February 16, 2010 – Operations Manual Changes

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- Formatted
- Page Numbers Corrected
- Page 2 - Deleted

Chapter 2, page 2-1, Use of Operations Manual

- Changes to D
- Formatting

Chapter 2, page 2-2, Page added

Chapter 3, pages 3-1 through and including 3-20

- Referral for a Single Service
- Page numbers corrected
- Case Plan and Court Report
- Evaluation and initial YLS/CMI
- Formatting

Chapter 6, page 6-1, Transportation Standards

- Changes to A, C, & I

Chapter 8, Required Reports

- Quarterly Report section - #10 added
- Page 8.3 – Report Content Requirement added
- Pages 8.11 & 8.12 – Table added

Chapter 10, pages 10-3 through and including 10-10

- Formatting
- Pages 10-9 & 10-10 - Deleted

Chapter 14, page 14-2, Incentives and Penalties

- Change to C

Chapter 16, page 16-1, Aftercare for Families

- Change to A
- #4 added

Chapter 19, page 19-1, Service Area Transition Plans

- Changes within table
- Formatting

Chapter 20, pages 20-1 & 20-2, Service Delivery Models

- Changes to table

Chapter 21, page 21-1 - 21-6

- Central Service Area, changes to A-1, C-1, D-2, K, L-1 to L5

Chapter 22, page 22-1 - 22-6, Eastern Service Area

- Formatting
- Changes to 9.a to 9.e
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Chapter 23, pages 23-4 – 23-5, Northern Service Area

- Changes to K.1 to K.5

Chapter 23, Northern Service Area

- Page 23-8; Change to title

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- Page 24-7; Change to 13
- Page 24-11; Changes to 9
- Page 24-17; Change to 1
- Formatting

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- Changes to F.1 to F.5

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- Changes to K.1 to K.5

Operations Manual

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1. Purpose of the Operations Manual

The purpose of the Operations Manual is to outline specific processes and procedures that require further definition or are not included in Department Policies, Procedures and the Master Contractor Agreement. The Operations Manual is an attachment to the Contract and may be amended from time to time by agreement of the parties. The Operations Manual is standardized to ensure consistency between Service Areas and comprised of two sections. Section 1 applies statewide. Section 2 is specific to each Service Area. Each Contractor must develop local protocol to carry out the Contract and the Operations Manual, and mechanisms to communicate the protocol.

The Operations Manual is intended to support the contract outcomes and principles described below.

A. Outcomes

(1) Safety: Children are safely maintained in their homes whenever possible and appropriate. Children and youth served are protected from abuse and neglect, while promoting safety in the communities in which they live.

(2) Permanency: The continuity of family relationships and connections is preserved for children and youth. Children and youth have permanency and stability in their living situations.

(3) Well-being: Families have enhanced capacity to provide for their children's needs. Children and youth receive appropriate services to meet their educational, physical and mental health needs.

B. Service Delivery: The Department and the Contractor will ensure the identified outcomes for the contract are met through a collaborative partnership focusing on respected and shared decision making that encompasses the principles of Family Centered Practice.

C. The Operations Manual also supports the philosophy that Family Centered Practice principles guide the work with children and families. The following values, beliefs and program characteristics serve as the foundation for the services to be delivered:

(1) Safety for children/youth is the highest priority;

(2) Safety of the community is the highest priority in cases involving youth adjudicated as delinquent;

(3) The child and child's family is the focus of service;

(4) Services work to promote family as the first priority permanency option for children and youth;

(5) Services are provided in the least intrusive, most effective and efficient methods possible;

(6) A child's education, physical and mental health needs are met;

(7) Family and community connections will be maintained whenever possible;

(8) People can and do change;

(9) Family Centered practice basic values, beliefs, and principles guide the work;

(10) A crisis is an opportunity for change;

(11) Do no harm.

2. Use of the Operations Manual

A. The Operations Manual is an attachment to the Contract. The Operations Manual provides direction to each Contractor and the Department on expectations for standardization in the operations and service delivery of the contract.

B. The Operations Manual does not replace State Statute or the Department's policy in regard to the expectations for Children and Family Services or the Contractor. The Operations Manual clarifies how the Department's policy is carried out in an integrated system and describes the program expectations for the Contractor.

C. Section I of the Operations Manual will be reviewed and amended as needed and agreed to by the parties. A request to amend the Manual shall be made in writing to the Service Area Contract Liaison or designee. The request shall include:

   1. Identification of the originator of the request.
   2. The date the request was submitted.
   3. The section of the Manual that needs to be changed.
   4. The proposed change.
   5. The reason the change is needed.
   6. Proposed time frames associated with the change.

D. A statewide designated team of representatives from each Service Area, each Contractor and the Policy Section of the Department, will be established to review proposed changes to the Operations Manual except service delivery models, staffing ratios and case load size that are unique to a specific contractor. Changes involving service delivery models, staffing ratios and case load size will be negotiated between a specific contractor and DHHS and submitted to the Statewide Amendment and Contract team for processing. This team will meet on a monthly basis as needed. Protocols will be developed for the operation of the statewide team.

E. A Service Area designated team of representatives from the Department and the Contractor's will be established to review Service Area changes.

F. This Manual may be modified only by written amendment, duly executed by both parties. Every amendment shall specify the date on which its provisions shall be effective.

G. Approved changes will be disseminated by the Department's Policy Section Operations Unit.

H. The most current version of the Manual will be posted on the DHHS Children and Family Services web site.

3. Contractor and Department Roles and Responsibilities

The roles and responsibilities is a framework to support child-centered, family focused system development. The Child Welfare and Juvenile Services Reform is a concept built on a system of care design, which provides an integrated structure for children and families to be supported through the Child Welfare and Juvenile Services process.

The roles and responsibilities are built on the following core tenants:

- Partnering with children, juveniles, families and our lead agencies, to support family driven decision making and family centered practice;
- Effective communication with families, our lead agencies and external stakeholders to support outcome achievement; and
- Organize areas of responsibilities based upon the strength of our systems which best supports achievement of outcomes and conforms to statutory authority.

The roles and responsibilities provide a foundation for which operational guidelines can be developed for more specific definition and detail. The roles and responsibilities are not intended to reiterate policy or regulations. They should be viewed as a fluid design, which can be modified to benefit children, youth and families to achieve successful outcomes. Although information is provided below regarding the role of the Department, the purpose of the role and responsibility matrix is solely to define the obligations of the Contractor under this agreement.

Referral for Service Coordination

A. The Department will refer a family to the contractor for service coordination at the time a case is determined to be opened for non-court involved or court involved status.
B. Each Service Area will utilize a standardized referral form and protocol to provide contractors with information regarding new cases.

Referral for a Single Service

A. The Department may refer for a single service outside of Service Coordination in the following situations:
    1. Drug testing during an initial safety assessment.
    2. Interpreter services during a safety assessment.
    3. Placement of youth during an OJS evaluation.
    4. Completion of CCAA for non Medicaid youth.

DHHS		Contractor
Case management is the sole Role and Responsibility of CFSS. All safety, permanency and placement approval remain the primary role of CFSS. CFSS staff in collaboration with the contractor and families will review information from the contractor that will support CFSS effective decisions making.		***The contractor is responsible to provide services that will mitigate safety threats, provide permanency and wellbeing. Conduct ongoing assessments to assess behavior changes. Work in collaboration with CFSS to support outcome achievement.***
Safety Assessments		**Safety Assessments**
1. Initial Safety Assessment		**1. Initial Safety Assessment**
Determine safety threats.		
Request interpreter services or UA services from contractor during safety assessment, if needed.		The contractor will have interpreter and drug testing services available for the CFS specialist to access during the initial assessment based on the need of the family. The Contractor will provide interpreter or drug testing service during the initial assessment phase within two (2) hours of the referral, or at the time requested by the Department.
If present danger, complete protective action with immediate referral to contractor for service implementation.		Respond for provision of in-home and/or out-of-home safety services. If present danger and/or an immediate safety need exists, the Contractor will respond within 2 hours.
CFSS begins to identify relatives and informal supports. Begin filling out extended family form.		Locate an out of home placement and transport children for placement as needed as part of a Safety Plan.
Provide initial safety assessment to contractor via N-FOCUS.		Reviews Safety Assessment on N-FOCUS.
Determine if child/children is safe or unsafe.		
If safe, close and/or refer to community services, if needed.		

DHHS		Contractor
If unsafe, determine Court or Non-Court involved case.		Upon referral, Contractor will continue to identify and document extended family and informal supports.
Complete Safety Assessment on N-FOCUS.		Contractor will continue process of completing extended family form and kinship narrative on N-FOCUS.
2. Ongoing Safety Assessment		**2. Ongoing Safety Assessment**
Complete all ongoing safety assessments and updates required.		Provide factual information in writing regarding progress and concerns for updating safety assessments.
3 Out-of-Home Assessments		**3 Out-of-Home Assessments**
Conduct Out-of-Home Setting Assessments.		
Determine safety. Facilitate staffing with the Department, RD and contractor. For group home and residential assessments coordinate with other Divisions as required.		Attend necessary staffings with CFSS to address concerns found in the out-of-home assessment.
Safety Plan		**Safety Plan**
Determine whether an in-home safety plan, out-of-home safety plan or combination of both is needed.		Provide all supports and services needed to implement and maintain Safety Plan.
Write safety plan with the family and contractor and have the family sign the safety plan document.		
Determine suitability of safety plan participants including completion of all background checks.		Work with family to identify and recommend safety plan participants. Provide necessary information to CFS to complete background checks.

DHHS		Contractor
CFSS will manage Safety Plan and determine frequency of monitoring needed by contractor.		Contractor will monitor safety plan through face to face contact with the child and family and phone calls to safety plan participants.
		Contractor documents contacts and information related to their monitoring of Safety Plan on N-FOCUS.
		Contractor will give information to CFSS in regards to Safety Plan sufficiency and report any changes in circumstances that pertain to safety.
Update Safety Plan as needed with change in circumstances.		The Contractor shall verbally notify the Department within one (1) hour if there is a violation of the safety plan without an adequate contingency plan. The Contractor will remain on-site until safety can be re-established.
		Immediately report when present danger exists and take reasonable action to ensure child safety.
Conditions for Return		**Conditions for Return**
Develop Conditions for Return with input from family and Contractor. Document Conditions for Return on N-FOCUS. This is to be completed no later than 60 days after removal.		Review the Conditions for Return. Provide feedback on the family's progress.
Out of Home Placement		**Out of Home Placement**
Determine need for an out of home placement and notify Contractor.		
Prior approval of all out-of-home placements.		Recommend all out-of-home placements in compliance with policy.
Voluntary Placement Agreement for non-court involved when needed and provide copy to the Contractor.		

DHHS		Contractor
Provide written notification to the court of all placement changes and document initial removal on N-FOCUS.		Document placement on N-FOCUS.
Provide Contractor with all information known about the child and signed "Statement of Disclosure".		Provide and review signed "Statement of Disclosure" to the caregiver and obtain caregiver's signature. Provide signed copy to the caregiver and the Department.
Prior approval of all placement changes.		Recommends all changes in placement seven days prior to the placement change.
1. Placement with Non-Custodial Parent		**1. Placement with Non-Custodial Parent**
Complete background checks on non-custodial parent and other household members as required.		Locate non-custodial parent for potential placement.
		Complete non-custodial parent approval and document on N-FOCUS
2. Emergency Approval.		**2. Emergency Approval.**
Complete background checks on all household members as required.		Locate relative or person known to the child or family for out of home placement and complete the walkthrough of residence.
Approve emergency placement.		Begin home study.
Parenting Time/Visitation Plans		**Parenting Time/Visitation Plans**

DHHS		Contractor
When court approval is not required, discuss with family, the Contractor, foster placement and legal parties when applicable. Determine level of supervision, duration, frequency of visits and who can be present during parenting time/visitation.		Discuss with family, CFSS, foster placement and legal parties when applicable. Assist with initial visit upon child or youth's removal. Recommend frequency, length and supervision of visits and complete written Parenting Time/Visitation Plan within 48 hours of placement outside the home to the CFSS within the parameters designated.
When court approval is required, discuss with family, the Contractor, foster placement and legal parties when applicable. Determine recommendation to court regarding level of supervision, duration, frequency of visits and who can be present during parenting time/visitation.		Discuss with family, CFSS, foster placement and legal parties. Assist with initial visit upon child or youth's removal. Recommend frequency, length and supervision of visits and complete written Parenting Time/Visitation Plan within 48 hours of removal from the home to the CFSS within the parameters designated.
		Provide written Parenting Time/Visitation Plan to CFSS and family utilizing the Visitation Plan on N-FOCUS.
		Assist with and/or make arrangements for the Parenting Time/Visitation Plan and plan for problems/emergencies.
Ongoing visitation, review contractor recommendation and approve as it relates to safety.		Evaluate with family and monitor effectiveness of Parenting Time/Visitation Plan and recommend changes and modifications.
		Complete summary documentation for visitations and progress reports on N-FOCUS.
Communications with the Court and legal parties, written and verbal.		**Communications with the Court, and legal parties written and verbal.**
Submit request to file a juvenile petition to County Attorney.		

DHHS		Contractor
Work with and communicate with the Department's attorneys.		The Contractor will contact CFSS to consult if they believe a request to involve the Department's Legal needs to be made.
Enter all legal actions into N-FOCUS.		Review all legal entries documented into N-FOCUS.
Meet with Service Coordinator to prepare for Court hearing and affirm decisions to be presented at Court.		Meet with CFSS to prepare for Court hearing and affirm recommendations to be presented at Court.
Attend all court hearings.		Prepare for court attendance. Attend court, (unless excused by CFSS or by Court), testify and /or provide written documentation.
		Ensure that all children and youth attend court unless otherwise directed by the Department or the Court.
Provide Contractor with all court orders.		If court case, follow specific orders and calendar dates for attendance.
Manage the adherence to all court orders, identify problematic court orders and request appeal of court orders when necessary.		
Request early reviews when applicable.		
Release or approve the release of written information on behalf of the Department.		Notify CFSS of request for written information received from legal parties and/or the Court.
		Document contacts with and information provided to legal parties.
		Immediately notify CFSS of any service of legal process including but not limited to summons, subpoena, or discovery notices related to the performance of the contract.

DHHS		Contractor
Maintain formal case file within Department.		
Protective Capacity Assessment.		**Protective Capacity Assessment.**
Review and finalize PCA to ensure it accurately reflects what must be changed with respect to the identified safety threat(s).		Draft Protective Capacity Assessment utilizing N-FOCUS, including engagement process with family.
Analyze and evaluate progress.		Ongoing assessment of family progress.
Family Team Meetings		**Family Team Meetings**
Attend Family Team Meetings monthly and provide safety analysis.		Coordinate, schedule and attend all Family Team Meetings. Prepare written agenda, and facilitate monthly family team meetings when the family is not able to facilitate meeting. Address barriers with family and CFFS barriers to achieving safety, permanency and well-being.
Review documentation of family team meetings.		Document all Family Team Meetings summarizing the outcomes of the meeting and any recommendation.
Case Plan and Court Report.		**Case Plan and Court Report.**
Identify with the family and the contractor the permanency objective, concurrent plan a date to achieve the permanency objective and case plan outcomes.		During the family team meeting discuss the safety threats, the protective capacities and case plan outcomes Develop strategies to include formal and informal supports and/or services needed to assist the family in making sustainable change.
Analyze, evaluate progress and approve Initial Case Plan and Court Report and incorporate all of the safety analysis and information. Initial Case Plan must be finalized within 60 days or sooner as required by the Court.		Draft initial Case Plan and Court Report on N-FOCUS no later than 45 days from date of referral or sooner as required by the CFSS.

DHHS		Contractor
Finalize on N-FOCUS.		Meet with family to go over the case plan goals.
Sign final Case Plan and Court Report.		Sign final Case Plan and Court Report.
Submit Case Plan and Court Report to the court and legal parties.		
Review recommendation and documentation regarding changes to the Case Plan or permanency objective.		Provide recommendation and written documentation to CFSS regarding changes to the Case Plan or permanency objective.
Finalize and submit updated Case Plan and Court Report to the court and legal parties.		Update Case Plan and Court Report prior to each review/permanency hearing and submit to the CFSS within the timeframe established within each service area.
Write and complete all requests for Termination of Parental Rights to County Attorney.		Submit recommendation to CFSS regarding the need to request that a Termination of Parental Rights should be requested.
Contact and visit with child, youth and family		**Contact with child, youth and family**
Contact and visit with each child or youth at least one time per month. These visits may occur in a setting other than where the child resides. All contacts will be documented on N-FOCUS.		Face to face contact and visit with each child or youth at least once per month. One contact per month must occur wherever the child resides. All contacts will be documented on N-FOCUS.
Contact and visit with all parents of children or youth when the child is residing with the parent or the permanency objective is reunification. All contacts will be documented on N-FOCUS.		Face to face contact and visit with all parents of children or youth at least monthly once per month when the child is residing with the parent or the permanency objective is reunification. All contacts will be documented on N-FOCUS.

DHHS		Contractor
Monitor that monthly contact and visits are happening.		
		Contact and visit caregivers of each child at least monthly in the home when the child is being cared for in an out of home setting.
Education		**Education**
School Notification Letter, identifying Service Coordinator to contact.		
Provide referral to the Early Development Network for all children under the age 3 if substantiated abuse and/or neglect.		
		Ensure education services are provided to children within their own home school district, and/or provide documentation why not in child's best interest.
		Attend IEP/ IFSP and participate in other school meetings pertaining to the child/youth.
Review all educational documentation to ensure all educational needs are being provided for.		Obtain all school grades and reports and use for court report updates.
Medical Needs of State Wards		**Medical Needs of State Wards**
Provide consent for all medical treatment, including routine medical care and inpatient medical treatment.		
Review all medical reports to ensure all medical, dental, and vision needs are being provided for.		Arrange for and manage so that medical, dental and vision needs are met.
Make all critical medical decisions; i.e., transplants, DNR, HIV testing.		
Review and maintain medical reports in the file.		Obtain copies of all medical and mental health reports for file.

DHHS		Contractor
Medical Needs of Parents and Non-State Wards		**Medical Needs of Parents and Non-State Wards**
		Assist family with arrangements to obtain medical, dental and vision services.
Mental Health/Substance Abuse		**Mental Health /Substance Abuse**
Provide consent for state wards for all mental health/substance abuse treatment, including inpatient treatment.		Work with Magellan to arrange for approvals and coordinate services.
Review all treatment reports to ensure all mental health needs are being provided for.		Coordinate with CFSS to determine the need for release of information. Complete all necessary referrals for mental health assessments including Pretreatment Assessment and Child and Family Assessment.
Provide consent for state wards for use or change of any psychotropic medication.		Assist the child, youth or parent to independently access mental health/substance abuse services.
Transportation		**Transportation**
		Provide or arrange for family and youth transportation needs as related to safety and case plan.
Foster Care Review Board (FCRB)		**Foster Care Review Board (FCRB)**
Provide access to the case file.		Provide access to the contractor file.
Collaborate with contractor to determine who will attend Foster Care Review Board meetings.		Collaborate with CFSS to determine who will attend Foster Care Review Board meetings.
Respond to FCRB specific questions and respond to questionnaire with collaboration of the contractor.		Respond to FCRB specific questions and respond to questionnaire in collaboration with CFSS.
Other Duties		**Other Duties**

DHHS		Contractor
Secure and maintain copy of child or youth's birth certificate and social security card,		
Notification to Tribe.		
Child Support Referral.		
Status Offenders.		**Status Offenders**
Complete initial and all updates to YLS.		Draft interview summaries to update YLS.
CFSS/JSO are responsible for case management for delinquent youth committed to OJS. The following represents unique responsibilities in serving this population.		**The Contractor staff is responsible for service coordination and delivery of services for delinquent youth committed to OJS. The following represents unique responsibilities in serving this population.**
OJS Evaluation and initial YLS/CMI.		**OJS Evaluation and initial YLS/CMI.**
If the OJS evaluation is ordered to be completed out of home, make a referral to the contractor for location and payment of out of home placement (non-detention).		Arrange for and provide payment for placement for OJS evaluation purposes. (non-detention)
Conduct the initial YLS, including referral to Magellan for CCAA.		
If youth is determined to be Non-Medicaid eligible, contact Provider Referral Line.		If the youth is determined to be Non-Medicaid eligible or the evaluation is not covered by Medicaid, the Contractor will arrange for a Comprehensive Child and Adolescent Assessment (CCAA) with a Magellan Preferred Provider.
		If arranging for the CCAA for a non-Medicaid eligible youth or the evaluation is not covered by Medicaid, ensure the CCAA is complete and submitted to the Department within 23 calendar days of the courts order for an OJS evaluation.

DHHS		Contractor
Complete the OJS Evaluation and forward the completed evaluation to the court of jurisdiction by the 30th calendar day at 5:00 p.m.		
Youth is Committed to OJS		**Youth is Committed to OJS**
Make referral to contractor for service coordination. Provide copy of OJS evaluation, Conditions of Liberty and YLS to the Contractor within 24 hours of referral.		Review YLS and evaluation documentation.
Submit the necessary documentation for youth committed to the YRTC.		
Approve use of secure transport.		Upon approval from CFSS, provide or arrange for secure transport.
General Duties.		**General Duties.**
JSO makes decision to apprehend/detain; use mechanical restraints, electronic monitoring and search and seizure.		Provide documentation and information to support youth's need to be apprehended or detained.
Contact Child Abuse Hotline when information indicates possible child abuse and neglect.		Contact Child Abuse Hotline and CFSS when information indicates possible child abuse and neglect.
Conditions of Liberty		**Conditions of Liberty**
JSO completes Conditions of Liberty.		Contractor reviews Conditions of Liberty.
JSO amends Conditions of Liberty when needed with input from team. Provide copy of updated COL to contractor within 24 hours.		Provide JSO with updates on progress and safety concerns with youth and community. Information to JSO within 7 business days prior to due date.
		Notify the Department within 24 hours of becoming aware of a violation of COL.

DHHS		Contractor
		Notify the Department within one hour of becoming aware of any major law violations.
Behavioral Accountability Meeting. (BAM)		**Behavioral Accountability Meeting. (BAM)**
Facilitates and documents BAM meeting.		Schedule and attend BAM and provide any factual information on behavior, case progress, and concerns.
Determine any changes to the Conditions of Liberty and any additional decisions.		Enforce changes as established.
Update YLS		**Update YLS**
Update YLS and finalize on N-FOCUS.		Provide information regarding interview summaries for updated YLS in N-FOCUS.
Preliminary and Revocation Hearings.		**Preliminary and Revocation Hearings.**
Determine need to file revocation of parole, schedule hearing and provide notice to the contractor.		Attends the Preliminary and Revocation hearings with JSO.
Conducts and obtains all necessary information for Preliminary and Revocation Hearings.		Provide any collateral information and evidence needed for Preliminary and Revocation hearings prior to hearing and during hearing.
Completes and submits necessary paperwork to legal.		
Placement into detention and YRTC.		**Placement into detention and YRTC**
Authorize detention or arrange for YRTC commitment.		
Inform facility of Service Coordinator name and contact information when assigned.		

DHHS		Contractor
		Ensure placement is available at time of release from YRTC.
Case Closure.		**Case Closure.**
Review contractor recommendation. JSO determines case closure and completes discharge letter to Court and parolee letter. Close case on N-FOCUS.		Recommendation for case closure.
Adoption		**Adoption**
		Locate and recruit adoptive homes.
Complete adoptive placement agreement.		Complete or update Adoption home study.
Upon request arrange for adoptive parents to review child's file information.		
		Ensure each child has an up to date Life Book.
Determine need to secure competency evaluation for parent(s).		Identify potential competency issues and arrange for competency evaluations for parents in consultation with CFSS.
		Provide or arrange for relinquishment counseling.
Assess due diligence efforts and prepare affidavit.		Provide supporting documentation of Due Diligence and document on N-FOCUS. Arrange for publication for absent parent when not completed by County Attorney.
Prepare relinquishment paperwork and accept relinquishment. Complete acceptance letter(s).		Make contacts with parent's attorney to have them be present at relinquishment.
Approval or denial of exception request related to placing a child on the Adoption Exchange.		Place children on the Adoption Exchange or provide reason for exception.

DHHS		Contractor
Negotiate subsidies and complete subsidy paperwork.		
Determine whether an exchange of information contract would be in the child's best interest and enter into such agreement with proposed adoptive parent and parents.		Assist parent(s) and proposed adoptive family in developing a draft exchange of information contract.
Complete adoption placement packet paperwork and send to attorney.		
Attend team meeting		Schedule and attend a team meeting seven days prior to the Adoption finalization hearing.
Guardianship		**Guardianship**
Negotiate subsidies and complete paperwork.		
Independent Living/Former Ward		**Independent Living/Former Ward**
Independent Living Plan		**Independent Living Plan**
Analyze and evaluate recommendations and Approve Independent Living Plan as it relates to safety.		Assist youth age 15 through 18 in completing the Ansell-Casey Skills Assessment. Facilitate Team Meeting with youth, family and identified supports to develop an Independent Living plan.
		Include Independent Living Plan within case plan recommendation for youth ages 15 through 18.
		Identify and implement needed services to achieve Independent Living.
		Assist the youth in applying for and securing services to transition from wardship (e.g. former ward program).
Former Ward Financial Support		**Former Ward Financial Support**

DHHS		Contractor
Ensure the eligibility process begins timely so youth can access support and services prior to case dismissal.		
Process payments to former wards.		
ICPC/ICJ – Nebraska Wards Placed Out-of-State		**ICPC/ICJ – Nebraska Wards Placed Out-of-State**
The following represents unique responsibilities in serving this population.		**The following represents unique responsibilities in serving this population.**
Reviews recommendation and communicates with ICPC or ICJ Administrator at Central Office if approved.		Recommends out of state placement.
Approve ICPC or ICJ written request and paperwork submit to Central Office.		Prepare ICPC or ICJ written request and paperwork.
Into Nebraska from Another State		**Into Nebraska from Another State**
Provide case management and service coordination for all youth placed in NE through ICPC/ICJ.		The Contractor will not assume responsibility when Ward from another state has been placed into Nebraska, unless a new case is opened in Nebraska.
Arrange for home study and recommend acceptance or denial of request from other State		
Resource Development		**Resource Development**
1. Approval Homes (Relative or known to child only)		**1. Approval Homes (Relative or known to child only)**
		Complete all home studies for approved foster homes.
Complete background checks.		Obtain all information for background checks, including fingerprints.

DHHS		Contractor
Review approval home study.		Load home study on NFOCUS and document results on N-FOCUS.
		Load organization on NFOCUS.
Work with contractor and foster home to resolve complaints.		Report to the Department, complaints regarding approved homes.
2. Licensed Homes		**2. Licensed Homes**
Analyze, Evaluate and Approve Home Studies.		Complete home studies for licensed foster homes.
Approve and issue License.		Recommend to the Department initial and renewal licensing of foster/adoptive homes. Renewals must be completed within timeframes set out in Policy.
Complete background checks and provide results to contractor.		Obtain all information for background checks, including fingerprints.
		Load home studies on to N-FOCUS, including background check results.
		Load organizations onto N-FOCUS and maintain licensing.
Review investigation and any recommended corrective action plan, determine whether any licensing action is appropriate, impose negative licensing action (deny, revoke or suspend), or otherwise restrict use of placement.		Report to the Department and investigate complaints and licensing violations. Develop corrective action plan and manage compliance.
Review and grant requests for Waivers of Training requirements for licensed relative placements.		Request Waiver of Training requirements for relative placements.
Licensing violation complaints		**Licensing violation complaints**
Arrange for staffing with contractor, foster home and or facility. Approve and monitor corrective action plans. Document on N-FOCUS		Submit documentation of violation. Develop corrective action plan

DHHS		Contractor
		Participate in staffing with the Department.
		Complete corrective action plan as needed.
State and National Adoption Registry		**State and National Adoption Registry**
		Upon the request from an approved adoptive family, enter family's information onto the state and national adoption registry.

4. Documentation/File Retention

DHHS will be responsible for maintaining the official case file for each family. It is understood that this case record includes documentation maintained on NFOCUS, as well as the paper hard file. Service coordinators will maintain a working case file. All information maintained in any working file, must also be maintained in the official case file maintained by DHHS.

Because the day to day work with the family is the responsibility of the contractor, the contractor will be responsible for gathering reports and documenting various sections of the case file. Information gathered by the contractor shall be documented on NFOCUS in the appropriate case record or provided to the DHHS Child and Family Services Specialist to be placed in the DHHS case file. This information will assist CFS Specialists with maintaining safety decision responsibilities and court responsibilities.

N-FOCUS Documentation

A. The Contractor will utilize N-FOCUS to document all activities related to children, youth and families with whom they are working. Documentation includes but is not limited to:
   1) Assignment of service coordination
   2) All contacts and visits with youth, parents, providers, and other parties relevant to the case;
   3) Background checks;
   4) Family team meetings;
   5) Placements;
   6) Protective Capacity Assessment;
   7) Parenting Time/visitation plans/ summary of progress;
   8) Child's health, education, behavioral and emotional information;
   9) Case Plans and Court Reports;
   10) Child characteristics;
   11) Independent living plan,
   12) Violation of conditions of liberty;
   13) Home studies (including background checks); and
   14) Services provided,
   15) The Contractor will document all activities listed above on N-FOCUS within three (3) business days of completion of activities above unless otherwise specified.
   16) Documentation must be thorough and complete, and give the reader enough information to assess the case. This data may also be used for purposes of federal measures, and must be sufficient to meet the federal requirements.

5. Record Keeping

A. The Contractor agrees to keep a separate record on each of its foster or adoptive families. At a minimum the record will include:
   1. Criminal History Records Check
   2. References
   3. Current and historical home studies
   4. License issued by the state

B. The Contractor agrees to keep records related to subcontractors. At a minimum, the record will include:
   1. Quality assurance review activities and results;
   2. Training provided to or obtained by the subcontractor related to implementation of evidenced based or promising practices;
   3. Ongoing training documentation;
   4. Educational and credentialing requirements;
   5. Background check information;

6. Transportation Standards

When children, youth and families are transported by employees, sub-contractors, foster and/or adoptive parents, volunteers, or interns of the Contractor, the transporter must:

(a) Be at least 19 years of age, (except immediate family and foster family members);
(b) Have proof of a current and valid driver's license;
(c) Have no more than six points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state where s/he is licensed to drive. This requirement does not apply to immediate family, foster parent, and/or adoptive parent;
(d) Currently have no limitations that would interfere with safe driving;
(e) Use seat belts and child passenger restraint devices as required by law;
(f) Not smoke while transporting the client;
(g) Not transport the client while under the influence of alcohol or any drug that impairs the ability to drive safely;
(h) Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
(i) Complete a defensive driving course as sanctioned by the Nebraska Safety Council or similar agency. This requirement does not apply to immediate family, foster parents, and/or adoptive parents; and,
(j) Have and maintain the minimum automobile liability and medical insurance coverage as required by law.
(k) Utilize secure transportation in compliance with Department requirements.

7. Foster/Adoptive Home Studies and Approval Studies

A. The Contractor is responsible for assuring the applicable foster/adoptive home studies or approval studies are completed as directed in regulation and policy.
   1) Adoption Home Studies that are current must be updated within 15 business days of a child being placed in the adoptive home.
   2) Home Studies that are not completed for Adoption must be completed within 30 business days of a child being placed in the adoptive home.

B. All Department policies must be followed when completing foster/adoptive home studies and approval studies.

C. Minimum qualifications required for an individual who conducts foster/adoptive home studies or approval studies are:
   1) A current resume showing education and experience. The individual must hold a Bachelor's Degree or higher in a human services field or must have experienced at least two years full-time employment in a human services field where job duties included interviewing, assessment, making professional determinations, and writing reports or narratives, and
   2) Three positive letters of reference.
   3) The following background checks must be completed on individuals who conduct home studies or approval studies:
      (a) The Nebraska Child and Adult Abuse and Neglect Central Registers, and
      (b) The Nebraska State Patrol Sexual Offender Registry.

D. In addition to the requirements set out above, all adoptive home studies must be completed by a licensed child placing agency.

E. The format to be used on any foster/adoptive home study or approval study is designated by the Department.

F. Recommend licensing waivers for relatives to the Department.

8. Required Reports

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
Annual QI Model/ Program Reports	The Annual Program Report shall include the following information on each data for EBP/PP and data for Non-EBP/PP's: 1. Methods 2. Measures 3. Population/Sample 4. Descriptives 5. Results 6. Discussion 7. Limitations 8. Conclusions	The Annual Program Report is due August 15th of each year to include the information for a State Fiscal Year –July 1 through June 30.	The report (link) shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee. (link to ops manual for further detail)

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
Quarterly Report (State)	The Contractor agrees to prepare and submit to the Department a quarterly report that shall include the information that is outlined in the Operations Manual and be submitted in the agreed upon format. At a minimum this report will include: 1) Quarterly Summary a) General Overview (Broad Description of Accomplishments and Barriers during the quarter) b) Description of Strategic Partnerships /Collaborations (Accomplishments and Barriers in Collaborating / Partnering, Community Engagement, and Subcontractor Management) c) Results of the utilization of identified service models (Broad Narrative regarding the Achievement and any Barriers to reaching intended results) d) Future Plans / Next Steps (Broad Description of any Plans/Steps to address any identified barriers) 2) Contractor Employment Information 3) Foster Parent Recruitment and Retention Plan Update 4) Child and Family Services Plan Update 5) Disaster Plan Update 6) Chafee Foster Care Independence Plan Update 7) Training Plan Update 8) EBP/PP Quick Indicator (QI) Report 9) Non-EBP/PP Quick Indicator Report 10) Aftercare Services and Activities Report *See below reports and plans for detail or the Quarterly Report Format	The State Fiscal Year is July 1 through June 30.Quarterly Reports are due the 15th of the month following the end of the quarter. If the 15th is a Holiday or falls on a week-end, the quarterly report is due the next business day. 1st Qtr (Jul, Aug, Sept) report due October 15th 2nd Qtr (Oct, Nov, Dec) report due January 15th 3rd Qtr (Jan, Feb, Mar) report due April 15th 4th Qtr (Apr, May, Jun) report due July 15th *Exception Another 4th Qtr report is due June 15th containing April and May information to meet the IV-B plan requirements	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Quarterly Staffing Report (State)	The Quarterly Staffing Report will include the following information: 1. Contractor allotted FTE's for Service Coordinators; 2. Contractor Service Coordinator positions that are filled and able to carry a full caseload (they have completed training); 3. Contractor Service Coordinator positions that are currently in training; 4. Contractor Service Coordinator positions that are vacant; 5. Do not report any forward fills at this time; 6. Contractor allotted FTE's for Supervisor; 7. Contractor Supervisor positions that are filled; and Contractor Supervisor positions that are vacant.	The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report)	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee
Length of Employment Quarterly Report (State)	The report will contain the following information: 1. Average length of employment for Service Coordinators; and 2. Average length of employment for Service Coordinator Supervisors	The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report)	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

EBP/PP Quick Indicator (QI)	This initial report is to be completed for **each** EBP/PP offered. The report will include: 1. Name of Program; 2. Service Area; 3. Program Summary/Description; 4. Topics/Areas of interest; 5. Outcomes; 6. Study Populations; 7. Settings, and 8. Level of Evidence information. Quarterly reports will include information for the fidelity; Outcomes, and Implementation measures indicated: 1. Fidelity/Implementation • Data Quality - What percentage are receiving instruments at the programs defined timeline? (For example, for HOMEBUILDERS®, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?) • Data Quantity - What are some of the processes you have in place to ensure the data you receive is reliable? 2. Strengths / Weaknesses 3. Points for Improvement & Plan of Action	The Contractor will submit initial report by 12-1-09. The Contractor will submit quarterly updates if there are any model/program changes no later than the 15th of the month following the end of the quarter. (see quarterly report) Any introduction of new programs during the quarters requires a completion of a "Change of Program" form and a new "Quick Indicator" Report before the initiation of the program.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee.

Non – EBP/PP Quick Indicator (QI)	This initial report is to be completed for **each** Non-EBP offered. The report will include: 1. Name of Program 2. Program Summary/Description 3. Topics/Areas of interest 4. Outcomes 5. Study Populations 6. Settings 7. Description of Measures for each outcome *8.* Processes and any measures used to ensure appropriate implementation 9. New Program Implementation Plan/Time line Quarterly reports will include information for the fidelity; Outcomes, and Implementation measures indicated: 1. Fidelity/Implementation: • What are some of the processes you have in place to ensure the data you receive is reliable? 2. Strengths / Weaknesses: 3. Points for Improvement & Plan of Action:	The Contractor will submit initial report by 12-1-09. The Contractor will submit quarterly updates if there are any model/program changes no later than the 15th of the month following the end of the quarter. (see quarterly report) Any introduction of new programs during the quarters requires a completion of a "Change of Program" form and a new "Quick Indicator" Report before the initiation of the program.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Report	Report/Plan Content Requirements	Report Timeframes	Report Submitted To:
Foster Parent Recruitment Plan and Quarterly Progress (State and Federal)	The Contractor will submit a Foster Parent Recruitment Plan. At a minimum this plan must outline goals and objectives that address: • A description of the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the Service Area for whom foster and adoptive homes are needed. • Individualized recruitment of homes including relative placements that will be supported by a continuum of services to support children, families and resource families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc) • A protocol that "matches" children and youth with resource families • A protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as life long connections • How the contractor provides supports and education/ training for foster and adoptive parents and relatives and kin-care providers Quarterly reports will include a description of the progress and accomplishments made with regard to the achievement of their goals and objectives outlined in their Foster and Adoptive Parent Recruitment and Retention Plan.	Initial Foster Parent Recruitment and Retention Plan due no later than 12/1/09 The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report) Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Child and Family Services Plan (CFSP) and the Annual Program Service Plan Review (APSR) a.k.a. IV-B Plan	The State is required to submit a 5 year Child and Family Services Plan (CFSP) and Annual Progress Reports (APSR) each year to the Administration for Children and Families. This plan is commonly referred to as the IV-B Plan. Service Description: Contractors must describe the services they offer under each category: family preservation, family support, time-limited family reunification, and adoption promotion and support services. The description must include services currently available to families and children; the extent to which each service is available and being provided in different geographic areas and to different types of families; and important gaps in service, including mismatches between available services and family needs as identified through available data, including the mini CFSR results. APSR reports will include a description of the specific accomplishments and progress made toward meeting each goal and objective in the State's CFSP, including information on outcomes for children and families, and a more comprehensive, coordinated, effective child and family services continuum. In describing the progress and accomplishments.	The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report)	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Disaster Plan Report and Quarterly Progress (Federal)	The Contractor will submit a Disaster Plan including all the details described. The disaster plan will at a minimum: 1. Identify and locate children/youth placed in out-of-home care and all families that are assigned to the Contractor. 2. Identify, locate and continue availability of services for children/youth under State care or supervision that are displaced or adversely affected by a disaster. 3. Respond to new CFS cases in areas adversely affected by a disaster, and provide services in those cases. 4. Remain in communication with DHHS and other essential CFS personnel who are displaced because of a disaster; and 5. Preserve essential program records.	The Initial Disaster Plan will be submitted no later than 12/01/09. The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report) Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Chafee Foster Care Independence Plan and Quarterly Progress (Federal)	Contractors will submit an Independent Living plan. The plan must describe how youth of various ages and at various stages of achieving independence are to be served. In their plans, Contractors must describe how they are serving: (1) youth under age 16; and (2) youth ages 16 to 21. Description of Program Design and Delivery: As required by Chafee Independent Living section of the CFSP must address how the Contractor will design, conduct and/or strengthen programs to achieve: • Help youth transition to self-sufficiency; • Help youth receive the education, training, and services necessary to obtain employment; • Help youth prepare for and enter post-secondary training and educational institutions; • Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults; • Provide financial, housing, counseling, employment, education and other appropriate services and support to former foster care recipients between 18 and 21 years of age	The Initial Chafee Plan will be submitted no later than 4/1/10. The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report) Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Licensing Waivers Report included in the IV-B Plan (Federal)	HHS is required to submit a Report to ACF on children placed in relative foster family homes and the use of licensing waivers. • The number and percentage of children in foster care placed in licensed relative foster family homes (Will get from N-FOCUS) • The number and percentage of children in foster care placed in unlicensed relative foster family homes (Will get from N-FOCUS) • The frequency of case-by-case waivers of non-safety licensing standards for relative foster family homes (Will get from N-FOCUS) • An assessment of how such case-by-case waivers of non-safety licensing standards have affected children in foster care, including their safety, permanency and well-being; • Reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards; • Actions the Contractor plans to take or is considering taking to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanence and well-being; and • Suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care.	The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report)	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

Training Plan for Service Coordinators and Quarterly Progress (State and Federal)	Training Plan shall include at minimum: • A description of the initial in-service training program for new or reassigned employees that includes a description of the content and scope of the classroom and work experience components of the training, as well as the duration of the initial in-service training period and the specific supports provided during this period. • For all types of training (e.g., training for individuals preparing for employment, initial in-service training, ongoing in-service training, foster/adoptive provider training, and the new categories of short-term training include the following: o a brief, one-paragraph syllabus of the training activity; o indication of the setting/venue for the training activity; o indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time); o indication of the proposed provider of the training activity; o specification of the approximate number of days/hours of the training activity; o indication of the audience to receive the training Quarterly Reports shall include at a minimum: A. A description of the types of new worker training offered and provided by the Department and the Contractor for Service Coordinators; B. The number of contract staff who completed initial training requirements; C. The number of new employee training hours delivered; D. A description of the types of on-going training/in-service training made available for service coordinators;	The Initial Training Plan will be submitted no later than 12/01/09. The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report) Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

	E. Number of on-going/in-service training hours delivered to staff; F. Cost of training provided by the Contractor to Service Coordinators.		
Quarterly Financial (State and Federal)	The Contractor agrees to prepare and submit a quarterly financial report to the Department, in a format prescribed by the Department. The report shall include a breakdown of all expenses incurred for direct and indirect costs of operation against all payments received. Minimum requirements are being determined with DHHS Operations	The report shall be submitted to the Department within thirty (30) calendar days after the end of the State Fiscal Quarter. The State Fiscal Quarters are July through September, October through December, January through March, and April through June.	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee

9. Issue Resolution

A. In situations when the Contractor or Department has concerns with case specific issues the following process shall be followed until the issue is resolved. All case specific conflicts between the Department and the Contractor will be resolved with family input as appropriate. Conflicts should be given timely attention. Resolution of conflicts that involve child safety or community safety will be resolved within two (2) hours of identification.
   1) The CFS Specialist and Service Coordinator should attempt to resolve the issue. If not then:
   2) The CFS Supervisor for the Department and the Contractor shall be notified and attempt to resolve the issue. If not then:
   3) The CFS Administrator and Contractor identified administrator shall be notified and attempt to resolve the issue. If not, then:
   4) The Service Area Administrator and Contractor equal representative will be notified and attempt to resolve the issue. If not, then:
   5) The issue will be sent to the CFS Policy Section Administrator who will work with the Director to make a final decision, which will be final.
   6) At any time throughout this process parties may consult with the Service Area Contract Liaison or the CFS Policy Section.
   7) If resolution on a recommendation to the court cannot be reached DHHS will determine the recommendation to be presented to the court and will make the court aware of the Contractor's position regarding that recommendation.

B. In situations when the Contractor or Department has concerns with non-case specific contract issues the following process shall be followed until resolution. Conflicts should be given timely attention, and not to exceed 10 business days, unless an extension is agreed upon by both parties. At any time throughout this process parties may consult with the CFS Policy Section.
   1) The Service Area Contract Liaison and Contractor representative should attempt to resolve the issue. If not then:
   2) The Service Area Administrator and Contractor equal representative will be notified and attempt to resolve the issue. If not, then:
   3) The issue will be sent to the CFS Policy Section Administrator who will work with the Director to make a final decision, which will be final.

The Department will record and track the outcome of the Issue Resolution.

10. Quality Improvement

A. The Department and the Contractor agree that Comprehensive Quality Improvement (CQI) in Nebraska is defined as: the complete process of identifying, describing, and analyzing strengths and identifying areas needing improvement and then testing, implementing, learning from and revising solutions. CQI is firmly grounded in the overall mission, vision and values of the agency. CQI is the ongoing process by which an agency makes decisions and evaluates its progress.

B. The Department and the Contractor agree that Quality Assurance Activities (QA) are the methods of how the data and information is gathered, analyzed and then used to identify the strengths and areas needing improvement for the CQI process. These activities use a random sample to obtain their data and help to assure the safety, permanency, and well-being of children.

C. The Department and the Contractor agree that Contract Monitoring activities should ensure that contractors are accountable and in compliance with the terms and conditions of their contracts. In addition, the Contract Monitoring process should examine the elements of contracts related to safety, permanency and well-being.

D. The Department and Contractor agree that the QA and Contract Monitoring activities then produce reports with data and information relevant to our outcomes for Children and Families at the contractor, local, Service Area and State levels. This link to outcomes will ensure that Contract Monitoring and QA activities result in data and information becoming key CQI elements going forward.

E. The Department and the Contractor agree to institute CQI Teams in each Service Area. CQI Service Area Teams:

   1) These teams will be minimally made up of Local Service Area Department and Contract Staff. The Service Area may decide to include other partners such as field staff, FCRB (Foster Care Review Board), Foster Parents, CASA (Court Appointed Special Advocate), Education, County Attorneys, families, youth, trainers etc.

   2) These teams will review data and discuss system issues that need to be addressed. They will review both contractor and state data. It is the expectation of this team to review information/data prior to quarterly meetings and be prepared to communicate and provide technical assistance to the Service Area, when needed.

   3) The Service Area CQI team will work in cooperation with local offices to identify strengths and barriers that exist. In addition, Service Area CQI teams will work with local offices to develop performance improvement plans, and will monitor those plans quarterly with the local offices. If a local office is doing well, the CQI teams will coordinate with that office to provide technical assistance to other local offices, when needed.

4) Participants on the team will analyze existing data, contribute additional data/relevant information, and hypothesize contributions at the following levels.
   (a) Client Level (are there ways to solve the problem by changing how we interact with the client?)
   (b) Program Level (Are there ways to solve the problem by modifying the program that serves the client?)
   (c) Community Level (Are there ways to solve the problem through local community resources?)
   (d) Design and promote development of strategies which can be implemented to alleviate the identified issues.
5) These CQI teams will be lead by the Central Office QA Program Specialists who will prepare for and coordinate the meetings. These teams will meet at least quarterly.
6) Performance Improvement Plans and the strengths documents in the Service Area will be shared with the Statewide CQI Team on a quarterly basis after each team meeting. *These teams will be implemented on June 1, 2010.* The focus of these meetings will be to identify 3 areas for change
   (a) If data indicates an issue related to Safety, at least one of the areas will be in Safety: otherwise, areas for change will be selected for which the data indicates the greatest need for improvement.
   (b) A standard performance improvement plan and Strengths format will be used across the state. Issues identified within a specific Local Office will develop and submit their performance plan at the next quarterly meeting for monitoring and discussion.
   (c) Each Local Office that is doing well can offer technical assistance to other Local Offices in need of that service.
   (d) Performance improvement plans and Strength Plans will be posted on a shared website.
   (e) This team will be responsible for gathering data to justify why a certain site should be picked for the NE CFSR in their Service Area. This will not apply to the ESA.
   (f) Performance improvement plans (PIP) will be developed and submitted to the Department Service Area Contract Liaison within 7 days of penalty assessment.
   (g) The Department retains the authority to recommend changes to any performance improvement plan.
   (h) The Contractor will immediately implement the PIPPIP upon Department approval.
   (i) The Department will monitor the PIP by reviewing progress reports provided by the Contractor.
7) Communication- written commendations/recommendations from the Service Area Teams will be posted, utilizing the Department's website for posting and notifying staff (department, contractor, and partners.)

F. The Department and the Contractor agree to institute a Statewide CQI Team.

1) This team will be minimally made up of Service area and Central Office Department and Contract Staff. Some suggested participants would be QA and Training management other stakeholders including families and youth.
2) This team will review all Performance improvement plans from the Service Areas as well as strengths in practice. In reviewing, this team will start to identify statewide trends of best practice and areas needing improvement.
3) Once promising practices are identified then it is the task of this team to communicate that with the Service Areas.
4) Analyzing statewide data will be part of the task for this team as well.
5) After statewide data analysis - Identify data gaps and specifics for collection in order to develop statewide strategies.
6) This team will meet at least quarterly to monitor and review PIP activities, Service Area Performance improvement plans and Strengths Plans as well as other CQI activities. Maintaining open and clear communication with the Service Areas will be important to the success of the CQI process. This team will be implemented in September 2010.
7) Communication – Written commendations / recommendations from the Service Area Team to the State Team; Contractor; and front-line staff.
8) Quarterly communication will be posted, utilizing the Department's website for posting and notifying staff (department, contractors, and partners).

G. Types of Reviews:

1) Nebraska Child and Family Services Review – NE CFSR
   (a) Conducted in each Service Area in 2012
   (b) Contractors will arrange, coordinate and pay for any cost associated with the review which includes their own staff and any external partners from the community. This could include but not be limited to reviewers training, motels, mileage, and meals. The Department will be responsible to pay for any expenses that the Department staff inquires including meals, mileage, motels, and wages.
   (c) Contractors and the Department will co-lead facilitation of the Local Area Assessment. It will be up to the Local Service Area what staff serves in this capacity.

      -The co-leads for the Local Area Assessment will have the following responsibility:

      -The Local Area Assessment process should begin six months before the on site CFSR review.

-Invite the Service Area Administrator to open the Initial Advisory Team meeting.

-Schedule Meetings

-Facilitate meetings

-Ensure participation and representation on the Advisory Team.

-Ensure the minute keeper is accurate at documentation of information.

-Write the report including obtaining feedback from the Advisory Team.

-Submit the report for review by the Service Area Administrator, the Child and Family Services Administrator and the lead manager for each Contractor in the Service Area. This report will be due two months prior to the on site CFSR review.

-Submit a copy of the final report to the Local Service Area CQI team as well as the Statewide Service Area CQI team.

(d) Service Areas with multiple contracts will have one CFSR, which is coordinated between all contractors.

(e) Reviews will be conducted in pairs (one internal and one external). Contractors are considered external reviewers. Reviews will include other external stakeholders. Reviewers will not have prior casework or supervisory responsibility for any of the cases that are being reviewed. Reviews for each area will not be conducted simultaneously, but occur over a 4 to 5 month period.

(f) The period of review will be a 12 month period. It will go back 12 months from the date of the on site review.

(g) The Tool and Guidebook will be the Federal CFSR Tool and Guidebook.

(h) Sample size: Will include both In-Home and Out-of-Home Cases as well as court involved and non-court involved cases. In the event there are not a sufficient number of in-home cases available at a site, the number of foster care cases will be increased. The sample size for each site may only be reduced when there are not a sufficient number of cases to draw from the sample.

ESA

19 cases

11 Foster Care and 8 In-home

WSA, CSA, NSA, SESA

14 cases at each site

8 Foster Care and 6 In-home

75 total cases Statewide

(i) Criteria for site selection:

ESA will review cases from both counties, Sarpy and Douglas

Other Service Areas will propose sites in their Service Area that might:

-Represent a mix of population sizes and different geographic area like a rural area or a mid-sized area.

-Represent areas with significant Native American or other populations.

-Represent sites that implemented innovative practices and programs that appear to be achieving more positive outcomes than in other areas, or where they might want to explore the impact of specific practices and programs.

-Represents an area that merits further study into data that is of interest. (Site experiencing an increase in non-relative guardianships)

-A recommended site and a back up site for each Service Area and the reason the sites were preferred will be first approved by the Local Service Area CQI team and then sent on to the Statewide CQI team for final approval.

-After the site is approved then a pull from N-Focus will take place to make sure there are enough cases to complete a review at the site.

2) Mini CFSR's

(a) Conducted quarterly 2010 and 2011 January, April, July, and October. This will meet the requirement to measure the progress of the Program Improvement Plan.

(b) The Department file reviews only (no interviews except for items 17-20) Phone interviews will be conducted on these items with the

child (school age), the child's parents, the foster parents, pre-adoptive parents, or other caregiver. The caseworker and other professionals who might be knowledgeable about the child and their family. The minimum number of interviews will be three which will include the child (school age), parents, and the caseworker.

(c) Sample size: Will include both In-Home and Out-of-Home Cases as well as court involved and non-court involved cases. In the event there are not a sufficient number of in-home cases available at a site, the number of foster care cases will be increased. The sample size for each site may only be reduced when there are not a sufficient number of cases to draw from the sample.

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8 Foster Care and 6 In-home

75 total cases Statewide

(d) The first year the Department will require a 2nd level review of cases by Department Staff trained in the CFSR process and procedures. This staff person will only do 2nd level review and be available for questions to help support the other reviewers. 2nd level review will take place on 100% of the cases. HHS QA staff will be the 2nd level reviewer for this process and one HHS staff from each Service Area will serve as a backup for the QA staff. During the first year of the review a Contractor in each Service Area will identify one of their reviewers that has reviewed for six months and then they can start to shadow the HHS QA staff as a 2nd level reviewer so that they can review on their own during year 2.

(e) The period of review will be a 12 month period. It will go back 12 months from the date of the on site review.

(f) Reviews will be conducted in pairs of HHS staff and Contractors. To avoid potential conflicts the reviewers should have no prior casework or supervisory responsibility for the cases that are being reviewed.

(g) The Tool and Guidebook will be the Federal CFSR Tool and Guidebook.

(h) Criteria for site selection: Cases will be randomly pulled from the entire Service Area and will meet the following criteria.

Foster care case is defined as: The case is a foster care case if the target child was in foster care at any time during the period under review. A child is considered to be in foster care if the State child welfare agency ("the agency") has care and placement responsibility for the child. This includes a child who is placed by the agency with relatives or in other kin-type placements, but the agency maintains care and placement responsibility. It does not include a child who is living with relatives (or caregivers other than parents) but who is not under the care and placement responsibility of the agency.

In-home case is defined as: The case is an in-home services case if no child in the family was in foster care at any time during the period under review, and the case was open for at least 60 days.

3) Review of Service Model (Evidence Based and Promising Practices and Non-Evidence Based Programs)
   (a) The Contractor will complete a Quick Indicator form for each (current and new) program used with in the Contractor's Service Model (both EBP/PP and Non-EBP/PP). The Quick Indicator form includes, but is not limited to: a summary, areas of interest, outcomes, populations, settings, level of evidence, history, adaptations, fidelity measures, and the time line.
   (b) The Contractor agrees to provide initial and ongoing education to Department staff on their EBP/PP models.
   (c) The Contractor will submit Quarterly Reports and an Annual Report regarding the use of their EBP/PP models including their analysis of the data. The Quarterly and Annual Report format will be provided by The Department.
   (d) The Contractor will notify the Department of any initiation, change or deletion of any program, on a form designated by the Department.

4) Out of Home Care facilities
   Licensing of Foster and Adoptive Homes
   Approval of Relative Homes and Child Specific Homes

   (a) The Department will review all licensing packets and approved homes to determine that the Contractor is ensuring that all licensing/approval requirements and time frames are being met.

   (b) The Contractors will ensure that all licensed and approved foster homes are aware that the Department may arrange or

drop in to conduct random compliance checks of the licensed home.

(c) The Department will review a sample of completed Home Studies for content and timeliness.

(d) The Department will review a sample of each Contractors Home Studies using a review tool and guidebook, beginning November 2010.

(e) Every two years, the Department will review the personnel file of each Contractor staff that has direct contact with children and families, beginning in January 2010.

(f) Every two years, the Contractor will review the personnel file of each sub-contractor staff that has direct contact with children and families, beginning in January, 2010, with the Department approved review tool.

5) N-FOCUS Data Entry & Data Integrity

(a) The Department will review the timeliness and quality of data entered into N-FOCUS by the Contractor.

6) Satisfaction Surveys

(a) Department Staff will conduct surveys of CFS Specialist related to determine the responsiveness and customer service provided by Service Coordinators using agreed upon tools.

(b) Contractors will conduct surveys of Service Coordinators to determine the responsiveness and customer service provided by CFS Specialists using agreed upon tools.

(c) The Department will solicit feedback from clients and stakeholders, utilizing satisfaction surveys or other methods.

7) Utilization Management

(a) UM Data will be shared with the Service Area Quality Assurance Teams and at the statewide level. The report format and collection process of the data will be outlined by The Department.

8) Site Visits

(a) The Department may conduct site visits to observe interactions between children, youth and families and Contractor staff.

9) Family Team Meetings

(a) An equal number of Family Team Meetings will be reviewed in each Service Area by the Contractor and the Department each month, using an established tool and guidebook, mutually agreed upon by the Department, beginning April 2010.

11. Insurance Requirements:

The Contractor shall not commence work under this Contract until he or she has obtained all the insurance required hereunder and such insurance has been approved by the State. The Contractor shall not allow any subcontractor to commence work on his or her subcontract until all similar insurance required of the subcontractor has been obtained and approved by the State (or Contractor). Approval of the insurance by the State shall not limit, relieve or decrease the liability of the Contractor hereunder. If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

A. Workers' Compensation Insurance: The Contractor shall take out and maintain during the life of this Contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the Contactors' employees to be engaged in work on the project under this Contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. Where applicable, this policy shall provide USL&H coverage. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.
B. Commercial General Liability Insurance and Commercial Automobile Liability Insurance. The Contractor shall take out and maintain during the life of this Contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this Contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this Contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or **indirectly** employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter. The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury and Contractual Liability coverage. The policy shall include the State, and others as required by the Contract Documents, as an Additional Insured. This policy shall be primary, and

any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned and Hired vehicles.

C. Insurance Coverage Amounts Required
   Amounts Required
   1) Workers' Compensation and Employer's Liability
      Coverage A Statutory Coverage B
      Bodily Injury by Accident $100,000 each accident
      Bodily Injury by Disease $500,000 policy limit
      Bodily Injury by Disease $100,000 each employee
   2) Commercial General Liability
      General Aggregate $2,000,000
      Products/Completed Operations Aggregate $2,000,000
      Personal/Advertising Injury $1,000,000 any one person
      Bodily Injury/Property Damage $1,000,000 per occurrence
      Fire Damage $50,000 any one fire
      Medical Payments $5,000 any one person
   3) Commercial Automobile Liability
      Bodily Injury/Property Damage $1,000,000 combined single limit
   4) Umbrella/Excess Liability
      Over Primary Insurance $1,000,000 per occurrence

D. Evidence of Coverage
   The Contractor shall furnish the DHHS with a certificate of insurance coverage complying with the above requirements. The certificates shall include the name of the company, policy numbers, effective dates, dates of expiration and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto. Notice of cancellation of any required insurance policy must be submitted to DHHS when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

12. Professional Development/Training

Both the Department and the Contractor provide for the professional development of staff through different training opportunities. When training is offered a coordinated effort must be made to share information with each other about the training, and invite staff from the other agency to the training.

A. Initial and Ongoing Service Coordination Training

1) All Service Coordinators and Service Coordinator Supervisors must participate in mandatory pre-service training related to Child and Family Services. The Department will be responsible for developing the training curriculum and provide the training curriculum to the Contractor. Contractors will be responsible for providing the training to the Service Coordinators and Service Coordinator Supervisors beginning January 1, 2011.
2) In addition to pre-service training each Service Coordinator and Service Coordinator Supervisor must have a minimum of 24 hours of ongoing training per calendar year. The training received will support the development of skills to be a more effective Service Coordinator or Service Coordinator Supervisor.

If a Service Coordinator or Service Coordinator Supervisor has previously completed the Department's New Worker Training for a Children and Family Services Specialist, the Contractor may submit a written request to the Department's Service Area Administrator to waive the requirement that the Service Coordinator also complete Service Coordination pre-service training.

B. Ongoing Training

1) The Department and the Contractor are responsible for coordinating training that is offered to Service Coordinators, Service Coordinator Supervisors. The Department and the Contractor jointly determine who should attend the training.
2) All training efforts will be done in collaboration between the Department and the Contractor.

C. Service Coordinator Competency

The Contractor will provide training progress reports and assessment tool scores on all Service Coordinators participating in pre-service training to the Department upon request to ensure competency.

13. Performance Accountability

A. All Outcome measures will include court and non-court involved children and families unless otherwise specified. Outcome measures and other terms specified in this document are primarily measures of federal standards for safety, in-home permanency, achievement of permanency and well-being of children and their families, as well as community safety. Verification and validation of data reported by the Contractor will be conducted by the Department's Quality Assurance and Contract Monitoring staff, the Department's Child & Family Service Specialists. Quality of data measures will be assessed utilizing the Child & Family Service Review On-site Review Instrument, when appropriate or other tools identified by the Department. Quality Reviews will be conducted by CFS Specialists, CFS Supervisors, CFS Administrators and QA staff.

B. If these outcomes or specified terms are not achieved, the Contractor will work collaboratively with the Department to develop and implement an effective performance program improvement plan (PIP.). Failure of the contractor to successfully meet the PIP requirements within PIP timeframes may result in termination of this contract and/or damages. Some outcomes may also be tied to financial penalties and incentives. All outcomes will be posted on the Department's Website for public viewing.

C. The Contractor and the Department will review the data measures regularly through QA activities and as otherwise needed.

D. The performance measures described below will be measured effective the date the Contractor assumes Service Coordination activities for the family.

Outcome Measures A. Newly assigned cases are engaged in the program and receive services

	CSA	ESA	NSA	SESA	WSA		Measure
A.1	98%	98%	98%	98%	98%		% of families will have a face-to-face contact with the contractor's assigned service coordinator no later than one calendar day following the referral from the Department.
Definition							Assigned Service Coordinator should be the first contact if at all possible. If the assigned Service Coordinator cannot meet within the next calendar day, the person taking their place should have knowledge of the Contractors organization and be able to provide service and support to the family and begin the establishment of a working relationship. Referral from the Department is defined as the receipt of a complete and accurate written Referral Form from the Department to the Contractor. Contact with the family is defined as a face to face contact with the Primary Caregiver (parent/custodian). Exception would be parents/caregiver that is incarcerated; hospitalized; not allowed or able to entertain visitors; dependency cases where the parents/caregivers cannot be located or identified; family conflicts otherwise causing the missed contact. Contractor shall document Contractor assignment of each child on N-FOCUS. The "date on the Referral Form" shall be the "Begin Date" of Contractor involvement. Contractor shall document the contact with the Primary Caregiver on N-FOCUS in the 'Visit with Parent' narrative field. The Occurrence Date will be the date utilized to compare to the Begin Date. Contractor shall document Exceptions by documenting "Unsuccessful Efforts" on N-FOCUS. Verification of the information will be conducted by the Department. ***Formula: Number of families referred to the contractor in a given month with face to face contact within one calendar day following the referral divided by the total number of families referred.*** The operational data will be reported using N-FOCUS. We would utilize a narrative field and compare the Occurrence Date with the Date that the case was referred to the Contractor. The Exceptions will be reported separately. This will be monthly measure reported on a quarterly basis, utilizing raw numbers.

Outcome Measures B. Children are safe from abuse and/or neglect

	CSA	ESA	NSA	SESA	WSA		Measure
B.1	95%	95%	95%	95%	95%		% of children will not experience any substantiated abuse or neglect during the first 180 days of services
Definition			Substantiated Abuse or Neglect is defined as individual children with allegation findings of Court Substantiated, Agency Substantiated, or Court Pending. Children Referred is based on the information on the Referral Form Incident date will be utilized so as not to penalize contractor for something that occurred prior to their involvement. ***Formula: Total number of children referred to the contractor that did not have a substantiated finding of abuse or neglect for an incident date between date of referral to the contractor and 180 days past referral date, divided by the number of children and youth referred to the contractor during the same 180-day period.*** The calculation of the denominator will include ALL children identified by the Contractor in the Contracted Organization Assignment fields in N-FOCUS. Exclude foster parent/Contractor Employee from this measure. Exclude Expungements Reported monthly based on a rolling year. The operational data comes from N-FOCUS.					

Outcome Measures B. Children are safe from abuse and/or neglect

	CSA	ESA	NSA	SESA	WSA		Measure
B.2	100%	100%	100%	100%	100%		%of families referred to the Contractor for Safety related services will receive the services within 2 hours of referral by the Department.
Definition			Referral for Safety Services is defined as the Department contacting the telephone contact number for the provision of safety services and requesting a 2 hour response time. The Department will provide the Contractor (at a minimum) with name, address and directions to the location. The Department shall share all information they have with the Contractor. Receiving safety services is defined as at least one trained service coordinator or service provider providing the necessary safety services within 2 hours of referral of a new family or services for an existing family that is now determined to have a need for safety services. The Contractor records the time and date of the referral and written or electronic validation of the time of initiation of service delivery. Verification of the information will be conducted by the Department. ***Formula: Number of families referred to the contractor for safety services with a 2 hour response from the time of the referral divided by the total number of families referred for immediate safety services.*** Exceptions include items such as weather (warning or declaration not to travel); natural disasters. The Contractor shall report this information monthly. The data will include date and time of all Referral Forms where the "immediate response" field is entered and the date and time that the Contractor met with the family. This is a monthly measure. Contractors report this data.						

	CSA	ESA	NSA	SESA	WSA		Measure
B.3	99.68%	99.68%	99.68%	99.68%	99.68%		% of children and youth in out-of-home care will not experience substantiated abuse or neglect from a foster parent or employee at an out of home care facility during a 12-month period.
Definition			Out-of-Home Care is defined per AFCARS criteria in determining youth in out-of-home care ***Formula: Total number of children and youth in out-of-home care during the most recent 12 month period that did not have a substantiated finding of abuse or neglect perpetrated by a foster parent or employee at a facility divided by the number of children in out-of-home care during the same 12-month period.*** Children and youth identified in the Contracted Assignment function on N-FOCUS who are or were in out of home care during the reporting time period. The substantiated abuse/neglect would be located in Allegation that has a substantiation finding where the perpetrator is identified as a foster parent or an employee of an out of home care facility. Reported monthly based on a rolling year. The operational data comes from N-FOCUSFOCUS.					

Outcome Measures B. Communities are safe

	CSA	ESA	NSA	SESA	WSA		Measure
B.4	100%	100%	100%	100%	100%		%of youth referred to the Contractor for Community Safety related services will receive the services within 2 hours of referral by the Department.
Definition			Referral for Community Safety Services is defined as the Department contacting the telephone contact number for the provision of community safety services and requesting a 2 hour response time. The Department will provide the Contractor (at a minimum) with name, address and directions to the location. The Department shall share all information they have with the Contractor. Receiving community safety services is defined as at least one trained service coordinator or service provider providing the necessary community safety services within 2 hours of referral for services. The Contractor records the time and date of the referral and written or electronic validation of the time of initiation of service delivery. Verification of the information will be conducted by the Department. ***Formula: Number of families referred to the contractor for safety services with a 2 hour response from the time of the referral divided by the total number of families referred for immediate safety services.*** Exceptions include items such as weather (warning or declaration not to travel); natural disasters. The Contractor shall report this information monthly. The data will include date and time of all Referral Forms where the "immediate response" field is entered and the date and time that the Contractor met with the family. This is a monthly measure. Contractors report this data.					

Outcome Measures B. Communities are safe

	CSA	ESA	NSA	SESA	WSA		Measure
B.5	NA	NA	NA	NA	NA		% of delinquent youth who are Direct Commits will not be ordered to the YRTC during the period under review.
Justification			Collect data for one year to establish a baseline. Enhance N-FOCUS to collect this data effective November 2009. Baseline data can be reviewed in November 2010 utilizing N-FOCUS.				
Definition			Direct Commit is defined as any youth found to have committed a crime and placed by the court in the custody of the Office of Juvenile Services for placement at any location except the YRTC. ***Formula: The total number of delinquent direct commit youth not placed in the YRTC divided by the total number of direct commit youth during the report period.*** The baseline will be established beginning November 2009 through 2010 using N-FOCUS. OJS commitment status and placement of the youth are the N-FOCUS data that will be used. Reported monthly based on a rolling year. The operational data comes from N-FOCUS.				

Outcome Measures B. Communities are safe

	CSA	ESA	NSA	SESA	WSA		Measure
B.6	80%	80%	80%	80%	80%		80% of delinquent youth discharged from the YRTC will not return (either by parole revocation or recommitment) twelve (12) months from the date of release from the YRTC. .
Definition			Twelve (12) month time period begins on the date of Parole (date of release the YRTC)." ***Formula: Total number of delinquent youth with their parole revoked, divided by the total number of delinquent youth paroled.*** Documented placements at the YRTC will be used in the calculation. Recommitment is included in revocation numbers. Reported monthly based on a rolling year. The operational data comes from N-FOCUS.					

Outcome Measures

C. Children are maintained at home with family

	CSA	ESA	NSA	SESA	WSA		Measure
C.1	50%	50%	50%	50%	50%		% of state wards will be served in their family home.

Number & Percent of youth placed In-Home

Service Area	07/08	08/08	09/08	10/08	11/08	12/08	01/09	02/09	03/09	04/09	05/09	06/09	Average
CSA	256	263	258	265	238	236	267	259	241	224	237	236	**241**
	33.8%	35.6%	35.2%	36.2%	32.5%	33.2%	36.4%	35.2%	32.4%	30.6%	32%	32.1%	**32.8%**
ESA	736	747	723	778	798	785	750	721	701	704	721	706	**739**
	28.3%	28.9%	28.2%	29.8%	30.2%	29.9%	29%	27.7%	26.9%	26.9%	27.3%	26.8%	**28.3%**
NSA	203	206	222	229	229	237	188	166	150	150	155	152	**190**
	31.7%	32.4%	34.2%	33.8%	33.9%	36.1%	33%	28.8%	28.3%	27.9%	28.8%	27.8%	**31.6%**
SESA	646	721	725	724	692	669	617	602	596	559	599	633	**648**
	32%	36%	35.9%	35.9%	35%	35.1%	33.3%	32.9%	35.6%	30.8%	32.9%	34.2%	**33.98%**
WSA	185	194	181	173	168	167	167	166	164	167	168	173	**173**
	26.5%	28.4%	26.6%	25.9%	25.5%	26.3%	26.8%	25.3%	25%	25.4%	26%	26.1%	**26.2%**
State	2026	2131	2109	2169	2137	2096	1989	1914	1852	1804	1880	1900	**2001**
	30.2%	32.8%	31.7%	32.3%	31.9%	32.2%	31.2%	29.9%	29.1%	28.4%	29.5%	29.6%	**30.7%**

Definition

Family home is defined as the child being located custodial or non-custodial parent/caretaker or guardian.

Formula: Total number of State Wards in a CFS case that are placed/living at home at a point in time, divided by the total number of State Wards served during the same point in time.

This is point and time information and will be tracked monthly. The operational data comes from N-FOCUS

Outcome Measures

D. Timeliness and Permanency of Reunification

	CSA	ESA	NSA	SESA	WSA		Measure
D.1	75.2%	71%	75.2%	69.08 %	67.43%		% of all children placed in out-of-home care will be reunified within 12-months

	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	**Average**
CSA	66.80%	68.80%	69.70%	70.50%	69.20%	68.80%	69.00%	70.30%	70.40%	68.60%	67.50%	68.70%	**69.03%**
ESA	59.50%	59.90%	60.30%	61.30%	60.70%	58.10%	58.00%	57.60%	57.20%	60.30%	59.90%	58.90%	**59.31%**
NSA	72.00%	71.90%	72.80%	74.40%	74.90%	74.20%	73.40%	72.80%	74.80%	73.50%	73.40%	73.90%	**73.50%**
SESA	53.50%	53.30%	53.20%	53.70%	55.40%	53.20%	53.70%	54.80%	56.50%	59.40%	56.00%	58.30%	**55.08%**
WSA	66.60%	67.30%	67.30%	67.50%	68.90%	68.40%	66.80%	66.10%	66.70%	68.80%	67.00%	67.80%	**67.43%**
State	61.60%	62.10%	62.40%	63.30%	63.70%	62.10%	61.70%	61.60%	62.20%	63.90%	62.50%	63.00%	**62.51%**

Definition

A goal of reunification is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker.

Formula: The number of children in out-of-home care for 8 days or longer, who were discharged from HHS and OJS custody for the reason of reunification in less than 12 months of the date of latest removal from home divided by the number of children in out-of-home care for 8 days or longer, who were discharged from custody for reason of reunification.

Youth that are discharged for reason for reunification or youth placed back home for 6 months or longer. Reunification can be with the custodial or non-custodial parent.

The Discharge Reason on N-FOCUS and a documented With Parent placement is used in this calculation.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

D. Timeliness and Permanency of Reunification

	CSA	ESA	NSA	SESA	WSA	Measure
D.2	9.9%	8%	9.9%	9.9%	9.9%	% or less of all reunified children re-enter out-home-care within 12-months of discharge. (Less is better in this case)

Re-Entries into Foster Care	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Average
Central	18.10%	19.10%	20.30%	17.40%	19.40%	20.30%	18.70%	18.60%	17.90%	17.40%	16.10%	16.60%	18.33%
Eastern	11.20%	10.50%	10.30%	10.60%	10.70%	10.30%	10.20%	11.10%	11.50%	12.20%	11.90%	10.70%	10.93%
Northern	13.80%	13.20%	12.40%	11.50%	11.20%	12.90%	12.60%	10.70%	10.80%	9.80%	9.70%	10.00%	11.55%
Southeast	14.20%	15.10%	15.70%	15.80%	16.50%	16.10%	15.70%	15.00%	14.10%	14.60%	14.70%	14.30%	15.15%
Western	18.30%	17.60%	17.50%	18.00%	17.80%	16.70%	15.30%	16.10%	16.50%	14.40%	16.70%	16.90%	16.82%
State	13.90%	13.80%	13.90%	13.80%	14.00%	14.00%	13.50%	13.40%	13.40%	13.20%	13.40%	13.00%	13.61%

Definition

Entry & Re-Entry: is defined:

a. If a child was on a trial home visit and then returned to a substitute care setting, that return is not considered an “entry into foster care” and this would not count as a re-entry.
b. Entry into foster care refers to a child’s removal from his or her normal place of residence and placement in an out-of-home care setting under the care and placement responsibility of the State. Children are considered to have entered foster care if the child has been in substitute care for 24 or more hours.
c. Children reunified, remaining in state custody and subsequently placed in substitute care 6 or more months after reunification WILL be considered a re-entry.

Discharged is defined as the point when the child is no longer in foster care under the care and responsibility or supervision of the Department.

Formula: The number of children who were discharged to reunification in the 12-month period prior to the report period, then re-entered out-of-home care in less than 12-months from the date of discharge, divided by the number of children who were discharged from out-of-home care to reunification in the 12-month period prior to the report period. (Note: Lower number is preferable in this measure).

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

E. Timeliness and Permanency of Adoption

	CSA	ESA	NSA	SESA	WSA		Measure
E.1	44.33%	36.6%	36.6%	36.6%	28.95%		% of children are adopted within 24 months of removal from the home.

	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	**Average**
Central	44.40%	48.70%	43.90%	45.00%	45.50%	51.30%	43.20%	42.20%	40.50%	37.80%	40.50%	37.00%	**43.33%**
Eastern	26.60%	28.80%	30.30%	28.50%	28.90%	32.10%	31.30%	32.10%	33.20%	31.80%	32.80%	33.50%	**30.83%**
Northern	27.30%	29.70%	27.90%	29.30%	30.50%	31.70%	32.80%	39.30%	41.20%	45.30%	40.40%	34.30%	**34.14%**
Southeast	17.40%	20.00%	20.30%	20.30%	20.50%	21.60%	25.90%	27.00%	26.10%	27.00%	27.30%	29.60%	**23.58%**
Western	19.00%	20.90%	25.60%	25.00%	27.90%	30.80%	32.40%	29.30%	32.60%	32.70%	30.40%	28.80%	**27.95%**
State	25.10%	27.50%	27.80%	27.30%	28.00%	30.00%	30.70%	31.80%	32.10%	32.10%	31.90%	32.00%	**29.69%**

Definition

Formula: The number of children who were discharged from out-of-home care to a finalized adoption in less than 24 months from the removal from home date in the report period divided by the number of children who were discharged from out-of-home care to a finalized adoption in the report period.

The begin date of this measure is based on the most recent removal date.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

E. Timeliness and Permanency of Adoption

	CSA	ESA	NSA	SESA	WSA	Measure
E.2	68.38 %	61.76%	74.94%	67.5%	46.23%	% of cases of children legally free for adoption will be adopted within 12-months of being legally free for adoption

Legally Free Children Adopted within 12 Months	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Average
Central	72.70%	75.00%	69.70%	74.40%	74.40%	66.00%	64.40%	59.50%	58.50%	64.60%	63.30%	66.00%	67.38%
Eastern	55.00%	53.40%	53.50%	57.10%	55.50%	52.60%	51.50%	50.30%	49.70%	64.00%	62.60%	63.90%	55.76%
Northern	49.30%	61.70%	67.70%	75.00%	73.00%	76.70%	82.40%	80.70%	83.00%	81.00%	77.60%	79.20%	73.94%
Southeast	67.50%	64.10%	59.50%	62.90%	61.30%	56.70%	58.70%	58.40%	52.30%	54.80%	57.30%	57.40%	59.24%
Western	47.70%	43.90%	44.70%	46.70%	40.00%	43.50%	42.90%	37.50%	44.20%	47.10%	51.00%	53.50%	45.23%
State	57.80%	57.90%	57.20%	61.30%	59.50%	57.10%	57.30%	56.30%	54.70%	61.50%	61.70%	62.60%	58.74%

Definition	Legally free is defined as termination or relinquishment of parental rights for both mother and father or parents being deceased. Case must NOT be on appeal. ***Formula: The number of children in out-of-home care in the report period who became legally free for adoption in the 12-months prior to the year shown, then were discharged to a finalized adoption in less than 12-months of becoming legally free, divided by the number of children in out-of-home care in the report period who became legally free for adoption in the 12-months prior to the year shown.*** Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

F. Achieving Permanency for Children in Foster Care for Long Periods of Time

	CSA	ESA	NSA	SESA	WSA		Measure
F.1	35.83%	38.96%	40.79%	43.76%	43.27%		% of cases, of youth in care for 24 or more continuous months discharged to a permanent home prior to their 18th birthday

Children in Care for 24+ Months and Discharged to a Permanent Home	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Average
Central	33.70%	33.30%	31.30%	31.00%	36.60%	32.30%	35.90%	36.60%	41.50%	41.50%	38.80%	37.50%	35.83%
Eastern	36.20%	37.00%	36.20%	35.80%	37.60%	38.20%	39.80%	40.70%	40.20%	40.90%	42.40%	42.50%	38.96%
Northern	39.90%	43.90%	41.70%	42.30%	44.00%	45.50%	45.20%	41.70%	39.50%	37.90%	36.50%	31.40%	40.79%
Southeast	36.50%	39.90%	39.80%	41.60%	42.10%	44.90%	45.90%	46.10%	45.10%	45.80%	49.30%	48.10%	43.76%
Western	39.60%	38.70%	37.20%	37.70%	36.70%	39.50%	41.40%	46.70%	45.30%	48.00%	54.60%	53.80%	43.27%
State	36.90%	38.50%	37.60%	38.10%	39.50%	40.70%	42.00%	42.60%	42.10%	42.70%	44.60%	43.60%	40.74%

Definition

A permanent home is defined as having a discharge reason of adoption, guardianship or reunification.

Formula: The number of children in out of home care for 24 or more continuous months, and who were discharged to a permanent home prior to their 18th birthday divided by the number of children in out of home care for the same time period who have been in care for 24 or more continuous months.

Children adopted after their 18th birthday are not included.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

F. Achieving Permanency for Children in Foster Care for Long Periods of Time

	CSA	ESA	NSA	SESA	WSA		Measure
F.2	15.15%	26.23%	19.01%	18.43%	22.87%		% or less of cases, of youth grow up or age out of foster care.

Children in Care for 3+ Years and Discharged to IL or Turned 18	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Average
Central	16.20%	15.30%	15.20%	17.60%	16.70%	15.40%	15.80%	13.80%	12.70%	13.50%	13.40%	16.20%	15.15%
Eastern	30.20%	29.60%	28.90%	26.40%	27.70%	26.20%	25.70%	24.90%	24.20%	24.00%	23.30%	23.60%	26.23%
Northern	20.60%	20.00%	18.40%	17.80%	17.10%	16.70%	17.90%	17.40%	18.60%	21.40%	21.40%	20.80%	19.01%
Southeast	20.40%	19.60%	18.90%	19.20%	21.00%	18.10%	18.90%	16.70%	15.90%	16.70%	17.60%	18.20%	18.43%
Western	24.70%	25.00%	25.30%	24.40%	22.50%	20.60%	22.60%	23.30%	23.70%	22.60%	20.00%	19.70%	22.87%
State	24.00%	23.40%	22.80%	22.20%	22.80%	21.00%	21.50%	20.50%	19.90%	20.40%	20.20%	20.60%	21.61%

Definition	***Formula: The number of children in the report period who were either 1) discharged from foster care for reason of independent living or 2) reached their 18th birthday while in foster care, and were in foster care for 3 years or longer divided by the number of children in the report period who were either 1) discharged from foster care for reason of independent living or 2) reached their 18th birthday while in foster care.*** Reported monthly based on a rolling year. The operational data comes from N-FOCUS. . (Lower percentage is better on this measure)

Outcome Measures

G. Placement Stability

	CSA	ESA	NSA	SESA	WSA	Measure
G.1	85.07%	84.27%	84.68%	87.18%	86.95%	% of **new** cases children in care for <12 months will have 2 or fewer foster care placements
	84.07%	83.27%	83.68%	87.18%	86.95%	% of **legacy** cases, children in care for <12 months will have 2 or fewer foster care placements

	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	**Average**
Central	83.70%	84.40%	84.40%	84.90%	86.10%	84.00%	83.60%	84.40%	84.70%	83.00%	83.00%	82.60%	**84.07%**
Eastern	81.80%	82.30%	82.20%	82.00%	82.80%	84.10%	83.80%	83.90%	83.80%	84.00%	84.50%	84.00%	**83.27%**
Northern	84.90%	85.60%	85.60%	85.50%	85.10%	82.60%	82.20%	82.20%	82.70%	82.90%	82.00%	82.80%	**83.68%**
Southeast	87.70%	87.20%	88.00%	86.60%	87.40%	87.20%	86.50%	86.10%	87.00%	87.90%	87.00%	87.50%	**87.18%**
Western	87.20%	87.90%	88.20%	87.20%	87.20%	86.20%	88.50%	88.30%	86.40%	85.70%	86.30%	84.30%	**86.95%**
State	84.60%	84.90%	85.10%	84.70%	85.20%	84.90%	84.80%	84.80%	84.90%	84.90%	84.80%	84.60%	**84.85%**

Definition

Placement setting refers to a physical setting in which a child resides while in foster care under the care and placement of the Department. A new placement setting would result, for example, when a child moves from one foster family home to another or to a group home or institution. Placement settings may include shelter care, treatment facilities and juvenile justice placements. If, however, a foster family with whom a child is placed moves and the child moves with them, this does not constitute a change in placement. [This pertains to all outcomes in Placement Stability section)

Formula: The number of children who were served in out-of-home care during the report period for at least 8 days but less than 12 months and experienced no more than 2 placements while in care, divided by the total number of children in out of home care during the report period for at least 8 days but less than 12 months.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures

G. Placement Stability

	CSA	ESA	NSA	SESA	WSA		Measure
G.2	TBA	TBA	TBA	TBA	TBA		% of **new** cases of children in care for 12 to <24 months will have 2 or fewer foster care placements
	56.98 %	55.19%	51.26 %	60.16 %	55.55%		% of **legacy** cases of children in care for 12 to <24 months will have 2 or fewer foster care placements

	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	**Average**
Central	60.40%	56.90%	57.10%	58.80%	54.90%	55.60%	56.50%	54.80%	55.10%	58.50%	58.10%	57.00%	**56.98%**
Eastern	56.30%	54.40%	54.50%	55.40%	55.70%	55.80%	56.70%	55.60%	55.70%	55.20%	53.80%	53.20%	**55.19%**
Northern	45.10%	47.10%	48.30%	49.60%	51.30%	53.60%	54.20%	55.00%	50.50%	52.50%	54.30%	53.60%	**51.26%**
Southeast	59.40%	60.40%	60.50%	59.50%	59.30%	58.90%	59.50%	59.60%	60.70%	60.00%	61.70%	62.40%	**60.16%**
Western	52.00%	52.60%	54.90%	56.40%	58.10%	58.90%	55.80%	56.10%	56.40%	54.70%	55.40%	55.30%	**55.55%**
State	55.80%	55.30%	55.90%	56.40%	56.40%	56.70%	57.00%	56.60%	56.50%	56.50%	56.70%	56.40%	**56.35%**

Definition	***Formula: The number of children who were served in out of home care during the report period for 12 months but less than 24 months and experienced no more than 2 placements while in care, divided by the total number of children in out of home care during the report period for at least 12 months but less than 24 months***. Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures G. Placement Stability

	CSA	ESA	NSA	SESA	WSA		Measure
G.3	TBA	TBA	TBA	TBA	TBA		% of **new** cases of children in care for 24 or more months will have 2 or fewer foster care placements
	19.48%	25.75%	19.75%	32.03%	26.47%		% of **legacy** cases; of children in care for 24 or more months will have 2 or fewer foster care placements

	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	**Average**
Central	18.90%	20.10%	19.70%	19.10%	20.60%	18.40%	18.90%	20.10%	18.90%	18.50%	19.40%	21.20%	**19.48%**
Eastern	28.40%	28.00%	27.30%	26.30%	26.50%	24.60%	24.50%	24.80%	24.20%	23.60%	25.10%	25.70%	**25.75%**
Northern	21.90%	21.20%	21.50%	21.30%	21.00%	20.10%	19.00%	18.10%	18.50%	17.70%	17.60%	16.50%	**19.53%**
Southeast	31.20%	31.10%	31.10%	31.80%	32.30%	32.50%	32.30%	31.90%	32.10%	32.40%	32.90%	32.70%	**32.03%**
Western	27.80%	27.40%	26.90%	26.70%	26.50%	27.00%	25.90%	25.30%	24.70%	26.10%	26.10%	25.20%	**26.30%**
State	27.70%	27.40%	27.10%	26.80%	27.10%	26.10%	25.90%	25.80%	25.60%	25.40%	26.30%	26.40%	**26.47%**

Definition	***Formula: The number of children who were served in out-of-home care during the report period for 24 months or more month and experienced no more than 2 placements while in care divided by the total number of children in out of home care during the report period for 24 or more months.*** Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures G. Placement Stability

	CSA	ESA	NSA	SESA	WSA		Measure
G.4	42.91%	43.30%	45.41%	42.67%	47.19%		% of **new** cases of children placed in family like out of home care placements will be placed with relatives or families known to the child
	37.91%	38.3%	40.41%	37.67%	42.19%		% of **legacy** cases of children placed in family like out of home care placements will be placed with relatives or families known to the child

Number & Percent of Youth placed With Relative & Homes Known to the Child

Service Area	07/08	08/08	09/08	10/08	11/08	12/08	01/09	02/09	03/09	04/09	05/09	06/09	Average
Central	136	131	133	131	130	131	125	121	140	142	122	128	131
	38.86%	38.19%	38.66%	38.76%	37.79%	38.30%	37.09%	36.45%	40.35%	39.44%	34.96%	36.06%	37.91%
Eastern	441	434	438	437	462	456	472	510	485	511	537	552	478
	35.20%	35.28%	35.38%	35.91%	38.06%	38.10%	39.37%	40.70%	38.49%	40.02%	41.21%	41.85%	38.30%
Northern	96	80	91	88	86	81	80	96	88	90	98	93	89
	39.83%	37.04%	40.99%	39.82%	38.74%	39.90%	36.36%	42.48%	40.18%	40.72%	44.75%	44.08%	40.41%
Southeast	364	339	346	333	324	316	315	302	304	319	294	302	322
	39.14%	39.10%	39.01%	37.80%	37.41%	38.73%	38.14%	36.74%	36.49%	37.66%	35.64%	36.21%	37.67%
Western	139	136	130	127	121	117	113	126	121	113	112	122	123
	46.49%	47.22%	45.30%	43.94%	41.02%	40.34%	40.07%	41.86%	40.47%	38.83%	39.44%	41.36%	42.19%
State	1176	1120	1138	1116	1123	1101	1105	1155	1138	1175	1163	1197	1142
	38.27%	38.04%	38.21%	37.88%	38.18%	38.66%	38.58%	39.37%	38.47%	39.22%	39.03%	39.71%	38.64%

Definition

Family-like setting is defined as a foster home, relative, home known to the child or family as documented on N-FOCUS.

Formula: The number of children in out of home care placements who are placed with a relative or home known to the child on the last day of the reporting period divided by the number of children in relative, home known to the child, foster, pre adoptive, independent living or out of home placement on the last day of the reporting period.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures H. Placement in a Family Like Setting

	CSA	ESA	NSA	SESA	WSA		Measure
H.1	75%	75%	75%	75%	75%		% of **new** cases of children in out of home care will be placed in a family like out of home care setting.
	87.29%	87.1%	85.6%	89.4%	86.9%		% of **legacy** cases of children in out of home care will be moved from a congregate care to family like setting.

Number & Percent of Youth placed Congregate Care

Service Area	07/08	08/08	09/08	10/08	11/08	12/08	01/09	02/09	03/09	04/09	05/09	06/09	Avg.
CSA	50	44	46	56	63	57	48	63	68	58	57	53	55
	12.22%	11.22%	11.68%	14.14%	15.40%	14.25%	12.44%	15.91%	16.39%	13.88%	14.04%	12.99%	13.71
ESA	194	192	192	198	200	204	207	211	218	224	209	201	204
	13.13%	13.25%	13.19%	13.73%	13.91%	14.42%	14.60%	14.27%	14.64%	14.82%	13.73%	13.13%	13.9%
NSA	44	50	35	43	44	43	38	33	43	44	46	43	42
	14.72%	17.92%	13.06%	15.64%	15.94%	16.93%	14.39%	12.41%	15.69%	15.83%	16.43%	15.75%	15.4%
SESA	120	113	110	106	110	109	116	119	117	124	116	104	114
	11.18%	11.36%	10.84%	10.57%	11.08%	11.62%	12.15%	12.47%	12.17%	12.67%	12.24%	10.97%	11.6%
WSA	84	76	83	78	79	70	75	84	79	78	73	82	78
	21.59%	20.54%	22.13%	21.14%	21.01%	19.34%	21.01%	21.76%	20.73%	20.97%	20.28%	21.47%	21%
State	492	475	466	481	496	483	484	510	525	528	501	483	494
	13.49%	13.63%	13.28%	13.80%	14.20%	14.34%	14.32%	14.65%	14.91%	14.84%	14.25%	13.64%	14.1%

Definition

Formula: The number of children in out of home care placements who are placed in a relative, home known to child, foster, pre adoptive, independent living on the last day of the reporting period divided by the number of children in out of home placement on the last day of the reporting period.

Reported monthly based on a rolling year. The operational data comes from N-FOCUS.

Outcome Measures I. Maintaining Family Relationships and Connections

	CSA	ESA	NSA	SESA	WSA		Measure
I.1	92%	92%	92%	92%	92%		% of children in out of home care will be placed with their siblings.
Definition		Utilize CFSR criteria in Item 12 in the CFSR Review Tool. Quarterly Mini CFSR data.					

Outcome Measures J. Needs Assessment & Case Planning

	CSA	ESA	NSA	SESA	WSA		Measure
J.1	90%	90%	90%	90%	90%		% of families will have a needs assessment completed on every child, parent and foster parent involved in a case
Definition		Utilize CFSR criteria in Item 17 in the CFSR Review Tool. Must track Child, Parent and Foster Parent separately so as to identify areas of strength & areas needing improvement. Quarterly Mini CFSR data.					

	CSA	ESA	NSA	SESA	WSA		Measure
J2	90%	90%	90%	90%	90%		% of custodial parents will be actively engaged and involved in the case planning process. Every family will have a scheduled Family Team Meeting every month to plan, strategize, discuss progress etc % of non-custodial parents will be actively engaged and involved in the case planning process. Every family will have a scheduled Family Team Meeting every month to plan, strategize, discuss progress etc % of youth will be actively engaged and involved in the case planning process. Every family will have a scheduled Family Team Meeting every month to plan, strategize, discuss progress etc
Definition		Utilize CFSR criteria in Item 18 in the CFSR Review Tool. Must track youth, custodial and non-custodial parents separately so as to identify areas of strength & areas needing improvement but will report one number for the percentage. Quarterly Mini CFSR data.					

Outcome Measures

J. Needs Assessment & Case Planning

	CSA	ESA	NSA	SESA	WSA		Measure
J.3	90%	90%	90%	90%	90%		% of youth age 15 & older wards of the state will have a documented Independent Living Plan that includes individualized goals, needs and strategies
Definition			Utilize CFSR criteria in Item 18 in the CFSR Review Tool. Quarterly Mini CFSR data.				

Outcome Measures K. Service Coordinator Contact

	CSA	ESA	NSA	SESA	WSA		Measure
K.1	90%	90%	90%	90%	90%		% of all children will have a monthly documented face-to-face contact with their service coordinator each and every month they are in out-of-home care in the child's place of residence.
Definition	***Formula: Number of children in out of home care that have a monthly documented face-to-face contact with the child in the child's place of residence divided by the total number of children in out of home care.*** Reported monthly based on a rolling year. The operational data comes from N-FOCUS.						

Outcome Measures L. Other Measures

	Measure
L.1	All youth recommended for release from the Detention facility by the CFS Specialist or the court shall be placed in an alternative placement within 2 calendar days of the identified release date.
Definition	Notification is defined as written communication via e-mail from the CFS Specialist. This notice will also be documented on to N-FOCUS by the CFS Specialist. Verification of the information will be conducted by the Department. The calendar days begins identified release date. Contractors will track and report monthly the date of the receipt of the notification and the date the child was moved from Detention. Reported monthly.

	Measure
L.2	All youth identified for parole from a YRTC shall be placed in an alternative placement on the identified date for their parole.
Definition	Notification is defined as written communication via e-mail from the CFS Specialist and/or the YRTC staff 30 days prior to the identified date of parole. This notice will also be documented on to N-FOCUS by the CFS Specialist. Verification of the information will be conducted by the Department. The YRTC's will track and report monthly the date of the receipt of the notification and the date the child was placed. Reported monthly.

14. Incentives and Penalties

The performance measures outlined below will be measured beginning the date the Contractor assumes service coordinator responsibility.

A. Incentives:

1) In the event the Department receives a federal adoption incentive payment, the Contractor will receive a percentage of the incentive payment equal to the percentage of adoptions completed for children of families assigned to Contractor. Incentive payments will be made for each applicable federal fiscal year beginning October 1, 2009.

B. Penalties:

1) The Contractor and subcontractors staff are required to report when there is reasonable cause to believe that a child has been abused or neglected as defined under NRS §28-711. If a determination is made that a Contractor or subcontractor employee did not report as statutorily required a penalty will be assessed to the Contractor.
   (a) Penalty Range from $5,000 to $25,000.
   (b) This penalty will be applied on an incident basis.

2) Should acts or omissions of the Contractor or subcontractors cause a child or community to be unsafe, as determined by the Department, penalties may be imposed.
   (a) Penalty Range of $5,000-$25,000 penalty.
   (b) This penalty will be applied on an incident basis.

3) Within two (2) hours of being notified of an active current safety threat as identified by the CFS specialist on-site, the Contractor will provide required safety service. Related Outcome Measure B.2.
   (a) The contractor is responsible for reporting to the Department by the 15th of the following month all cases in this category.
   (b) Penalty range of $2,500 to $7,500

4) Within two (2) hours of being notified by the CFS Specialist of the need for an effective intervention to control the conduct of a youth in order to protect the community, the Contractor will provide or arrange for service sufficient to maintain community safety. Related Outcome Measure B.4.
   (a) The contractor is responsible for reporting to the Department by the 15th of the following month all cases in this category.

(b) Penalty range of $2,500 to $7,500

5) Face to face contact with the primary caregiver within one (1) calendar day of referral of new cases. Related Outcome Measure A.1.
   (a) This penalty will be calculated and assessed quarterly.
   (b) Penalty range $1,000 to $15,000 with consideration being given to the extent that the contractor fails to meet the 98% benchmark. The group will also consider the average number of days during the most recent quarter it takes the Contractor to respond in penalty assessment.

6) Should acts or omissions on the part of the Contractor cause a scheduled visit between the child and parent/care-giver to be missed, a penalty will be assessed.
   (a) Penalty Range $1,000 to $15,000
   (b) If the contractor causes one or more child/ren to be left out of the visit, as determined by visitation plan and/or court order, due to acts or omissions on the part of the contractor.
   (c) This penalty will be applied on a per visit basis.

7) Youth recommended for release from detention will be placed within two (2) days of the receipt of written notification from the CFS Specialist approving the release or receipt of a copy of the Court order ordering the release of the child. Failure to comply will result in the Contractor being assessed a $400/day penalty. Related Outcome Measure: L.1.

C. The Department and the Contractor agree to develop and enact a Peer Review process that will be implemented for any recommendation by the Department that a penalty be assessed. The Peer Review Team shall be composed of representative from each of the 5 Contractors, 5 Service Areas and 1 at large Department representative.

The Peer Review process will include the presentation of the information to the Peer Review Team, excluding the Contractor and Service Area directly impacted by the proposed penalty. This group will decide if a Penalty should be assessed and then the amount of the penalty. The Peer Review team may also determine that a performance improvement plan, as set forth in QA section, Chapter 10.E.6, may be imposed, with or without a monetary penalty. Each team member will have one vote. The Director of the Division of Children and Family Services shall cast the deciding vote in case of a tie.

1) Each Contractor will be represented

2) The Department will have representation by each Service Area and one Central Office representative.
3) The Contractor and Service Area involved in the penalty will recuse themselves from the decision.

D. Determination that a penalty will be assessed or an incentive will be paid requires written notification to the Contractor. Notification will include:
1) Identification of the outcome(s) that were met and/or not met;
2) Amount of the assessed penalty or incentive; and
3) The process and timeframe for penalty and/or incentive payments to be made and/or received by the Department.

15. Case Transfer:

The Contractor is responsible for all services and service coordination for their families assigned by the service area. If case management transfers to another service area, responsibility for services and service coordination will be transitioned to a contractor serving that service area. A transition plan will be developed by the Department and the Contractors.

16. Aftercare for Families

A. Aftercare shall be provided for 12 months following case closure. Aftercare is not required in the following situations:
   1) In the cases where the only services provided were related to an Initial Safety Assessment or OJS evaluation.
   2) Families who move out of state.
   3) When the youngest child in the family has reached the age of 19. (Note: The contractor is required to continue to work with the youth through their independent living program until age 21 as set out in Section 17.)
   4) If the case is closed within a 48 hour law enforcement hold.

17. Independent Living for Youth

A. The Contractor agrees to develop an Independent Living Plan by April 1, 2010, with the involvement and leadership of youth, which describes how youth of various ages and stages of independent living will be supported in the following areas:
   1) Transition to self-sufficiency.
   2) Education, training and services necessary to obtain employment.
   3) Preparation for and entrance to post-secondary training and education.
   4) Personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.

B. The Contractor will provide
   1) Assist the youth in completing the Ansell-Casey Skills Assessment.
   2) Financial, housing, counseling, employment, education and other appropriate service and support to youth who were dismissed from State's custody after their 18th birthday and former wards between 18 and 21 years of age.

C. The Contractor will support Nebraska's need to report data for the National Youth in Transition Data Base
   1) The Contractor will locate youth and ensure survey completion on youth required to be reported to the National Youth in Transition Database.
   2) The Contractor will ensure that Nebraska meets the federal criteria for the percentage of youth needing to complete surveys.

18. Foster Care Rates and Adoption/Guardianship Subsidies.

The Contractor will provide the Department with it's foster family rate(s) process and structure. The Department will provide the Contractor with information how the Department establishes the adoption or guardianship subsidy payment.

19. Service Area Transition Plans

The Contractor agrees to assume Service Coordination and service delivery for families according to the following schedule.

% of Youth/Families to be Served by Each Contractor by the end of Each Month										
	End of Month	Central Service Area	Eastern Service Area			Northern Service Area	Southeast Service Area			Western Service Area
Months to Full Implementation		B&G	NFC	Visinet	KVC	B&G	Cedars	Visinet	KVC	B&G
	November	0%	30%	30%	40%	20%	37%	37%	37%	0%
	December	33%	25%	20%	30%	20%	37%	37%	37%	30%
	January	0%	25%	30%	30%	20%	26%	26%	26%	20%
	February	33%	20%	20%	0%	20%	0%	0%	0%	0%
	March	34%	0%	0%	0%	20%	0%	0%	0%	50%
	April	100%	100%	100%	100%	100%	100%	100%	100%	100%

20. Service Delivery Models

Contractor	Service Delivery Models		Contractor	Service Delivery Models
KVC	Strengthening Families Program		**CEDARS Youth Services**	Wraparound
	Trauma Systems Therapy			Trauma Informed Care
	Wraparound			Homebuilders
	Parenting Wisely			Nurturing Parenting
	Aggression Replacement Training (ART)			Love and Logic
NE Family Collaborative	Parenting with Love and Limits			Teen Outreach Program (Wyman Center)
	Nurturing Parenting			Pride (Parent Resources for Information, Development, and Education)
	Multisystemic Therapy			Making the Commitment to Adoption (Spaulding Institute)
	Growing Great Kids			The New Making it On Your Own
	Families and Schools Together			PRIDE module- 'Preparing Youth for Successful Adulthood'
	Family to Family Initiative			Family Group Conferencing (FGC)- Mediation Center
	Family Peer-to-Peer Support			Child Welfare mediation and facilitation- Mediation Center
	Cognitive Behavioral		**Boys and Girls Home of Nebraska, Inc.**	Wraparound
	Celebrating Families!			Family Centered Assessment
	Boys Town In-Home Family Services			Love and Logic
	Beautiful Beginnings			Intensive Family Preservation (Boys Town Model)
	Wraparound Model			Family Group Conferencing

Visinet	Wraparound			
	Family Group Decision			
	Homebuilders--components of			
	Motivational Interviewing			
	Nurturing Parents			
	Aggression Replacement Training			
	Spaulding Adoption			
	Pressley Ridge Youth Development Extension			
	Trauma Focused-Cognitive Behavioral Therapy			
	PRIDE			
	PRYDE (2011 or later possibly)			

21. Central Service Area

CENTRAL SERVICE AREA SERVICE AREA SPECIFIC REQUIREMENTS

A. Referral /Assignment Process

1) The Department will refer families by a single referral number which will be operational 24 hours/ 7 days per week. This system will identify the contractor to be assigned. Referral line staff will have access to NFOCUS to determine if the family being referred is new or has been served by the contractor in the past. This system will also maintain data regarding call volume, time/date stamp of call, and any exceptions to rotation/reconciliation of exceptions.
   a. The initial referral information will include all information noted on a mutually agreed upon referral form. It is understood that not all required information may be available at the time of the referral. The primary goal is that children receive the services they need to be safe.
   b. All referrals will be called verbally into the referral line and entered by the contractor into NFOCUS by the end of next business day. This will be documented in NFOCUS in the CFS case under consultation point narrative "staff initiated."
   c. The case information will be transferred within 48 hours for new families. Transition families will be staffed and all case file information shared prior to contractor assignment.
   d. Requests for a different contractor to be assigned are limited. Situations for reassignment of a Contractor are described below and may indicate a need for a Service Area team to meet and discuss the situation to determine the next steps in the case.
2) The Contractor will notify the CFS Specialist of the decision regarding the assigned worker by phone or email by the end of the initial referral call for safety/crisis response referrals. For non crisis response referrals, the contractor will notify the CFS Specialist of responding worker within 24 hours.
3) For all Transition families:
   a. The Department will
      1) Notify the family by written letter of assigned contractor/service coordinator and contact information within 3 working days of assignment.

2) Notify the court system and other professionals by written letter of assigned contractor/service coordinator and contact information.
3) The Contractor will meet face to face with the family within 24 hours of assignment.
4) The contractor must accept assignment for all cases per the rotation. Requests for a different contractor to be assigned are limited and must be approved by the Department.

B. Subcontractor

1) The Department reserves the right to disapprove the use of any subcontractor. All intended subcontract agreements must be approved by the service area prior to utilization of that provider. The Department will provide such approval/refusal within 3 business day of request. For emergency subcontract needs, the Contractor will notify the Department within 1 business day for ongoing approval.
2) If performance issues arise with a subcontractor, the contract liaison will address the issues with the contractor. If necessary, the Department may disapprove continued use of the subcontractor.

C. Placement Approval Process

1) All placements require prior approval of the CFS Specialist. The Department and the contractor will work jointly to identify safe and appropriate placement options for children when appropriate. Once verbal permission for placement is granted by The Department, the service coordinator will complete a change of placement request and submit to the CFS Specialist. At a minimum, this request will include the name and contact information of the placement and the placement/facility type.
2) In court involved cases, all legal parties require notice 7 days prior to the anticipated move. The contractor will be responsible for drafting the notice and providing it via e-mail to the CFS Specialist. The CFS Specialist will review the notice and provide the written notice to the court and legal parties.
3) Emergency placement change situations also require CFS Specialist approval prior to placement. In court involved cases, the court must be notified within 24 hours of any emergency related moves. These must be related to the

immediate safety of the child in order to be considered an emergency move. The contractor will be responsible for drafting the notice and providing it to the CFS Specialist. The CFS Specialist will provide the written notice to the court and legal parties. If emergency placement is necessary between 5:00 pm and 8:00 am, the Contractor will contact the on-call worker for approval.

4) In non-court cases, approval of CFS must be given at least 24 hours prior to anticipated move.
5) The use of relative/child specific/non-licensed homes requires following of the current Exception/Approval process, prior to placement.
6) Service Coordinator will update/change placements on NFOCUS within 24 hours following the approval of the placement through the CFS Specialists.

D. Management of Foster Family Care

1. Use of homes – Contractors will have direct responsibility to oversee and manage all licensed and/or approved foster homes and their subcontractors. The Department will not make direct placements into any licensed foster home/facility.
2. Payment Rates – The Contractor will determine foster home payment rate structures and expectations. Any exceptions to the payment structure must be approved by the Department.
3. The FC Pay Checklist will be used to determine adoption and guardianship subsidy payments.

E. Staffing Ratios and Caseload Size

1. Staffing Ratios – Supervisor: Service Coordinator
   a) Boys and Girls Home of Nebraska - 1:8
2. Caseload sizes – Service Coordinator: Families Served
   a. Boys and Girls Home of Nebraska -1:12 for families in care and may extend to 1-16 if you include aftercare cases, however they will primarily be handled by the Youth and Family Specialist (C2) with oversight of the Service Coordinator and Team Leader. If the youth in aftercare is receiving IL services, they will be assigned to our OJS teams and have a specific C2 that manages IL cases only.

Central Service Area Specific Requirements

F. Court & Legal

1) Any and all documentation submitted to the Court will be provided via the CFSS.
2) The Service Coordinator will attend and participate in all pre-adjudication conferences on all 3a cases, if such conference is ordered by the Court.
3) Service Coordinator will attend legal proceedings unless excused by the Department or the Court.
4) The Department will notify the contractor via e-mail of all OJS evaluations being sent to the Court recommending OJS custody. If OJS custody is ordered, the CFS Specialist will contact the referral line to refer for Service Coordination.

G. Case Plan/Court Report

1. Draft Court Reports are to be submitted to the CFSS at least 10 business days prior to the date the Department is required to submit such documents to the Court.
2. Draft Case Plans are to be submitted to the CFSS within 45 days of initial custody or the begin date of the safety assessment. Six month case plan reviews are due to the CFSS 15 days prior to the 6 month due date.
3. The Service Coordinator will notify the CFS Specialist via email that the draft Case Plan and/or Court Report are ready for review. The CFS specialist will review the draft and provide feedback (including recommended changes) to the Service Coordinator within two working days. Service Coordinator will make any necessary changes and forward to the CFS Specialist within two working days.
4. The Case Plan will be signed by both the CFS Specialist and the Service Coordinator.
5. If a Case Plan or Court Report addendum is required, the Service Coordinator will complete the addendum on NFOCUS and follow the notification and timelines set out for case plans above. The CFS Specialist will distribute the Addendum to the Court and all legal parties.
6. For non-court involved cases, the Service Coordinator shall draft a case plan according to timeframes set out by the Department.

H. Permanency Planning Team

1) The Service Coordinator will participate in the Department's Permanency Planning Team meetings when a case which has been assigned to them is being reviewed.
2) The Service Coordinator will follow-up on the recommendations of the Permanency Planning Team.

I. Process for Involving Legal

1) The contractor will contact the CFS Specialist to consult if they believe a request to involve the Department's Legal needs to be made. All contact with the Department's Legal will be made by the CFS staff.
2) Any appeals of court orders must be reviewed and filed by CFS legal staff.

J. Income Maintenance Foster Care Documentation

1) CFSS will complete and submit the IM-18FC and FC Background Information form
2) CFS - IMFC staff will complete the referral to CHARTS
3) CFSS will ensure copies of birth certification, SS card and custody court order are provided to IMFC staff.

K. Required Assessment Tools

The Contractor will utilize assessment tools for children and families. The Contractor must collect and maintain the information obtained by the assessments. This information will also be shared with the Department upon request.

L. Evidence Based Practice

1) The Contractor will provide the following for each Evidence Based Practice and Non-Evidence Based Practice/program utilized: outline of the program model, an overview of the program, program outcomes, a measure of fidelity, level of research based (Evidence Informed, Evidence based with adaptations, or Evidence Based) , a general description, areas of interest (alcohol, substance abuse, mental health, tobacco etc.) , population served, settings (school, home, rural, urban etc.), implementation/research history, adaptations (cultural, lingual, etc.), and costs utilizing the EBP/Non-EBP

program Quick Indicator template provided in the Quality Assurance Notebook.

2) The Contractor will submit a quarterly report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
3) The Contractor will submit an annual report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
4) The identification of significant weaknesses in relation to outcomes or if a program is no longer a viable option, a program may be dropped and a replacement may be chosen with Department approval The request to drop, add or change a program must be completed and submitted to the Service Area Contract Liaison utilizing the form designated by the Department.
5) Each program needs to have a measure of fidelity available to ensure the program parameters are being adhered to. A measure of fidelity should include a scale that identifies key components within the program model to measure the extent the program model is being followed. If the program does not provide a scale for fidelity, the Contractor will provide a written explanation as to the process to ensure the program model is followed. This needs to be available for the Department to use as an evaluation tool to establish to what extent the program model was followed and to assist in determining strengths/weaknesses (the Contractor may use this as a tool for internal evaluative purposes). How the program outcomes align with the Index of Outcomes and Systemic Factors, Associated Items, and Data Indicators in compliance with CFSR (as applicable to service contracted) needs to be identified.

22. Eastern Service Area

EASTERN SERVICE AREA SERVICE AREA SPECIFIC REQUIREMENTS

A. **Referral /Assignment Process**

1) The Department will refer families by a single referral number which will be operational 24 hours/ 7 days per week. . This system will identify which of the 3 contractors is to be assigned. This system will also maintain data regarding call volume, length of wait/call time, time/date stamp of call, and any exceptions to rotation/reconciliation of exceptions.
2) The initial referral information will include all information noted on a mutually agreed upon referral form. It is understood that not all required information may be available at the time of the referral. The primary goal is that children receive the services they need to be safe.
3) All referrals will be called verbally into the single referral line and entered by the contractor into NFOCUS by the end of next business day. This will be documented in NFOCUS in the CFS case under consultation point narrative "staff initiated."
4) The case information will be transferred within 24 business hours for new families. Transition families will be staffed and all case file information shared prior to contractor assignment.
5) Requests for a different contractor to be assigned are limited. Situations for reassignment of a Contractor are described below and may indicate a need for a Service Area team to meet and discuss the situation to determine the next steps in the case.

B. The Contractor will notify the CFS Specialist of the decision regarding the assigned responding worker by the end of the initial referral call for safety/crisis response referrals. For non crisis response referrals, the contractor will notify the CFS Specialist of responding worker within the next business day of the referral.

C. For all Transition families: The Department will

1) Notify the family by written letter of assigned contractor/service coordinator and contact information.
2) Notify the court system and other professionals by written letter of assigned contractor/service coordinator and contact information.

D. The following situations would require a review of the case:

1) There is a personal conflict between the Contractor and the family (i.e. family is related to an employee of the contractor)
2) The family of the identified child moves outside of the service area.

E. Subcontractor - The Department reserves the right to refuse the use of any subcontractor. All intended subcontract agreements must be approved by the service area prior to utilization of that provider. The service area reserves the right to refuse the use of any subcontractor for any children and families referred by the Department. The Department will provide such approval/refusal within 1 business day of request. For emergency subcontract needs, the Contractor will notify the Department within 1 business day for ongoing approval.

F. Placement Approval Process – All placements and the use of respite care, requires prior approval of CFS. In court involved cases, all legal parties require notice 7 days prior to the anticipated move. This notice will be generated and provided to legal parties by CFS. Emergency placement change situations also require CFS approval prior to placement. In court involved cases, the court must be notified within 24 hours of any emergency related moves. These must be related to the immediate safety of the child in order to be considered an emergency move.

In non-court cases, approval of CFS must be given at least 24 hours prior to anticipated move.

The use of relative/child specific/non-licensed homes requires following of the current Exception/Approval process, prior to placement.

G. Management of Foster Family Care

1) Use of homes – Contractors will have direct responsibility to oversee and manage all licensed and/or approved foster homes and their

subcontractors. The Department will not make direct placements into any licensed foster home/facility.

2) Payment Rates - The Contractor will determine foster home payment rate structures and expectations. Any exceptions to the payment structure must be approved by the Department.

3) Staffing Ratios and Caseload Size

   a) Staffing Ratios

      I. KVC Behavioral Health Care - 1:9

      II. Nebraska Families Collaborative - 1:7

      III. Visinet, Inc - 1:8

   b) Caseload sizes

      I. KVC Behavioral HealthCare - 1:16 families (includes aftercare)

      II. Nebraska Families Collaborative - 1:14 families (includes aftercare)

      III. Visinet, Inc - 1:20 families (includes aftercare)

4) Court & Legal

   a) TPR requests must be requested via a formal LB1041 staffing arranged by CFS. Contractor must request a staffing with CFS at the 12th month of care for consideration of 1041 staffing referral.

   b) Any and all documentation submitted to the Court will be provided via the CFSS.

5) Case Plan/Court Report

   a) Draft Court Reports are to be submitted to the CFSS at least 8 business days prior to the hearing.

   b) Draft Case Plans are to be submitted to the CFSS within 45 days of initial custody or the begin date of the safety assessment. 6 month case plan reviews are due to the CFSS 15 days prior to the 6 month due date..

6) Process for Involving Legal
   a) Any motions for show cause, motions for no reasonable efforts finding, or contempt motions must be reported to the CFSS and CFS Supervisor immediately.
   b) Any appeals of court orders must be reviewed and filed by CFS legal staff.
7) Income Maintenance Foster Care Documentation:
   a) CFSS will complete and submit the IM-18FC and FC Background Information form
   b) CFS - IMFC staff will complete the referral to CHARTS
   c) CFSS will ensure copies of birth certification, SS card and custody court order are provided to IMFC staff.
8) Required Assessment Tools
   a) The Contractor will utilize assessment tools for children and families. The Contractor must collect and maintain the information obtained by the assessments. This information will also be shared with the Department upon request.
9) Evidence Based Practice

   a) The Contractor will provide the following for each Evidence Based Practice and Non-Evidence Based Practice/program utilized: outline of the program model, an overview of the program, program outcomes, a measure of fidelity, level of research based (Evidence Informed, Evidence based with adaptations, or Evidence Based) , a general description, areas of interest (alcohol, substance abuse, mental health, tobacco etc.) , population served, settings (school, home, rural, urban etc.), implementation/research history, adaptations (cultural, lingual, etc.), and costs utilizing the EBP/Non-EBP program Quick Indicator template provided in the Quality Assurance Notebook.

b) The Contractor will submit a quarterly report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.

c) The Contractor will submit an annual report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.

d) The identification of significant weaknesses in relation to outcomes or if a program is no longer a viable option, a program may be dropped and a replacement may be chosen with Department approval The request to drop, add or change a program must be completed and submitted to the Service Area Contract Liaison utilizing the form designated by the Department.

e) Each program needs to have a measure of fidelity available to ensure the program parameters are being adhered to. A measure of fidelity should include a scale that identifies key components within the program model to measure the extent the program model is being followed. If the program does not provide a scale for fidelity, the Contractor will provide a written explanation as to the process to ensure the program model will be followed. This needs to be available for the Department to use as an evaluation tool to establish to what extent the program model was followed and to assist in determining strengths/weaknesses (the Contractor may use this as a tool for internal evaluative purposes). How the program outcomes align with the Index of Outcomes and Systemic Factors, Associated Items, and Data Indicators in compliance with CFSR (as applicable to service contracted) needs to be identified.

23. Northern Service area

Northern Service Area Service Area Specific Requirements

A. Referral assignment process

The Dept will refer families by a single referral number, which will be operational 24 /7 days a week. Referral line staff will have access to N- FOCUS to determine if the family being referred is new or has been served previously by the contractor in the past. This system will also maintain data regarding call volume, time, and date stamp of call.

1. Initial Referral information will include but is not limited to:

   a) Identifying information

   b) Type of case

   c) Description of issues that brought the youth/family to the attention of the Department

   d) Past history with Department

   e) Specific needs of family – i.e. translator, disability of youth or family member(s)

   NOTE: It is understood by all parties that not all needed/required information may be available at the time of referral. The CFS staff and Service Coordinator will work together to determine next steps. The primary goal is that children receive the services they need to be safe.

2. All referrals will be called in verbally to the referral line and will be entered by the contractor in N-FOCUS by the end of the next business day. This will be documented in N-FOCUS in the CFS case under consultation point narrative “staff initiated.”

3. The case information will be transferred within 48 hours for new families. Transition families will be staffed and all case file information shared prior to contractor assignment.

4. The Contractor will notify the CFS Specialist of the decision regarding the assigned Service Coordinator by phone or email by the end of the initial referral call for safety/crisis response referrals. For non-crisis response referrals the Contractor will notify the CFS Specialist regarding the assigned Service Coordinator within 24 hours of the assignment.

5. Requests for a different contractor to be assigned are limited. Situations for reassignment of a Contractor are described below and may indicate a need for a Service Area team to meet and discuss the situation to determine the next steps in the case.

B. Subcontractor –

1. The Department reserves the right to disapprove the use of any subcontractor.
2. Prior to the addition and utilization of a subcontractor, the Contractor must submit the name to the contract administrator for approval. The contract administrator will provide such approval/refusal within 3 work days of request. If performance issues arise with a subcontractor, the contract administrator will address the issues with the Contractor. If the Dept feels it's necessary, notice will be given to disapprove the continued use of the subcontractor. For emergency subcontract needs the Contractor will notify the Department within 1 business day for ongoing approval.

C. Placement Approval Process –

All placements require prior approval from CFS. The Department and the Contractor will work jointly to identify safe and appropriate placement options for children. Once approval for placement is granted by the Department, the Service Coordinator will complete a change of placement request and submit it to the CFS Specialist. At a minimum, this request will include the name and contact information of the placement type and the placement/ facility type.

1. In court involved cases, all legal parties require notice 7 calendar days prior to the anticipated move. The Contractor will be responsible for drafting the notice and providing it to the CFS Specialist. The CFS Specialist will provide the written notice to the court and legal parties.

2. Emergency placement change situations also require CFS approval prior to placement. In court involved cases, the court must be notified within 24 hours of ours of any emergency related move. These must be related to the immediate safety of the child in order to be considered an emergency move. The Contractor will be responsible for drafting the notice and provide it to the CFS Specialist. The CFS Specialist will provide the written notice to the court and legal parties.

3. For previously licensed and approved placements, Service Coordinator will contact the assigned CFS Specialist during business hours. If the assigned CFS Specialist is not available, the coverage worker or CFS Supervisor will be contacted. After hours, the appropriate NSA on-call worker will be contacted. For emergency approvals or placements in unapproved homes, refer to Management of Foster Care Section

Northern Service Area Specific Requirements

D. Management of Foster Family Care

1. Use of homes – All potentially licensed foster homes will go through the screen team approval process, as defined in service area protocol.

2. Approval of unlicensed homes – Policy will be followed. "Request for Approved Status" form and home study will be submitted to the CFS Administrator for approval. No placements will be made in these homes until approval has been given.

3. Emergency approval of homes – Policy will be followed. When background checks are clear, verbal supervisory approval is appropriate

   a. If placement is being requested for any unrelated, unmarried adults living in the home and/or a background check shows a record, approval must be given by the CFS Administrator.

4. Payment Rates – The contractor will determine foster home payment rate structure. Any exceptions to the payment structure must be approved by the Department.

E. Staffing Ratios and Caseload Size

1. Staffing Ratios

   Team Lead – Service Coordinator 1:9

2. Caseload Sizes

   Service Coordinator: Families Served 1:12 for families in care and may extend to 1:16 when including aftercare cases.

   Service Coordinator: Family OJS 1:15

   However they will normally be handled by Youth and Family Services Specialists with oversight by the Service Coordinator and Team Leader. If the youth in aftercare is receiving Independent Living services, they will be assigned to an OJS team and have a Youth and Family Services Specialist manage the Independent Living case.

F. Court & Legal

1. Any and all documentation submitted to the Court will be provided via the CFSS.

2. The Service Coordinator will participate in and/attend all pre-hearing/ Pre-adjudication conferences all 3a cases, if such conference is approved/ordered by the court.

3. Service Coordinators will attend court hearings as needed and required by the Department and legal system.

4. The Contractor will be notified verbally or by e-mail of all OJS evaluations being sent to court recommending OJS custody. The Department will notify the Contractor by the next working day of an evaluation that recommends OJS Custody.

G. <u>Case Plan/Court Report</u>

1. The Contractor will submit the draft case plan and court report, and information related to the YLS and Safety assessment to the Department 5 days prior to the date the Department is required to deliver it to the court.

   a) The Contractor will submit the draft case plan and information related to the YLS and updated safety assessment for non court involved and OJS cases not reviewed by court 5 days prior to end of the case plan.
   b) The Department will refer to the Contractor all 3b non wards ordered for services by the court.

H. <u>Process for Involving Legal</u>

1. The Contractor will contact the CFS Specialist to consult if they believe a request to involve DHHS Legal needs to be made.
2. Any appeals of court orders much by reviewed and filed by CFS legal staff.

I. <u>Income Maintenance Foster Care Documentation</u> The Department may request assistance for obtaining and distributing IMFC information related to new cases, annual reviews, Independent Living and Former Ward from the Contractor if needed.

J. <u>Assessment Tools</u>

1. Each Contractor will utilize assessment tools for children and families. The Contractor must collect and maintain the information obtained by the assessments. This information will also be shared with the Department upon request.

K. <u>Evidence Based Practice</u>

1. The Contractor will provide the following for each Evidence Based Practice and Non-Evidence Based Practice/program utilized: outline of the program model, an overview of the program, program outcomes, a measure of fidelity, level of research based (Evidence Informed, Evidence based with adaptations, or Evidence Based) , a general description, areas of interest (alcohol, substance abuse, mental health, tobacco etc.) , population served, settings (school, home, rural, urban etc.), implementation/research history, adaptations (cultural, lingual, etc.), and

costs utilizing the EBP/Non-EBP program Quick Indicator template provided in the Quality Assurance Notebook.

2. The Contractor will submit a quarterly report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
3. The Contractor will submit an annual report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
4. The identification of significant weaknesses in relation to outcomes or if a program is no longer a viable option, a program may be dropped and a replacement may be chosen with Department approval The request to drop, add or change a program must be completed and submitted to the Service Area Contract Liaison utilizing the form designated by the Department.
5. Each program needs to have a measure of fidelity available to ensure the program parameters are being adhered to. A measure of fidelity should include a scale that identifies key components within the program model to measure the extent the program model is being followed. If the program does not provide a scale for fidelity, the Contractor will provide a written explanation as to the process to ensure the program model will be followed. This needs to be available for the Department to use as an evaluation tool to establish to what extent the program model was followed and to assist in determining strengths/weaknesses (the Contractor may use this as a tool for internal evaluative purposes). How the program outcomes align with the Index of Outcomes and Systemic Factors, Associated Items, and Data Indicators in compliance with CFSR (as applicable to service contracted) needs to be identified.

Summary of Evidence Based Practices Contained within the Program Description

Name of Agency/Organization: Boys and Girls Home of Nebraska

1. Name of Intervention: Wraparound
2. Citations to Published Research:

- Walker, J.S., Bruns, E.J., Rast, J., VanDenBerg, J.D., Osher, T.W., Koroloff, N., Miles, P., Adams, J., & the National Wraparound Initiative Advisory Group, (2004). Phases and activities of the wraparound process. Portland, OR:

  National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
- Clark, H.B., Lee, B., Prange, M.E., & McDonald, B.A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? Journal of Child and Family Studies, 5(1), 39-54
- Bruns, E.J., Rast, J., Peterson, C., Walker, J., & Bosworth, J. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. American Journal of Community Psychology, 38, 201-212.
- California Evidence-Based Clearinghouse for Child Welfare (CEBC): http://www.cachildwelfareclearinghouse.org/

3. Most Rigorous Evaluation Design (please check one):

_____ Evidence Based/Experimental: A design with a randomly selected control group, with confidence that the control and treatment groups are equivalent.

X Promising/Quasi-experimental: A design with a control group that is not randomly selected (e.g., a matched group) intended to increase confidence in the results (addressing threats to external validity).

_____ Emerging/Pre-experimental: A study without a control group, i.e., a case study or correlation design. There is some empirical support but further research is needed.

* Rated 3- Promising Practice and as 1 (High) on a scale of 1-3 for relevance to the child welfare.

4. Summary of Need/Population/Goals designed to be addressed (e.g., improve parenting skills, reduce juvenile offenses):

Wraparound was designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families. Most often these are young people who are in, or at risk for, out of home, institutional, or restrictive placements; and who are involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.) Wraparound is widely implemented in each of these various settings; however, because the youth have multi-system involvement, wraparound participants have many similarities across settings.

Outcome: The model is designed to increase Placement Stabilization, increase Permanency placement and improve child/family well-being.

Northern Service Area Specific Requirements

Other goals to be addressed include (but are not limited to) meeting the complex needs of children who are involved in various systems, placing families, providers and key members of the family's social support network in a collaborative role to build and create a plan that responds to the particular needs of the child and family.

5. Setting within which designed to be implemented (e.g., residential, home, office, school):

Wraparound is typically conducted in a (n): Adoptive Home, Birth Family Home, Community Agency, Foster Home, and Residential Care Facility.

6. Populations for which intervention is valid:

A. Gender: male or female
B. Race/Ethnicity: Wraparound was not designed for a specific racial/ethnic/cultural group
C. Ages: Wraparound was not developed for a specific age range
D. Geographic Location (e.g. Urban, Rural, Frontier): Wraparound was not designed for a specific geographic location.

7. Summary of processes to ensure appropriate implementation (e.g., manual availability, staff development, fidelity monitoring, supervision, program evaluation)

The Wraparound Model program implementation states that most of the associated cost is in the personnel. Programs should have staff with caseloads of 10-15 families and most programs hire parent advocates/parent partners to work with teams. Because this program is typically a collaborative effort, implementation usually requires some sort of interagency oversight or governance body with representation form participating child and family-serving agencies and organizations.

Fidelity is ensured by the use of a measurement tool to determine wraparound fidelity. The tool should measure: practice that conforms to the "Ten Principles of the Wraparound Process", and practice must also include the activities outlined in the "Phases and Activities of the Wraparound Process" document.

All staff that within the Agency, as well as subcontractors, will be required to attend initial and ongoing Wraparound training. There are some trained facilitators within the agency, but additional staff will be identified to become Wraparound training facilitators and assist with model fidelity across each service area. Various evaluation tools will be utilized, including Satisfaction Surveys tied to Wraparound Principles, and a tool to measure fidelity, as completed by the contracted Family Organizations in each service area.

Northern Service Area Specific Requirements

Summary of Evidence Based Practices Contained within the Program Description

Name of Agency/Organization: Boys and Girls Home of Nebraska

1. Name of Intervention: **Family Centered Assessment**

2. Citations to Published Research:

- Lutz, Lorrie, MMP, "Position Paper: Family Centered Assessment in Child Welfare Practice".

3. Most Rigorous Evaluation Design (please check one):

_____ Evidence Based/Experimental: A design with a randomly selected control group, with confidence that the control and treatment groups are equivalent.

_____ Promising/Quasi-experimental: A design with a control group that is not randomly selected (e.g., a matched group) intended to increase confidence in the results (addressing threats to external validity).

___X Emerging/Pre-experimental: A study without a control group, i.e., a case study or correlation design. There is some empirical support but further research is needed.

- Currently 10 states are utilizing a variation of this tool within their child welfare practices, and they continue to revise the tool in order to meet the needs of the families served.

4. Summary of Need/Population/Goals designed to be addressed (e.g., improve parenting skills, reduce juvenile offenses):

The purpose of the Family Centered Assessment is to identify and consider weighing factors that affect child safety and well being through engaging the family and extended family in a focused dialogue. The assessment determines safety and risk concerned, as well as exploration of connections, community resources and permanency considerations. Through this assessment, families are engaged in identifying their needs, strengths and current resources to achieve and maintain well-being, family connections and permanency for the child, directly linking to the case planning process

by contributing to key decisions regarding steps to be taken, resources to be used and outcomes achieved.

Other assessments focus on gathering information and often exclude essential relationship building, as well as focus on the substantiation of whether or not maltreatment has occurred. The Family Centered Assessment helps gather information in a way that fosters a relationship with the child/family and determines how to support the family and how to remedy any harm that may have already occurred. Instead of collecting a body of evidence around the alleged abuse, it identifies the child and family needs, strengths, resources and goals. There is more emphasis on collaboration with families, their existing support networks and other community based providers instead of insular decision-making, with Child Protective staff making decisions independently of families and others who have a stake in what is going on. The assessment process provides more flexibility to address individual family needs and respond to each family's varied backgrounds and experiences instead of a routine approach to child protection that consists of essentially the same methods and often results in the same set of service options.

The Family Centered Assessment is based on the following core values of all family centered practice:

1) Ensuring safety of children and other family members.
2) Working as partners with families
3) Recognizing and building on families' strengths, capacities and resources- using those as the basis for mobilizing change.
4) Creating a climate where families are free to make decisions and develop skills that contribute to their families' safety and well-being.
5) Respecting and being sensitive to cultural differences and supporting diversity.

5. Setting within which designed to be implemented (e.g., residential, home, office, school):

The Family Centered Assessment tool is utilized in varied environments, based upon the placement and/or location of the youth and family being served.

6. Populations for which intervention is valid:

a) Gender: Male and Female

b) Race/Ethnicity: All families are considered to have diverse cultural and ethnic backgrounds that are an integral part of people's makeup and inextricably linked to who they are and how they live. Therefore, those working with families cannot overlook or process ignorance of their client's cultures.

Northern Service Area Specific Requirements

c) Ages: All ages

d) Geographic Location (e.g. Urban, Rural, Frontier): A specific geographic location is not specified.

7. Summary of processes to ensure appropriate implementation (e.g., manual availability, staff development, fidelity monitoring, supervision, program evaluation)

Boys and Girls Home of Nebraska contracts with Lorrie Lutz, MPP, as a consultant and creator of the Family Centered Assessment. Ms. Lutz will provide a series of in-depth trainings with all staff involved in the Boys and Girls Home Service Array regarding wraparound and the Family Centered Assessment. She will assist the Agency to implement “best practices” regarding utilization of the tool, appropriate implementation, availability, staff development, fidelity monitoring, supervision and program evaluation on an individualized basis for the program.

Northern Service Area Specific Requirements

Summary of Evidence Based Practices Contained within the Program Description

Name of Agency/Organization: Boys and Girls Home of Nebraska

1. Name of Intervention: **Love and Logic**

2. Citations to Published Research:
   a. California Evidence-Based Clearinghouse: http:www.cachildwelfareclearinghouse.org/

   b. "Effects of Becoming a Love and Logic Parent training program on parents' perceptions of their children's behavior and their own parental competence: A preliminary investigation" (Fay, C. 2005)
   c. Effects of the 9 Essential Skills for the Love and Logic Classroom training on teachers' perceptions of their student's behavior and their teaching competence: A preliminary investigation" (Fay, C., 2005)

3. Most Rigorous Evaluation Design (please check one):

_____ Evidence Based/Experimental: A design with a randomly selected control group, with confidence that the control and treatment groups are equivalent.

____X Promising/Quasi-experimental: A design with a control group that is not randomly selected (e.g., a matched group) intended to increase confidence in the results (addressing threats to external validity).

_____ Emerging/Pre-experimental: A study without a control group, i.e., a case study or correlation design. There is some empirical support but further research is needed.

4. Summary of Need/Population/Goals designed to be addressed (e.g., improve parenting skills, reduce juvenile offenses):

CEBC reviewed Love and Logic in the area of secondary prevention. It was designed to teach educators and parents how to experience less stress while helping young people learn the skills required for success in today's world. It is based on two assumptions: 1) that children learn the best lessons when they're given a task and allowed to make their own choices, (and fail) when the cost of the failure is still small; and 2) that the children's failures must be coupled with love and empathy from their parents and teachers. This model has been used by

parents and teachers for 30 years and has been applied to a wide range of situations.

Goals:

a) Build the self-concept: Help children feel good about themselves.
b) Share the control: Give children choices that do not cause problems for others.
c) Provide the empathy: Provide a strong does of empathy before delivering consequences.
d) Share the thinking: Allow the child to think and solve their own problems.

The program is designed to reduce emotional abuse, exposure to domestic violence, and physical abuse and is rated as high on a relevance scale of 1-3. The overall outcome will be enhanced parental sill level and ability to manage parental stressors in order to more effectively parent children.

5. Setting within which designed to be implemented (e.g., residential, home, office, school):
   Love and Logic was designed to be conducted in a group setting related to the following:

   a) Community Daily Living Settings, 2) Religious Organizations and/or 3) school setting

6. Populations for which intervention is valid:
   a) Gender: Male or Female
   b) Race/Ethnicity: No specific racial/ethnic/cultural groups
   c) Ages: Best used with children birth to 18 (or as long as child lives with parents
   d) Geographic Location (e.g. Urban, Rural, Frontier): There is not a designated location that is found to be more successful or relevant than another

7. Summary of processes to ensure appropriate implementation (e.g., manual availability, staff development, fidelity monitoring, supervision, program evaluation)

Boys and Girls Home already has several on-staff certified trainers, in addition to several sub-contractors, that will able to provide training sessions across the three service areas for various groups of parents, educators, and staff members. All of the trained facilitators possess the full training curriculum of:

- *9 Essential Skills for the Love and Logic Family*
- *Becoming Love and Logic Parent*
- *Easy Childhood Parenting Made Fun*

Northern Service Area Specific Requirements

In addition, some of the facilitators also have additional curriculum based upon special needs, such as parenting children with mental health concerns.

Boys and Girls Home will train all Coordinator II's within the agency and among sub-contractors with this material and expect that regularly occurring parent trainings occur within each service area, based upon need. In addition, staff working with families to build their skill base, will infuse their visits with Love and Logic materials and will follow up group training with direct contact with enrolled parents to practice skills learned in the training. Coordinators utilizing this training will be supervised by a Team Lead who will assist with ensuring model fidelity is continually reviewed and maintained. Satisfaction surveys will be completed after each group training to ensure that families feel as though they have learned specific skills to alleviate the reasons for which they are involved in the program. Though the use of the curriculum will be reviewed ongoing by trainers and managers, the individualized nature of the skill set learned and utilized by each family will maintain its individuality based upon specific parental need, and evaluated by the direct staff working with the family.

Summary of Evidence Based Practices Contained within the Program Description

Name of Agency/Organization: Boys and Girls Home of Nebraska

1. Name of Intervention: Intensive Family Preservation (Boys Town Model)

2. Citations to Published Research:

- Friman, Ph.D., Patrick, C., Father Flanagan's Boys' Home, "The Influence or Intensive Family Preservation Services on Child Behavior Problems: A Pilot Investigation", (1993)

3. Most Rigorous Evaluation Design (please check one):

_____ Evidence Based/Experimental: A design with a randomly selected control group, with confidence that the control and treatment groups are equivalent.

_____ Promising/Quasi-experimental: A design with a control group that is not randomly selected (e.g., a matched group) intended to increase confidence in the results (addressing threats to external validity).

___X Emerging/Pre-experimental: A study without a control group, i.e., a case study or correlation design. There is some empirical support but further research is needed.

4. Summary of Need/Population/Goals designed to be addressed (e.g., improve parenting skills, reduce juvenile offenses):

Intensive Family Preservation was designed to address permanency for children and families within the child welfare system. It specifically addresses emotional abuse, physical abuse, physical neglect and sexual abuse related concerns within family units. The target population is families with children (birth to 18) at imminent risk of placement into, or needing intensive service to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities. The goals of Intensive Family Preservation are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent placement or successfully reunify with their children. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. Reunification cases often require case activities related to reintegrating the child into the home and community.

5. Setting within which designed to be implemented (e.g., residential, home, office, school):

The setting most broadly utilized to provide Intensive Family Preservation Services is the home in which the child either currently lives in or will be reunified to. Skill building is done in the family environment.

6. Populations for which intervention is valid:
   a) Gender: Male and Female
   b) Race/Ethnicity: Intensive Family Preservation was not designed for specific racial/ethnic/cultural groups.
   c) Ages: Intensive Family Preservation was designed for children birth to 18 years.
   d) Geographic Location (e.g. Urban, Rural, Frontier): None determined

7. Summary of processes to ensure appropriate implementation (e.g., manual availability, staff development, fidelity monitoring, supervision, program evaluation)

Boys Town has provided Boys and Girls Home with information related to staffing and program requirements to ensure appropriate implementation, which will begin in April, 2009, with current Safety and In-Home Services staff and providers.

Boys Town IFP is an adaptation of the HOMEBUILDERS® model and the Boys Town Family Home Program. The program provides intensive in-home treatment for families ‘in crisis”. The program provides individualized, behaviorally-oriented teaching focused on skill-building and lasts six to eight weeks and involves approximately 15 hours of face-to-face contact a week. The program is delivered

to families by consultants who complete a competency-based, specialized training from Boys Town. Each consultant has a minimum of a Bachelor's degree and is directly supervised by a Master's level individual who oversees the treatment aspects of the case, including direct contact with involved families. The staff will also be trained to use the NCFAS tool to assess the families needs related to service deliver and will continually participate in competency-based training updates for model fidelity.

The IFP program will be monitored on a local and state level by the Agency's CQI team and Management, reviewing outcomes of the IFP program, and continually making determinations as to whether permanency is being reached in a timelier manner due to initiation of the program. Chart reviews and one-on-one supervision with direct line staff providing IFP will be ensured, as well. Families served will be given the opportunity to discuss any concerns or strengths of the program with satisfaction surveys or through the dispute management process

CQI Service Area Team

1. This team will review data and discuss system issues that need to be addressed within the service area. This team will review contractor and state data.
2. Representatives of this team will include members of:
    a) DHHS
    b) Contractor
    c) Parent Organization
    d) Other organizations as determined by the CQI Team.
3. Representatives of this team may also include:
    a) Foster Youth Council or other youth within the system.
    b) Foster Care Review Board
    c) Legal Community
    d) School
    e) CASA
    f) Families
    g) Other external partners as determined by the CQI Team

L. Miscellaneous –

If background checks result in a record being identified for an employee of B&G, or of any Subcontractor, the Contractor will identify a process to review and determine if they want to request Department approval to hire said employee. Requests for an exception shall made in writing to the identified Service Area CFS Administrator and will include the name and background information, along with supporting documentation from the Contractor as to why they believe that such person does not pose a threat to children or families. The Contractor shall utilize the criteria set forth in DHHS Policy when a background record is identified. The Department shall have 10 business days to respond to such an exception. All documentation related to the process is maintained in the Contractor's staff personnel records.

24. Southeast Service Area

A. Initial Assessment:

The Department will refer families by a single referral number which will be operational 24 hours/ 7 days per week. This system will identify which of the 3 contractors is to be assigned using a rotating order. This system will also maintain data regarding call volume, length of wait/call time, time/date stamp of call, and any exceptions to rotation/reconciliation of exceptions.

The referral information will be entered on to the “Green Phone” referral by CFS Specialist to include demographic information; including parents names, siblings within the family, address, phone numbers, language barriers and safety issues (if known). Intake information, directions to location and workers phone number.

All referrals will be sent to the assigned Provider/Contractor via fax within 24 hours.

The Contractor will notify the CFS Specialist of the decision regarding the assigned responding worker by the end of the initial referral call for safety response referrals. For non safety response referrals, the C will notify the CFS Specialist of the assigned service coordinator within 24 hours.

The case information will be transferred within 24 hours for new families. Transition families will be staffed and all case file information shared prior to contractor assignment.

CFS Specialist will have 30 (thirty) calendar days to complete initial safety assessment, once the assessment has been finalized by CFS Supervisor, the assigned CFS Specialist will email the service provider upon assessment being finalized.

1) The Department will
   a. Notify the family by phone in advance of service coordination change, will follow up with letter within 7 business days.
   b. Notify the court system and other professionals by letter within seven 7 business days of any change in service coordination.
   c. Notify Contracted Provider of change in case management with a phone call followed up by a letter within 7 business days.

B. **Conditions for Return:**

CFS Specialist with develop and finalize Conditions for Return on NFOCUS within 60 calendar days of the date the children are removed. Once the Conditions for Return are finalized the CFS Specialist will notify Service Coordinators via email the same working day.

Conditions for Return will be discussed/evaluated during the Family Team Meetings.

CFS Specialist and Service Coordinator will jointly present/discuss the family so a mutual understanding is agreed upon by all parties.

C. ***Ongoing:***

1. Safety Plans:

Service Coordinators will continuously monitor the safety plan. If a violation in the safety plan occurs or a new threat is identified, Service Coordinator will notify the assigned CFS Specialist within 1 (one) hour of a new safety threat and/or a violation in safety plan or when contingency plan is unable to be utilized. If violation of safety plan occurs between the hours of 5:00pm and 8:00am or on a holiday, Service Coordinator will contact the child/abuse neglect hotline at 1-800-652-1999.

CFS Specialist will review ongoing safety plan at the monthly family team meetings. The safety plan will be reviewed with the team to ensure plan is still able to control for safety.

2. Parenting time/Visitation Plans:

CFS Specialist will complete, document and finalize on NFOCUS the initial visitation plan within 48 hours of child being removed. The initial visitation plan is completed to ensure that the safety needs of the child are maintained. CFS Specialist will include who can be present during visitation between the child and their parent/caretaker.

Service Coordinators will recommend frequency; duration and level of supervision. The Service Coordinator will evaluate the effectiveness of the Parenting Time plan during the team meetings and recommend changes and modifications to the plan.

CFS Specialist will develop affidavit (if applicable) for recommended change in visitation and submit to court and all parties.

Service Coordinator will implement the plan; (once approved by the courts) Service Coordinator will determine time, location and transportation to ensure visits occur.

Service Coordinator will follow the Guidelines for Parenting Time as identified by the Nebraska Supreme Court Commission on Children in the Courts.

Any changes in parenting time/visitation plan will be documented by Service Coordinator within 2 working days of decision.

Service Coordinator will notify CFS Specialist via email when draft visitation plan is entered onto NFOCUS.

CFS Specialist will review and finalize updated visitation plan within 2 working days of notification of the draft plan.

CFS Specialist or Service Coordinator does not have the authority to cancel parenting time/visitation, consultation must occur with CFS Administration prior to visitation being canceled.

3. Family Team Meetings:

Service Coordinator will arrange and facilitate the initial Family Team Meeting within 30 days of referral.

Service Coordinators will arrange and facilitate a minimum of 1(one) team meeting every calendar month.

Service Coordinator will document the Family Team Meeting on NFOCUS under the “Detailed Program Case” screen, under the “Narrative” icon, specifically under the “Family Team Meeting” drop down. This will be completed with 3 (three) working days following the meeting.

Service Coordinator will utilize the Family Team Meeting template as provided by the Nebraska Department of Health and Human Services.

Every Team meeting will specifically address the visitation plan, safety plan and case plan to ensure all plans continue to be appropriate for case progress, safety and well being for the children being served. Any changes identified will be decided during the Team Meeting. The month prior to a scheduled permanency hearing, the team will also discuss any recommendations as it relates to changing the permanency objective for a child.

-Any changes in visitation plan will be documented by Service Coordinator within 2 working days of decision. Service Coordinator will notify CFS Specialist the same working day of such changes. CFS Specialist will obtain appropriate approval through the courts (when applicable).

-Any changes in Case Plan will be documented by Service Coordinator within 2 working days of decision.

-Any changes in Safety Plan will be documented by CFS Specialist within 24 hours of decision.

CFS Specialist will attend each team meeting. If CFS Specialist is out of town or unable to attend for other reasons, it is the responsibility of the CFS Supervisor to ensure appropriate coverage for Family Team Meeting is made.

4. Protective Capacity Assessment (PCA):

Service Coordinator will develop and document the PCA on NFOCUS with 40 calendar days of the initial safety assessment begin date or when children are removed, which ever comes first. Once the PCA is documented the Service Coordinator will notify the CFS Specialist via email the same working day.

CFS Specialist will review draft PCA within 5 calendar days, if there are any recommended changes, CFS Specialist will notify Service Coordinator to have changed completed. CFS Specialist will have a phone call or face to face visit to discuss any recommended changes.

Service Coordinator will make recommended changes within 5 calendar days and notify CFS Specialist via email, the same working day.

CFS Specialist will put draft PCA in “ready for review status” and notify CFS Supervisor via email when PCA is ready for approval.

CFS Supervisor will finalize PCA on NFOCUS within 10 calendar days.

5. Case Plans:

Service Coordinators will develop and document the Initial Case Plan on NFOCUS within 45 calendar days (or sooner as requested by the Department) of the initial safety assessment begin date or when children are removed, which ever comes first. Once the Case Plan is documented the Service Coordinator will notify the CFS Specialist via email the same working day.

CFS Specialist will review draft Case Plan within 5 calendar days, if there are any recommended changes, CFS Specialist will notify Service Coordinator to have changed completed. CFS Specialist will have a phone call or face to face visit to discuss any recommended changes.

Service Coordinator will make recommended changes within 5 calendar days and notify CFS Specialist via email, the same working day.

CFS Specialist will notify CFS Supervisor via email when Case Plan is ready for approval.

CFS Supervisor will finalize Case Plan on NFOCUS within 5 calendar days.

Service Coordinators will update Case plans every 90 calendar days to continuously monitor progress towards Outcomes of the case plan. Once the case plan is updated on NFOCUS the Service Coordinator will notify the CFS Specialist of the update via email the same working day.

CFS Specialist will review update and notify CFS Supervisor via email within 5 working days of changes.

CFS Supervisor will finalize all updated case plans within 5 working days.

6. Court Reports:

Service Coordinators will draft the complete court report on NFOCUS 14 working days prior to the scheduled hearing.

Service Coordinator will notify CFS Specialist via email when draft court report is complete and on NFOCUS. The email will include the list of attachments that are recommended to be attached to the court report.

CFS Specialist will have 2 (two) working days to review draft court report and have Service Coordinator make any recommended changes. Service Coordinators will make any necessary changes to court report prior to submitting to CFS Specialist for final review.

Service Coordinators will have 2 (two) working day to make corrections recommended by CFS Specialist.

CFS Supervisors will review final draft court report within 9 (nine) days prior to the scheduled court date. Any corrections recommended will be forwarded to Service Coordinator within 2 (two) working days.

CFS Specialist will finalize and distribute court report to all parties within 5 working days.

Service Coordinator Supervisor, Service Coordinator, CFS Specialist and CFS Supervisor will sign case plan/court report.

7. Permanency Plans/Court Reports:

45 working days prior to a scheduled permanency hearing, the team will also discuss any recommendations as it relates to changing the permanency objective for a child. CFS Specialist will draft, finalize and send out permanency report.

8. Exception Reports:

45 working days prior to a scheduled exception hearing, the team will also discuss any recommendations as it relates to changing the permanency objective for a child. CFS Specialist will draft, finalize and send out exception report.

9. 90-Day Progress Letters to Court:

Service Coordinators will develop a 90-day (working days) progress letter regarding the family and submit to the CFS Specialist on the 80th day following the court hearing. Service Coordinator will email progress letter to CFS Specialist.

CFS Specialist will review the prepared letter within 3 working days of receipt, and give any recommendations for changes.

Service Coordinator will have 2 working days to make any recommended changes. Final letter will be emailed to both CFS Specialist and CFS Supervisor for final review.

CFS Supervisor will review letter within 3 working days and approve for distribution to the court and all legal parties.

CFS Specialist will distribute finalized progress report to the court and all legal parties by the 90th calendar day from the previous court hearing date.

Service Coordinator Supervisor, Service Coordinator, CFS Specialist and CFS Supervisor will sign 90-day progress letter.

10. Addendum:

Service Coordinators will draft the complete addendum on NFOCUS 14 working days prior to the scheduled hearing.

Service Coordinator will notify CFS Specialist via email when addendum is complete and on NFOCUS. The email will include the list of attachments that are recommended to be attached to the court report.

CFS Specialist will have 2 (two) working days to review draft addendum and have Service Coordinator make any recommended changes. Service Coordinators will make any necessary changes to addendum prior to submitting to CFS supervisor for final review.

Service Coordinators will have 2 (two) working day to make corrections recommended by CFS Specialist.

CFS Supervisors will review final addendum within 9 (nine) working days prior to the scheduled court date. Any corrections recommended will be forwarded to Service Coordinator within 2 (two) working days.

CFS Specialist will finalize and distribute addendum to all parties within 5 working days.

Service Coordinator Supervisor, Service Coordinator, CFS Specialist and CFS Supervisor will sign addendum.

11. Non-Ward Court Reports:

Service Coordinator will use template provided by DHHS for these reports. Service Coordinator's will complete report on NFOCUS and on the template provided, timelines designated in case plan/court report section will be utilized.

12. Request to file Termination of Parental Rights:

Service Coordinator and CFS Specialist will discuss the appropriateness for request to file a TPR. Once the decision has been made the Service Coordinator will gather all requested documentation for TPR. CFS Specialist will draft and send any request for a TPR.

13. Process for Involving Legal:
Service Coordinator Supervisor will contact CFS Supervisor via email when information is received in which DHHS Legal may need to be present at court. This communication will occur within the same business day.

Any requests for written communication from an attorney to a contracted provider will be referred back to the assigned CFS Specialist. Service Coordinator will inform the attorney of next team meeting date, time and location so the attorney can get specific updates on client progress. CFS Specialist or Service Coordinator will give verbal information to attorney when requested. Family support workers, visitation workers, trackers etc. will not communicate with attorney's without CFS Specialist knowledge.

14. Required Contacts:

a) Service Coordinator is responsible to see each youth that is involved with the DHHS. Each child/youth will be seen at a minimum of a monthly basis, in person, private contact in the residence in which the child resides. Service coordinator will utilize the template as provided by the DHHS.
b) Service Coordinator is responsible to see each parent/care taker for the child/youth involved with the DHHS. Service Coordinator will follow guidelines as set forth in policy. Service Coordinator will utilize the template as provided by DHHS.
c) Service Coordinator is responsible to meet with foster parents/placements at a minimum monthly. Service coordinator will follow guidelines as set forth in policy. Service Coordinator will utilize the template as provided by DHHS.
d) Documentation of above contacts will be entered onto NFOCUS within three business days. All contacts will be entered under the CHILD'S NAME under the PROGRAM PERSON ICON. Please see attachment for additional information.
e) CFS Specialist will meet with each child or youth and parent monthly. CFS Specialist will have all documentation entered in to NFOCUS within three business days. All documentation will be entered under the ***CHILD'S NAME*** under the ***PROGRAM PERSON ICON***.

15. PLACEMENT CHANGES:
All placements and the use of respite care, requires prior approval of CFS. In court involved cases, all legal parties require notice 7 days prior to the anticipated move. This notice will be generated and provided to legal parties by CFS Specialist. Emergency placement change situations also require CFS

Specialist approval prior to placement. In court involved cases, the court must be notified within 24 hours of any emergency related moves. These must be related to the immediate safety of the child in order to be considered an emergency move.

In non-court cases, approval of CFS must be given at least 24 hours prior to anticipated move.

The use of relative/child specific/non-licensed homes requires following of the current Exception/Approval process, prior to placement.

CFS Specialist will complete all affidavits or letters for placement changes.

After hours placement changes will need to be staffed with the on call CFS Supervisor prior to placement changes occurring. Service Coordinator will contact the on-call supervisor through the DHHS Hotline (1-800-652-1999) once a new placement has been located to have approval for emergency placement change.

D. OJS/Status Offenders:

1. Referral Process:

When an OJS evaluation recommends OJS commitment, CFS Specialist will refer family/youth to contractor for implementation of service coordination.

For Status Offenders population the CFS Specialist will refer the family to the Contractor when the CFS Specialist receives a court order adjudicating a youth as a 3b status offender.

The Department will refer families by a single referral number. This system will identify which of the 3 contractors is to be assigned using a rotating order. This system will also maintain data regarding call volume, length of wait/call time, time/date stamp of call, and any exceptions to rotation/reconciliation of exceptions.

The referral information will be entered on to the “Green Phone” referral by CFS Specialist to include demographic information; including parents names, siblings within the family, address, phone numbers, language barriers and safety issues (if known). Intake information, directions to location and workers phone number.

All referrals will be sent to the assigned Provider/Contractor via fax within 24 hours.

The Contractor will notify the CFS Specialist of the decision regarding the assigned responding worker by the end of the initial referral call for safety response referrals. For non safety response referrals, the Contractor will notify the CFS Specialist of the assigned service coordinator within 24 hours.

The case information will be transferred within 24 hours for new families. Transition families will be staffed and all case file information shared prior to contractor assignment.

2. New OJS Commitments:

CFS Specialist or its designee is responsible to ensure the coordination of all CCAA evaluations as ordered by the courts.

CFS Specialist will provide OJS Evaluation/ COL/YLS contractor with referral to services within 24 hours of Disposition.

3. New 3b Commitments:

CFS Specialist is responsible to complete the initial Case Plan/Court report for 3b youth. CFS Specialist is responsible to complete these reports as designated by policy. Once these reports are developed; CFS Specialist will email Service Coordinator.

4. Case Plan/Court Reports:

Service Coordinators will draft the complete court report on NFOCUS 14 working days prior to the scheduled hearing.

Service Coordinator will notify CFS Specialist via email when draft court report is complete and on NFOCUS. The email will include the list of attachments that are recommended to be attached to the court report.

CFS Specialist will have 2 (two) working days to review draft court report and have Service Coordinator make any recommended changes. Service Coordinators will make any necessary changes to court report prior to submitting to CFS Specialist for final review.

Service Coordinators will have 2 (two) working days to make corrections recommended by CFS Specialist.

CFS Supervisors will review final draft court report within 9 (nine) working days prior to the scheduled court date. Any corrections recommended will be forwarded to Service Coordinator within 2 (two) working days.

Service Coordinator will have the finalized draft court report 7 working days prior to the scheduled court date.

CFS Specialist will finalize and distribute court report to all parties within 5 working days.

Service Coordinator Supervisor, Service Coordinator, CFS Specialist and CFS Supervisor will sign case plan/court report.

5. Addendum:

Service Coordinators will draft the complete addendum on NFOCUS 14 working days prior to the scheduled hearing.

Service Coordinator will notify CFS Specialist via email when addendum is complete and on NFOCUS. The email will include the list of attachments that are recommended to be attached to the court report.

CFS Specialist will have 2 (two) working days to review draft addendum and have Service Coordinator make any recommended changes. Service Coordinators will make any necessary changes to addendum prior to submitting to CFS supervisor for final review.

Service Coordinators will have 2 (two) working days to make corrections recommended by CFS Specialist.

CFS Supervisors will review final addendum within 9 (nine) working days prior to the scheduled court date. Any corrections recommended will be forwarded to Service Coordinator within 2 (two) working days.

CFS Specialist will finalize and distribute addendum to all parties within 5 working days.

Service Coordinator Supervisor, Service Coordinator, CFS Specialist and CFS Supervisor will sign addendum.

6. Non-Ward Court Reports:

Service Coordinator will use template provided by DHHS for these reports. Service Coordinator's will complete report on NFOCUS and on the template provided, timelines designated in case plan/court report section will be utilized.

7. YLS:

CFS Specialist is responsible for completing the initial YLS on each youth; OJS and 3b. CFS Specialist will complete YLS within 30 calendar days and will email Service Coordinator once YLS is finalized on NFOCUS.

Service Coordinator will provide information regarding interview summaries for updated YLS by 7 working days prior to 6 months due date. (or PRN per YLS Policy). CFS Supervisor will finalize YLS prior to the deadline.

8. Detaining of Youth:

CFS Specialist will make the decision to detain a youth. CFS Specialist needs to verbally notify Service Coordinator if a youth is being detained or a detainer has been issued (CFS Specialist will fax copy of detainer to contractor same time faxed to law enforcement) within an hour.

CFS Specialist is responsible to ensure/arrange secure transport's for all youth.

9. Conditions of Liberty (COL):

Service Coordinator will notify when there is a violation of a youth's COL; CFSS will be verbally notified within the hour (major law violation; when youth receives ticket, assaultive behaviors, drug related violations including positive drug screens, when weapons are involved, burglary/robberies, will also include when a youth is detained by law enforcement for new law violation).

Service Coordinator will document all violation of COL in N Focus and e-mail to CFS Specialist within 24 hours.

CFS Specialist will make any changes to the COL. This information will be shared with the Service Coordinator within 24 hours of such changes.

10. Behavioral Accountability Meeting:

CFS Specialist will facilitate and lead BAM and will document result of meeting on NFOCUS within 1 working day.

Service Coordinator will schedule and attend BAM, and implement any changes that came from the meeting.

11. Preliminary and Revocation Hearing:

CFS Specialist will schedule and facilitate this hearing. The CFS Administrator must be in attendance for this meeting.

CFS Specialist will complete all necessary paperwork and document results of hearing within 1 working day.

Service Coordinator will gather all relevant documentation for hearing and submit to CFS Specialist with in 24 hours of determination of such hearing.

Service Coordinator will attend the hearing with the assigned CFS Specialist

12. Request for Higher Levels:

CFS Specialist will complete all affidavits for higher level of care. Service Coordinator will ensure all supporting documentation will be given to CFS Specialist within 1 working day of determination of a higher level of care.

13. Required Contacts:

Service Coordinator is responsible to see each youth that is involved with the DHHS. Each child/youth will be seen at a minimum of a monthly basis, in person, private contact in the residence in which the child resides. Service coordinator will utilize the template as provided by the DHHS.

Service Coordinator is responsible to see each parent/care taker for the child/youth involved with the DHHS. Service Coordinator will follow guidelines as

set forth in policy. Service Coordinator will utilize the template as provided by DHHS.
Service Coordinator is responsible to meet with foster parents/placements at a minimum monthly. Service coordinator will follow guidelines as set forth in policy. Service Coordinator will utilize the template as provided by DHHS

Documentation of above contacts will be entered onto NFOCUS within three business days. All contacts will be entered under the ***CHILD'S NAME*** under the ***PROGRAM PERSON ICON***.

CFS Specialist will meet with each child or youth and parent monthly. CFS Specialist will have all documentation entered in to NFOCUS within three business days. All documentation will be entered under the ***CHILD'S NAME*** under the ***PROGRAM PERSON ICON***.

14. Family Team meetings:

a) Service Coordinator will arrange and facilitate the initial Family Team Meeting within 30 days of referral.

b) Service Coordinators will arrange and facilitate a minimum of 1 (one) team meeting every calendar month.

c) Service Coordinator will document the Family Team Meeting on NFOCUS under the "Detailed Program Case" screen, under the "Narrative" icon, specifically under the "Family Team Meeting" drop down. This will be completed with 3 (three) working days following the meeting.

d) Service Coordinator will utilize the Family Team Meeting template as provided by the Department.

e) Every Team meeting will specifically address the visitation plan, safety plan and case plan to ensure all plans continue to be appropriate for case progress, safety and well being for the children being served. Any changes identified will be decided during the Team Meeting. The month prior to a scheduled permanency hearing, the team will also discuss any recommendations as it relates to changing the permanency objective for a child.

    1) Any changes in visitation plan will be documented by service coordinator within 1 business day of decision. Service Coordinator will notify CFS Specialist the same working day of such changes. CFS Specialist will obtain appropriate approval through the courts (when applicable).

    2) Any changes in Case Plan will be documented by Service Coordinator within 2 working days of decision.

3) Any changes in Safety Plan will be documented by CFS Specialist within 24 hours of decision.

f) CFS Specialist will attend each team meeting. If CFS Specialist is out of town or unable to attend for other reasons, it is the responsibility of the CFS Supervisor to ensure appropriate coverage for Family Team Meeting is made.

15. Visitation Plans:

CFS Specialist will complete, document and finalize on NFOCUS the initial visitation plan within 48 hours of child being removed. The initial visitation plan is completed to ensure that the safety needs of the child are maintained. CFS Specialist will include who can be present during visitation between the child and their parent/caretaker.

Service Coordinators will recommend frequency, duration and level of supervision and with team decision; level of visitation may be changed.

CFS Specialist will develop affidavit (if applicable) for recommended change in visitation and submit to court and all parties.

Service Coordinator will implement the plan; service coordinator will determine time, location and transportation to ensure visits occur.

Service Coordinator will follow the Guidelines for Parenting Time as identified by the Nebraska Supreme Court Commission on Children in the Courts.

Any changes in visitation plan will be documented by service coordinator within 2 working days of decision.

Service Coordinator will notify CFS Specialist via email when draft visitation plan is entered onto NFOCUS.

CFS Specialist will review and finalize updated visitation plan within 2 working days of notification of the draft plan.

CFS Specialist or Service Coordinator has the authority to cancel visitation, consultation must occur with CFS Administration prior to visitation being canceled

E. **Adoption:**

The Service Coordinator will contact CFS Adoption Supervisor via cell phone if a relinquishment is needed scheduled at least 5 working days prior to the relinquishment date. If CFS Adoption Supervisor is unavailable the Service Coordinator will contact the CFS Adoption Supervisor's case aide, with the information.

If the due diligence is not current when the permanency plan changes to adoption the Service Coordinator will provide supporting documentation to the CFS Specialist complete a current due diligence and e-mail this to the CFS Specialist within 14 working days.

Service Coordinator will schedule initial meeting with prospective adoptive family and CFS Specialist within 30 days following child being free for adoption. During the meeting the CFS Specialist will discuss with the family the following:

1. FC Pay will be completed at this meeting.
2. Subsidy
3. Identify Adoption Attorney

Service Coordinator will complete the application/exception to the Adoption Exchange (Child Saving Institute) within 30 days following the child being free for adoption.

Service Coordinator will notify CFS Specialist via email or phone within 24 hours following any discussions that may occur that could/would interrupt or change the permanency plan.

Service Coordinator will gather all supporting medical, educational, and behavioral documentation needed to support the subsidy and submit to CFS Specialist. Timeline: Once a prospective adoptive family is identified the Service Coordinator has 30 calendar days to gather any of this outstanding documentation needed to support the subsidy and submit this documentation to CFS Specialist by the 30th calendar day. All subsidies must be pre-approved prior to any signatures on the documents. Every subsidy will be reviewed by the review team within DHHS, Service Coordinator will contact Adoption Supervisor to have subsidy reviewed prior to adoption/guardianship hearing.

The CFS Specialist will prepare the adoption packet and send the packet or hand deliver the adoption packet to the adoption attorney within 15 working days.

The CFS Specialist will notify the Service Coordinator the same day of receipt of being notified of the adoption hearing date.

Prior to the adoption the Service Coordinator will schedule an exit team meeting to be held within 7 calendar days prior to the adoption hearing. (CFSS will discuss what will change and what will remain the same (subsidy) and the SC will discuss plans of support for the next year)

F. *General Duties:*

1. Placements on NFOCUS:

Southeast Service Area Specific Requirements

Service Coordinator will update/change placements on NFOCUS within 24 hours following the approval of the placement through the CFS Specialist and the Courts.

2. Placement Paperwork:

Service Coordinator will generate placement paperwork through Correspondence ICON on NFOCUS. Service Coordinator will ensure paperwork is signed the day of placement of child into a new home. Service Coordinator will ensure copies of placement paperwork are give to CFS Specialist as outlined in “exchange of documents” section.

3. Updating/Changing Legal Status:

CFS Specialist will change/update legal status of all children/youth on NFOCUS.

4. Child Characteristics:

Will be updated by both the CFS Specialist/Service Coordinator, updates need to occur once information is learned of a child and both the CFS Specialist and Service Coordinator will email the other partner when such updates are made.

5. Legal Actions:

CFS Specialist or their designee will enter/update on NFOCUS within 2 (two) working days of receipt of court order.

6. Professional Relationships:

Service Coordinator will update professional relationships on NFOCUS

7. Closing Case on NFOCUS:

CFS Specialist will close on NFOCUS

8. Background Checks:

CFS Specialist or their designee will complete all background checks. Once these checks are completed copies will be provided to Service Coordinator.

Emergency background checks will be completed within 2 (two) hours of request in writing.

Non-emergency background checks will be completed within 2 (two) weeks.

9. Approval Packets:

Service Coordinator will ensure that home study/approval packet is started. CFS Specialist, CFS Supervisor, CFS Administrator will review and sign approval packets.

Service Coordinator will ensure that CFS Specialist has approval packet within 55 days of child being placed in child specific/relative home.

10. Life Books:

Service Coordinator will ensure that each child has a life book started and maintained while involved with DHHS. Service Coordinator will work with foster parents, relatives or placements to ensure each child's life book is maintained.

11. Exchange of Documents:

All documents will be exchanged by all parties within 3 (three) working days of receipt.

All received documents will be date stamped.

Examples of documents to be exchange include but not limited to the following:

Court orders

School Attendance Reports

Report Cards

IEP Reports

Immunization Records

Birth Certificates

Social Security Cards

Service Coordinator Reports

FCRB Reports

OJS evaluations

Progress reports from therapist/treatment providers

All evaluation for children and parents

Releases of Information

12. Service Referrals:

Service Coordinators will utilize the "Green Phone Referral" on NFOCUS when referring a youth or parent into treatment services. Service Coordinators will complete referrals within 72 hours of being court ordered or recommendation from evaluation for specific level of treatment; whichever comes first, (see attachment for additional information).

G. RESOURCE DEVELOPMENT

Southeast Service Area Specific Requirements

1. Licensing:

Lead agencies will submit licensing packet

DHHS will review packet, will then approve or deny. If the home is approved DHHS will issue the license.

2. Recruitment:

Lead agencies will develop a form letter to provide to DHHS, so when a request is made for potential licensing, DHHS staff will mail letter for request. This letter will include all 3 lead agencies and contact information.

3. Fingerprints/process:

DHHS will complete all background checks and supply copies to specific agency.

Contractor will submit all fingerprint cards directly to the state patrol.

4. Training:

Lead Agency will utilize training that has been approved through DHHS; training will include a minimum of 21 pre-service hours. Lead agency will submit verification of this training.

5. Licensing-home visit, application, HR, Compliance Review:

Check list, training verification, well test will be completed and paid for by lead agency.

Lead Agency will submit all requests to DHHS for licensure.

6. Evacuation Plan

Lead Agency will determine if evacuation plan is appropriate for licensure, if needed DHHS will approve as a part of licensing packet.

7. Initial Licensing Packet:

To Include:

-training certificates initial/ongoing

-compliance checklist

-application

-background check results-hard copies

-references minimum of 3-hard copies

-health report-water test if required

-fire marshal & Health if required

-home study submitted at this time

8. License Issuance:

DHHS will issue licenses

DHHS RD staff will complete the following:

- Document detail license approval window.
- RD will document narrative packet received date
- any corrections
- missing information
- any on-going actions needed regarding issuing license.
- Activate license on N-FOCUS & Facility Type

9. Out of Home Assessments:

Lead Agency will participate in CFS Safety Assessment when requested and provide requested documentation.

Lead Agency will provide supportive services in response to the out of home assessments.

10. Home Studies:

Lead Agencies are responsible for the follow types of home studies:

Licensing, adoption, REL/CS, approved and parental.

DHHS will be responsible for the following types of home studies:

ICPC and ICJ

Home study process:

Lead Agency will sign the home study.

Lead Agency will ensure the home study is thorough and loaded in to NFOCUS

DHHS will approve and finalize home study on NFOCUS.

Lead Agency will provide any requested follow up needed for approval and finalization.

Lead Agency will comply with time frames for home studies. Lead Agency will have completed home study entered into NFOCUS within 30 calendar days.

DOCUMENTATION ON NFOCUS:

Safety Plan Monitoring:

Southeast Service Area Specific Requirements

CFS Specialist and Service Coordinator will document and changes/concerns for safety plans under the ***DETAILED PROGRAM CASE***, under the ***NARRATIVE*** icon, then select ***CONSULTATION POINT*** and then select ***STAFF INITIATED***. Please note that the documentation here is for any reported concerns or updates, changes should not be made to a safety plan unless it is identified that a new safety plan is needed.

Case Plan Monitoring:

CFS Specialist and Service Coordinator will document and changes/concerns for case plans under the ***DETAILED PROGRAM CASE***, under the ***NARRATIVE*** icon, then select ***CONSULTATION POINT*** and then select ***STAFF INITIATED***. Please note that the documentation here is for any reported concerns or updates, changes should not be made to a case plan unless the case plan is being updated for the purposes of a review hearing, or as needed as directed by policy.

Parenting time/visitation plans:

CFS Specialist and Service Coordinator will document all new/updated visitation plans under the ***DETAILED PROGRAM CASE***, under the ***VISITATION PLAN*** icon.

Required Contacts:

Monthly contact with children, parents and placements will be entered onto NFOCUS within three business days. All contacts will be entered under the ***CHILD'S NAME*** under the ***PROGRAM PERSON ICON***.

Family Team Meetings:

Service Coordinator will document the Family Team Meeting on NFOCUS under the ***DETAILED PROGRAM CASE*** screen, under the ***NARRATIVE*** icon, specifically under the ***FAMILY TEAM MEETING*** drop down. This will be completed with 3 (three) working days following the Family Team Meeting.

Phone calls:

CFS Specialist and Service Coordinator will document any phone calls under ***DETAILED PROGRAM CASE*** screen, under the ***NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, and then select ***TELEPHONE/TDD CALL.***

Southeast Service Area Specific Requirements

Emails:

CFS Specialist and Service Coordinator will document any emails under ***DETAILED PROGRAM CASE*** screen, under the ***DETAILED NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, then select ***CORRESPONDENCE.***

Letters/Written Communication:

CFS Specialist and Service Coordinator will document any letters/written communication under ***DETAILED PROGRAM CASE*** screen, under the ***DETAILED NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, then select ***CORRESPONDENCE.***.

Signed Releases of Information:

CFS Specialist and Service Coordinator will document any signed releases of information under ***DETAILED PROGRAM CASE*** screen, under the ***DETAILED NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, then select ***CORRESPONDENCE.***

Violations of Conditions of Liberty:

CFS Specialist and Service Coordinator will document any violations in conditions of liberty under ***DETAILED PROGRAM CASE*** screen, under the ***DETAIL NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, and then select ***OTHER VISIT***.

Behavioral Accountability Meetings:

CFS Specialist will document results of behavioral accountability meeting under DETAILED ***PROGRAM CASE*** screen, under the ***DETAIL NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, then select ***OTHER VISIT***.

Preliminary Hearings:

CFS Specialist will document results of preliminary hearing under ***DETAILED PROGRAM CASE*** screen, under the ***DETAIL NARRATIVE*** icon, specifically under the ***CONTACT*** drop down, then select ***OTHER VISIT***.

Southeast Service Area Specific Requirements

Due Diligence:

CFS Specialist and Service Coordinator will document due diligence efforts under the ***DETAILED PROGRAM CASE*** screen, under the ***KINSHIP NARRATIVE*** icon, highlight the appropriate name and then select ***NEW***, and then select the appropriate narrative type.

ICWA:

CFS Specialist and Service Coordinator will document all request for ICWA identification under the ***DETAILED PROGRAM CASE*** screen, under the ***KINSHIP NARRATIVE*** icon, highlight the appropriate name and then select ***NEW***, and then select the appropriate narrative type.

Location of relatives:

CFS Specialist and Service Coordinator will document all efforts to locate relatives under the ***DETAILED PROGRAM CASE*** screen, under the ***KINSHIP NARRATIVE*** icon, highlight the appropriate name and then select ***NEW***, and then select the appropriate narrative type.

Relative Placement Decisions:

CFS Specialist and Service Coordinator will document all rational for not placing children with relatives by highlighting the child's name, selecting ***PROGRAM PERSON*** icon, then selecting the ***NARRATIVE*** icon, and then selecting the ***RELATIVE PLACEMENT DROP DOWN.***

Background Checks:

CFS Specialist will document background checks under the Safety Plan, by selecting the individual's name and then selecting the ***SUITABILITY*** icon. CFS Specialist will then clicks on the ***BACKGROUND CHECK*** icon and enter results of checks.

Child Placements:

Service Coordinator will document all placement changes under the ***REMOVAL/PLACMENT*** Icon on NFOCUS.

Southeast Service Area Specific Requirements

Protective Capacity Assessments:

Service Coordinator will document the PCA through the finalized ***SAFETY ASSESSMENT***, by selecting the ***PCA*** button once assessment is open.

Case Plans:

Service Coordinator will document the Case plan under the ***CASE PLAN*** icon.

Court Reports:

Service Coordinators will document court reports by going through ***LEGAL ACTIONS*** icon, then under the ***SEARCH LEGAL ACTION*** window hit the ***SELECT*** button, and then select the appropriate legal action/court date.

Independent Living Plans:

Service Coordinator will develop an Independent Living Plan through the ***CASE PLAN*** icon. This plan should be a part of a separate ***OUTCOME*** for youth in need of such plan.

Child's health, educational, behavioral and emotional information:

CFS Specialist and Service Coordinator will document all rational for not placing children with relatives by highlighting the child's name, selecting ***PROGRAM PERSON*** icon, then selecting the ***NARRATIVE*** icon, and then selecting the ***MEDICAL OR EDUCATIONAL DROP DOWN.***

Child Characteristics:

CFS Specialist and Service Coordinator will document all rational for not placing children with relatives by highlighting the child's name, selecting ***PROGRAM PERSON*** icon, then selecting the ***NARRATIVE*** icon, and then selecting the ***CHILD CHARACTERISTICS DROP DOWN.***

Child Characteristics will also be answered by highlighting the child's name, selecting ***PROGRAM PERSON,*** then selecting the ***CHARACTERISTICS*** icon and answering questions related to that specific child.

Home Studies (including background checks):

Southeast Service Area Specific Requirements

Lead agencies will load home studies under the ***ORGANIZATION***. Select the ORGANIZATION icon, then select the ***NARRATIVE*** icon, and then select the ***HOME STUDY DROP DOWN.***

A. Management of Foster Family Care

1) Use of homes
2) Payment Rates- Each Contractor will determine foster home payment rate structures and expectations. Any exceptions to the payment structure must be approved by the Department.

B. Referral Assignment Process

Requests for a different contractor to be assigned are limited. Situations for reassignment of a contractor are described below and may indicate a need for a Service Area team to meet and discuss the situation to determine the next steps in the case.

C. Staffing Ratios and Caseload Size

1) Staffing Ratios
   a. KVC Behavioral Health Care - 1:9
   b. Cedars - 1:8
   c. Visinet, Inc. - 1:8

2) Caseload sizes
   a. KVC Behavioral HealthCare - 1:16 families (includes aftercare)
   b. Cedars - 1:16 families (includes aftercare)
   c. Visinet, Inc. - 1:20 families (includes aftercare)

D. Subcontractor

The Department reserves the right to disapprove the use of any subcontractor. All intended subcontract agreements must be approved by the service area prior to utilization of that provider. The Department will provide such approval/refusal within 3 business day of request. For emergency subcontract needs, The Contractor will notify the Department within 1 business day for ongoing approval.

E. Required Assessment Tools

The Contractor will utilize assessment tools for children and families. The Contractor must collect and maintain the information obtained by the assessments. This information will also be shared with the Department upon request.

F. Evidence Based Practice

Southeast Service Area Specific Requirements

1) The Contractor will provide the following for each Evidence Based Practice and Non-Evidence Based Practice/program utilized: outline of the program model, an overview of the program, program outcomes, a measure of fidelity, level of research based (Evidence Informed, Evidence based with adaptations, or Evidence Based) , a general description, areas of interest (alcohol, substance abuse, mental health, tobacco etc.) , population served, settings (school, home, rural, urban etc.), implementation/research history, adaptations (cultural, lingual, etc.), and costs utilizing the EBP/Non-EBP program Quick Indicator template provided in the Quality Assurance Notebook.
2) The Contractor will submit a quarterly report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
3) The Contractor will submit an annual report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.
4) The identification of significant weaknesses in relation to outcomes or if a program is no longer a viable option, a program may be dropped and a replacement may be chosen with Department approval The request to drop, add or change a program must be completed and submitted to the Service Area Contract Liaison utilizing the form designated by the Department.
5) Each program needs to have a measure of fidelity available to ensure the program parameters are being adhered to. A measure of fidelity should include a scale that identifies key components within the program model to measure the extent the program model is being followed. If the program does not provide a scale for fidelity, the Contractor will provide a written explanation as to the process to ensure the program model will be followed. This needs to be available for the Department to use as an evaluation tool to

establish to what extent the program model was followed and to assist in determining strengths/weaknesses (the Contractor may use this as a tool for internal evaluative purposes). How the program outcomes align with the Index of Outcomes and Systemic Factors, Associated Items, and Data Indicators in compliance with CFSR (as applicable to service contracted) needs to be identified.

25. Western Service Area

WESTERN SERVICE AREA SPECIFIC REQUIREMENTS

A. Referral /Assignment Process

1) The Department will refer families by calling the BGH call center which will be operational 24 hours/ 7 days per week and faxing all supporting referral information to 888-201-8762.
   a. All referrals will be sent to 888-201-8762.
   b. The referral information will include: see attachment
   c. The case information will be transferred within time frame consistent with time frames established for contractor first contact with family in the Operations Manual.
2) The Contractor will notify the CFS Specialist of the decision regarding the assigned worker by time frame established in the Operations Manual.
3) The Department will
   a. Notify the family by written and verbal notification within the time frames as determined above.
   b. Notify the court system and other professionals in writing within seven (7) working days of the referral
4) Requests for a different contractor to be assigned are limited. Situations for reassignment of a contractor are described below and may indicate a need for a Service Area team to meet and discuss the situation to determine the next steps in the case.
5) The following situations would require a review of the case:
   a. There is a personal conflict between the Contractor and the family (i.e. family is related to an employee of the contractor)
   b. The identified family moves out of state.
   c. The identified child is prosecuted in adult court.
   d. The identified child is incarcerated in an adult facility.
   e. The family of the identified child moves outside of the service area.
   f. The identified child has been in Job Corps for 30 days or longer.

B. Subcontractor - The Department reserves the right to disapprove the use of any subcontractor. All intended subcontract agreements must be approved by the service area prior to utilization of that provider. The Department will provide such approval/refusal within 3 business day of request. For emergency subcontract needs, The Contractor will notify the Department within 1 business day for ongoing approval.

C. Placement Approval Process – For previously licensed and approved placements, Service Coordinator will contact the assigned CFS Specialist during business hours.

If the assigned CFS Specialist is not available, the coverage worker or CFS Supervisor will be contacted. After hours, the appropriate NSA on-call worker

will be contacted. For emergency approvals or placements in unapproved homes, refer to Management of Foster Family Care section.

D. Management of Foster Family Care

1. Use of homes – All potentially licensed foster homes will go through the screen team approval process, as defined in service area protocol.

2. Approval of unlicensed homes – Policy will be followed. "Request for Approved Status" form and home study will be submitted to the CFS Administrator for approval. No placements will be made in these homes until approval has been given.

3. Emergency approval of homes – Policy will be followed. When background checks are clear, verbal supervisory approval is appropriate.

4. If placement is being requested for any unrelated, unmarried adults living in the home and/or a background check shows a record, approval must be given by the CFS Administrator.

5. Payment Rates – Each contractor will determine foster home payment rate structure. Any exceptions to the payment structure must be approved by the Department.

E. Staffing Ratios and Caseload Size

The Staffing Ratios and caseload sizes will adhere to the program description. Any changes will be approved by the Department.

F. Court & Legal – Contractor will participate in court activities as requested by the Department and the Courts.

G. Case Plan/Court Report

1) Draft Court Reports are to be submitted to the CFSS at least 10 business days prior to the date the Department is required to submit such documents to the Court.
2) Draft Case Plans are to be submitted to the CFSS within 45 days of initial custody or the begin date of the safety assessment. Six month case plan reviews are due to the CFSS 15 days prior to the 6 month due date.

H. Process for Involving Legal - The Contractor will contact the CFS Specialist if they believe a request to involve the Department's legal division is needed.

I. Income Maintenance Foster Care Documentation: If needed, the Department may request assistance for obtaining and distributing IMFC information related to new cases, annual reviews, independent living and former ward from the Contractor.

J. Required Assessment Tools

Each Contractor will utilize assessment tools for children and families. The Contractor must collect and maintain the information obtained by the assessments. This information will also be shared with the Department upon request.

K. Evidence Based Practice

a. The Contractor will provide the following for each Evidence Based Practice and Non-Evidence Based Practice/program utilized: outline of the program model, an overview of the program, program outcomes, a measure of fidelity, level of research based (Evidence Informed, Evidence based with adaptations, or Evidence Based) , a general description, areas of interest (alcohol, substance abuse, mental health, tobacco etc.) , population served, settings (school, home, rural, urban etc.), implementation/research history, adaptations (cultural, lingual, etc.), and costs utilizing the EBP/Non-EBP program Quick Indicator template provided in the Quality Assurance Notebook.

b. The Contractor will submit a quarterly report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.

c. The Contractor will submit an annual report for each EBP and Non-EBP as outlined in the Quality Assurance Notebook and described in the Reporting section of the Operations Manual.

d. The identification of significant weaknesses in relation to outcomes or if a program is no longer a viable option, a program may be dropped and a replacement may be chosen with Department approval The request to drop, add or change a program must be completed and submitted to the Service Area Contract Liaison utilizing the form designated by the Department.

e. Each program needs to have a measure of fidelity available to ensure the program parameters are being adhered to. A measure of fidelity should include a scale that identifies key components within the program model to measure the extent the program model

is being followed. If the program does not provide a scale for fidelity, the Contractor will provide a written explanation as to the process to ensure the program model will be followed. This needs to be available for the Department to use as an evaluation tool to establish to what extent the program model was followed and to assist in determining strengths/weaknesses (the Contractor may use this as a tool for internal evaluative purposes). How the program outcomes align with the Index of Outcomes and Systemic Factors, Associated Items, and Data Indicators in compliance with CFSR (as applicable to service contracted) needs to be identified.