal: 100%

- ALLEGED VICTIM SECTION - Did the narrative describe the presence/absence of a substantial functional impairment, substantial mental impairment, or decision making capacity and how the victim is affected?
- ALLEGED VICTIM SECTION - Did the worker document their conclusion of whether the alleged victim met the definition of a vulnerable adult?
- MALTREATMENT SECTION - Did the worker provide a summary of what they were investigating?
- MALTREATMENT SECTION - Did the worker state the finding and provide a rationale for the finding for each allegation of abuse, neglect, or exploitation?

Data Review Frequency: Monthly