

**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 DHHS 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. 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: DHHS 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 which addresses best interest for youth and demonstrates reasonable efforts for families.

- (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) Naturally occurring supports will be utilized whenever possible to promote self sufficiency;
- (9) Maintaining the cultural values, beliefs and competence;
- (10) People can and do change;
- (11) Family Centered Practice is a family-driven, community-oriented, strength-based, highly individualized planning and problem solving process aimed at helping people achieve their outcomes by assisting them in meeting their unmet needs. The core values, beliefs and principles of Family Centered Practice are:
  - a. Compassionate
  - b. Individualized
  - c. Family Centered
  - d. Strengths Based
  - e. Culturally Competent
  - f. Team Developed and Supported
  - g. Outcome Focused
  - h. Needs Driven
  - i. Flexible

- j. Unconditional
- k. Normalized
- l. Community Based

- (12) A crisis is an opportunity for change;
- (13) 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 DHHS on expectations for standardization in the operations and service delivery of the contract.
- B. The Operations Manual does not replace State Statute or DHHS's policy in regard to the expectations for Children and Family Services or the Contractor. The Operations Manual clarifies how DHHS'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 DHHS, will be established to review proposed changes to the Operations Manual except service delivery models that are unique to a specific contractor. Changes involving service delivery models 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. 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.
- F. Approved changes will be disseminated by DHHS's Policy Section Operations Unit.

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

### **3. Contractor and DHHS 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 and timely 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.
- Mutual decision making of key case decisions to better achieve safety, permanency and well-being of families.
- Work together to ensure that Reasonable Efforts and Best Interest are provided to Children and Families.

The roles and responsibilities section was developed in partnership with an emphasis on improving outcomes and enhanced efficiencies to current system reform. This section provides 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. The purpose of the role and responsibility matrix is solely to define the obligations of the Contractor under this agreement.

#### **Referral for Case Management**

- A. DHHS will refer a family to the contractor for service coordination and case management at the time a case is determined to be opened for non-court involved or court involved status.
  1. Child Welfare cases will be assigned for case management after the completion of the Initial Safety Assessment and Initial Safety Plan or after Adjudication, whichever comes first.
  2. Status Offender cases will be assigned for case management after the youth is adjudicated and is placed into the custody of DHHS or is ordered to be supervised by DHHS.
  3. Office of Juvenile Services cases will be assigned for case management when the court has committed the youth the Office of Juvenile Services at disposition.

- B. Each Service Area will utilize a standardized referral form and protocol to provide contractors with information regarding new cases.

Referral during Initial Assessment

- A. During the initial assessment period DHHS may refer for safety interventions and supports to be provided by the lead contractor.
- B. DHHS may refer for a single safety service outside of Service Coordination/Case Management 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.

Referral during a Status Offender Pre-Dispositional Report

- A. When the court has ordered a pre-dispositional report, the contractor will complete the pre-dispositional report

Initial Assessment - During the initial assessment phase, DHHS will make referrals to the Contractor for interventions and strategies to maintain safety. Together, the Contractor and DHHS will create a safety plan to address needs. When an immediate safety threat has occurred, DHHS may determine immediate interventions to be provided. In these situations, a plan will be jointly created within 2 business days.

Written Reports to the Court – All reports will be reviewed, approved and signed by DHHS before they are submitted to the court.

Case Plans – DHHS will review and approve all case plans submitted to the court. The review shall be completed utilizing the Case Plan Review form.

Placements – The Contractor is not responsible for and shall not make or change placement of state ward without prior approval from DHHS, as well as prior court approval, when required by state law. The Contractor is not responsible for notifying legal parties of change of placement.

<b><i>The Contractor is not responsible for and shall not perform the following functions under this contract.</i></b>	<b><i>The Contractor is responsible for and shall perform the following functions under this contract.</i></b>
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<b>Intake</b>	
The Contractor is not responsible for and shall not create, staff, or operate a statewide or regional system for accepting, screening, and/or assigning calls to report suspected child abuse or neglect from law enforcement, mandatory reporters under [Neb. Rev. Statute 28-710], or the general public.	The Contractor is responsible for reporting all instances of suspected child abuse/neglect to the statewide, DHHS child abuse hotline (1-800-652-1999) (hereinafter "DHHS Hotline") as required mandatory reporters under Neb. Rev. Statute 28-710.
<b>Initial Assessments</b>	
The Contractor is not responsible for and shall not perform Initial assessments (investigations), including all safety assessments, of reports of child abuse or neglect received by DHHS, regardless of current or previous involvement with the child and/or family by the Contractor.	The Contractor may provide DHHS with timely recommendations regarding appropriate services, interventions, strategies, or resources to adequately address safety concerns identified by DHHS prior to transfer of ongoing case management from DHHS to Contractor.
The Contractor is not responsible for and shall not make a recommendation to law enforcement, city or county attorney, or court of competent jurisdiction to cause a child or children to be removed from their home and/or placed in any setting other than their home.	The Contractor shall provide appropriate services, interventions, strategies, or resources, as determined by DHHS to adequately address safety concerns identified by DHHS prior to transfer of ongoing case management from DHHS to Contractor. The Contractor may request the Professional Judgment Resolution Process if there is disagreement about the services interventions, strategies, or resources to be provided.
The Contractor is not responsible for and shall not complete referrals to Early Development Network.	

<b>Out-of-Home Safety Assessment</b>	
The Contractor is not responsible for and shall not perform assessments or investigations of potential child abuse or neglect that occur in any placements including, but not limited to the following; Licensed or approved foster homes (relative and known to the child), Group homes, Shelters, Residential Treatment facilities.	DHHS and the Contractor shall initiate and maintain a safety plan as agreed upon by both in connection with an Out-of-Home Assessment.
	Take reasonable corrective actions as determined by DHHS and the contractor to address issues contributing to substantiated Out-of-Home Assessments.
<b>Initial Safety Plans and All Safety Plans as a Result of a Subsequent New Report of Abuse and Neglect</b>	
The Contractor is not responsible for and shall not determine whether an in-home safety plan, out-of-home safety plan or combination of both is needed on the Initial Safety Plan and all Safety Plans as a result of a subsequent new report.	Provide oversight and monitor effectiveness of the safety plan.
	Provide all supports and services needed to implement and maintain Safety Plan.
The Contractor is not responsible for and shall not determine suitability of safety plan participants including completion of all background checks on the Initial Safety Plan and all Safety Plans as a result of a subsequent new report.	Work with family to identify and recommend the most appropriate safety plan participants. Provide necessary information to DHHS to complete background checks and to develop the safety plan.
	The Contractor will provide information to DHHS in regards to the Safety Plan sufficiency and effectiveness. Report any changes in circumstances that may impact safety.
	Adjust the safety plan in response to changing circumstances in the family. If new safety threats emerge, modify the level of intervention to assure continued child safety.

<b>Ongoing Safety Plans</b>	
The Contractor is not responsible for the completion of any background checks of safety plan participants.	Provide oversight and monitor effectiveness of the safety plan. Determine suitability of changes to or additional safety plan participants.
	Provide all supports and services needed to implement and maintain Safety Plan.
	Work with family to identify and recommend safety plan participants. Provide necessary information to DHHS to complete background checks and to develop the safety plan.
	The Contractor will provide information to DHHS in regards to the Safety Plan sufficiency and effectiveness. Report any changes in circumstances that may impact safety.
	Adjust the safety plan in response to changing circumstances in the family. If new safety threats emerge, modify the level of intervention to assure continued child safety.  If the safety plan or any component of the safety plan is court ordered, the Contractor will request prior approval from DHHS as well as prior court approval.
<b>Conditions for Return</b>	
	Develop Conditions for Return with input from family. Document Conditions for Return on N-FOCUS no later than 60 days after removal.
	Review the Conditions for Return. Provide feedback on the family's progress.

## Out of Home Placement

<p>The Contractor is not responsible for and shall not make or change placement of state ward without prior approval from DHHS, as well as prior court approval when required by state law. The Contractor is not responsible for notifying legal parties of change of placement.</p>	<p>Recommend the need for an out of home placement or change in placement to DHHS based upon the best interest of the child.</p> <p>The contractor will obtain approval for the placement from the agency responsible for the foster home and the individuals or agencies responsible for other placements in the home.</p> <p>In emergency situations, the contractor will obtain approval from the individuals or agencies responsible for other placements in the home within 24 hours of the placement.</p> <p>Assist DHHS in obtaining court approval for placement changes, when necessary, including, but not limited to providing information and documentation to support the placement change, drafting affidavits, and attending court hearings.</p> <p>The Contractor will arrange for and carry out a change in placement after receiving DHHS approval and, when required by state law, court approval.</p>
	<p>Document initial removal and placement on N-FOCUS.</p>
	<p>At initial placement review DHHS signed "Statement of Disclosure" with the caregiver and obtain caregiver's signature. Once the contractor has been assigned case management the contractor will complete and sign a "Statement of Disclosure" and obtain the caregiver's signature. Provide signed copy to the caregiver.</p>
	<p>Request approval for exception as required by policy.</p>

### 1. Placement with Non-Custodial Parent

The Contractor is not responsible for and shall not 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 process and document on N-FOCUS
<b>2. Emergency Approval in an Unlicensed Home</b>	
The Contractor is not responsible for and shall not complete background checks as required by policy on any household members.	Locate relative or person known to the child or family for out of home placement and complete the walkthrough of residence.
The Contractor is not responsible for and shall not approve placement in an unlicensed home.	Complete home study within 30 days of the placement.
<b>Parenting Time/Visitation Plans</b>	
	Assist with visit(s) following child or youth's removal from parent/guardian prior to the completion of the Parenting Time/Visitation Plan.
	Complete Parenting Time/Visitation Plan on N-FOCUS to include parent and sibling contact.
	Assist the family with creating and implementing the Parenting Time/Visitation Plan in compliance with any court order relating to visitation to include but not be limited to supervision, duration, frequency of visits and who can be present during parenting time/visitation.
	Evaluate with family and monitor effectiveness of Parenting Time/Visitation Plan. Implement changes and modifications as allowed by the court order.

	Document each visit. Documentation will include duration, participants, location, skills taught, progress towards outcomes and concerns. Documentation will be maintained in the case file and/or N-FOCUS electronic file.
	Document on N-FOCUS a monthly summary within 10 calendar days of the end of the month. Include documentation for visitations and progress towards the outcomes during the month in a format agreed upon specific to each Service Area.
<b>Protective Capacity Assessment.</b>	
	Conduct PCA to determine enhanced or diminished parental capacity (parent needs) impacting the safety threats and to identify case plan needs and strategies.
<b>Child and Family Needs Assessment</b>	
	Assess with the child and family their needs and develop strategies to address the identified child and community safety threats, the diminished capacities and to achieve the outcomes and ensure sustainable change.
<b>Family Team Meetings</b>	
	Coordinate, schedule and facilitate Family Team Meetings
	During the Family Team Meeting discuss the child and community safety threats, the protective capacities and progress on achieving case plan outcomes. Develop strategies to include formal and informal supports and/or interventions needed to assist the family in making sustainable change.
	Document all Family Team Meetings per policy.

<b>Case Plan</b>	
	Develop strategies to include formal and informal supports and/or interventions needed to assist the family in making sustainable change. Work with the family to determine the permanency objective, concurrent plan, a timeframe to achieve the permanency objective, case plan outcomes and needs.
	Prepare Initial Case Plan per policy timeframes for approval by DHHS in court involved cases.
	Meet with the family to review the case plan and obtain their signature.
<p>The Contractor is not responsible for and shall not submit Case Plans to the Court.</p> <p>The Contractor is not responsible for and shall not provide a formal notification to the legal parties of the case plan submitted by DHHS</p>	<p>For court involved cases, submit Case Plan to the DHHS through N-FOCUS for DHHS approval at least 8 business days before the Case Plan is due to the court. Recommendations are in the best interest of the child and reasonable efforts are provided. In OJS cases, recommendations also address community safety risk.</p> <p>The contractor resubmits back to DHHS the final changes to the case plan or may initiate the Professional Judgment Resolution process within 4 business days before the Case Plan is due to the court.</p> <p>When requesting an early court review, the Contractor will provide to DHHS documentation to support the recommendation.</p>
	Monitor and evaluate progress regarding services provided that address safety, permanency, well-being along with the risks and needs of youth and community safety.
	Update Case Plan in accordance with policy and prior to each review/permanency hearing.

<b>Contacts and visits with child, youth, family and caretaker</b>	
The Contractor is not responsible for and shall not perform face-to-face contacts and visits with each child, youth, and parent(s) per policy prior to the referral of case management.	Conduct face to face contacts and visits with each child, youth or parent(s) per policy during ongoing case management.
	Contact and visit caregivers of each child at least monthly in child's residence when the child is being cared for in an out of home setting.
<b>Education</b>	
	Generate the School Notification Letter.
	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.
	Maintain regular communication with the school to obtain progress reports, school grades, etc.

<b>Medical Needs of State Wards</b>	
<p>The Contractor is not responsible for and shall not consent to any medical treatment of state wards, including but not limited to; routine medical examinations and treatment, medical treatment or evaluation, do not resuscitate decisions, HIV testing, transplants, abortion procedures, or use of or changes to the type or dosage of psychotropic medications administered to state wards.</p> <p>The Contractor is not responsible for and shall not give authorize placement providers to seek medical care for state wards.</p>	<p>Obtain DHHS consent and arrange for medical, dental and vision needs.</p> <p>Review and maintain medical and mental health reports in the official case file.</p> <p>Coordinate with DHHS to determine the need for Release of Information.</p> <p>Complete all necessary referrals for medical treatment.</p>
<p>The Contractor is not responsible for the physical health care costs of children, youth and families who are not Medicaid Eligible.</p>	
<p>The Contractor is not responsible for and shall not prepare "Letters of Entitlement".</p>	
<b>Medical Needs of Parents and Non-State Wards</b>	
	<p>Assist the child, youth or parent to independently access medical, dental and vision services.</p>

<b>Mental Health/Substance Abuse</b>	
<p>The Contractor is not responsible for and shall not consent to any mental health/substance abuse treatment of state wards, including but not limited to; mental health and substance abuse treatment or evaluation, or use of or changes to the type or dosage of psychotropic medications administered to state wards.</p>	<p>Work with the contracted Manage Care Organization/Administrative Service Organization (MCO/ASO) to arrange for approvals and coordinate services for Medicaid consumers.</p> <p>Work with the Region/Division of Behavioral Health to arrange for approvals, authorizations for eligible, non-Medicaid consumers.</p> <p>Arrange for provision of necessary or mental health or substance abuse treatment services if denied but the service is court ordered, the Contractor will be responsible for payment of the service.</p>
	<p>Review all treatment reports to ensure all mental health needs are being provided.</p>
	<p>Coordinate with DHHS to determine the need for Release of Information. Complete all necessary referrals for mental health assessments including Pretreatment Assessment.</p>
	<p>Assist the child, youth or parent to independently access mental health/substance abuse services. Ensure that timely treatment services are provided for court involved and non-court involved children, youth and families.</p>
<b>Development Disabilities</b>	
	<p>Complete application process for DD services for a potential qualifying child or youth.</p>

<b>Transportation</b>	
See Functions Unique to Juvenile Offenders section regarding secure transportation	Provide or arrange for family and youth transportation needs as related to safety and case plan.
<b>Foster Care Review Board (FCRB)</b>	
	Provide access to the case file when required by statute.
	Document contact on N-FOCUS with the Foster Care Review Board
	Attend Foster Care Review Board meetings as necessary.
	Respond to FCRB specific questions and/or questionnaire.
<b>Other Duties – Each of these rows are independent expectations</b>	
The Contractor is not responsible for and shall not complete referral to Child Support.	Assist family in accessing any additional formal and informal resources.
The Contractor is not responsible for and shall not determine payment for Maintenance of Ward's Child.	Document Child Characteristics on N-FOCUS.
	Upon referral, Contractor will continue to identify and document extended family and informal supports.
	Contractor will continue process of completing extended family form and kinship narrative on N-FOCUS.
	Maintain official case file excluding the Appendix.  Maintain the original or copy of child or youth's birth certificate and social security card.
	The Contractor shall immediately report missing youth to DHHS and Law Enforcement.

	Complete the Protective Service Alert template to DHHS Central Office.
	Complete and distribute case specific Critical Incident Reports except for incidents occurring at the YRTC's.
	Notify the Tribe when required.
<b>Functions Unique to Non-Court Cases</b>	
	Work with families who are not the subject of a pending or ongoing court case under the Nebraska Juvenile Code to identify and provide appropriate services, interventions, strategies, or resources, to adequately address safety concerns identified by DHHS.
The Contractor is not responsible for and shall not execute the 'Voluntary Placement Agreement'.	Request "Voluntary Placement Agreement" from DHHS.
	Assess the needs of families who are not the subject of a pending or ongoing court case under the Nebraska Juvenile Code and provide access to the appropriate services, interventions, strategies, or resources needed to effectively allow each family to maintain safety, permanency and well-being for its children outside the child welfare system.

## Functions Unique to Court Cases

<p>The Contractor is not responsible for and shall not submit any request to a County Attorney to initiate any legal action including, but not limited to; Initial or supplemental petition under the Nebraska Juvenile Code; Termination of Parental Rights.</p>	<p>Ensuring timely compliance with all court orders issued in cases assigned to Contractor for Case Management.</p>
	<p>Analyze, evaluate progress and provide all relevant information regarding the parents, and child or youth and services provided under the terms of this contract that addresses safety, permanency well-being along with the risks and needs of delinquent youth considering community safety.</p>
	<p>Update Court Report prior to each review/permanency hearing.</p>
<p>The Contractor is not responsible for and shall not submit the court report to the court.</p> <p>The Contractor is not responsible for and shall not provide formal notification to the legal parties of the court report submitted by DHHS.</p>	<p>Submit court report to the DHHS through N-FOCUS for DHHS review at least 8 business days before the court report is due to the court. Recommendations are in the best interest of the child and reasonable efforts are provided. In OJS cases, recommendations also address community safety risk.</p> <p>The contractor resubmits to DHHS the final changes to the case plan or may initiate the Professional Judgment Resolution process within 4 business days before the Case Plan is due to the court.</p>
	<p>Notify DHHS immediately upon receipt of any service of legal process including but not limited to summons, subpoena, or discovery notices related to the performance of the contract.</p>
	<p>Communicate directly with the County Attorney, Guardian ad Litem and Attorneys involved.</p>

	The Contractor will attend all court hearings.
	Follow local court protocols on child or youth attendance to court hearings.
	The Contractor will attend all pre-adjudication/pre-hearing conferences as requested by DHHS.
	Within 3 days of receiving a verbal or written order the Contractor will request a review by DHHS when there is concern or question regarding a court order or when a court order does not appear to be in the best interest of the child or parent.
<b>Functions Unique to Status Offenders</b>	
The Contractor is not responsible for and shall not complete the initial YLSCMI.	<p>The Contractor shall provide DHHS with timely recommendations regarding appropriate services, interventions, strategies, or resources to adequately address needs of youth and community safety concerns identified by DHHS prior to transfer of ongoing case management from DHHS to Contractor.</p> <p>Submit recommendations to DHHS through N-FOCUS for DHHS approval at least 8 business days before the recommendations are due to the court. Recommendations need to be in the best interest of the child and reasonable efforts are provided.</p> <p>The contractor resubmits back to DHHS the final changes to the recommendations or may initiate the Professional Judgment Resolution process within 4 business days before the recommendations are due to the court.</p>

## Functions Unique to Juvenile Offenders

<p>The Contractor is not responsible for and shall not submit to the Court the OJS evaluation and cover letter.</p> <p>The Contractor is not responsible for and shall not complete the initial YLSCMI</p> <p>The Contractor is not responsible for and shall not refer to MCO/ASO for CCAA.</p>	<p>Arrange for and provide payment for placement for OJS evaluation purposes. (non-detention)</p> <p>The Contractor shall provide services, or resources, as ordered by the court.</p>
<p>The Contractor is not responsible for and shall not contact Provider Referral Line, if youth is determined to be Non-Medicaid eligible.</p>	<p>If the youth is determined to be Non-Medicaid eligible or the evaluation is not covered by Medicaid, the Contractor will arrange for and ensure timely completion of the Comprehensive Child and Adolescent Assessment (CCAA) with a Magellan Preferred Provider.</p>
	<p>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 DHHS within 23 calendar days of the court's order for an OJS evaluation.</p>
<p>The Contractor is not responsible for and shall not complete authorization to apprehend and detain or use of mechanical restraints.</p>	<p>Provide documentation and information to support youth's need to be apprehended or detained and/or for person or property to be searched/seized.</p>
<p>The Contractor is not responsible for and shall not further delegate or subcontract involuntary search and seizure functions.</p>	<p>With youth or parental voluntary consent the Contractors may search and remove property.</p> <p>The Contractors will request DHHS to conduct a search and seizure when necessary.</p>
	<p>The Contractor shall immediately report to DHHS youth who have absconded.</p>
<p>The Contractor is not responsible for and shall not approve the use of secure transportation.</p>	<p>Upon approval from DHHS, provide or arrange for secure transportation.</p>

The Contractor is not responsible for and shall not determine case closure and shall not complete the discharge letter to court or parolee letter.	Recommend case closure.
<b>1. Conditions of Liberty (COL)</b>	
	<p>The Contractor completes the initial Conditions of Liberty (COL) and delivers to DHHS the same day.</p> <p>The Contractor documents on N-FOCUS the completion of the COL no later than 3 days after signing.</p>
	The Contractor amends Conditions of Liberty when needed with input from the youth's Family Team.
	The Contractor will request approval from DHHS Central Office for out of state travel through ICJ.
<b>2. Behavioral Accountability Meeting. (BAM)</b>	
	Schedules, facilitates and documents BAM meeting.
	Determine any changes to the Conditions of Liberty and any additional decisions.
<b>3. Update Youth Level of Service (YLS)</b>	
	Update YLS and finalize on N-FOCUS.
<b>4. Preliminary and Revocation Hearings</b>	
The Contractor is not responsible for and shall not determine the need to file revocation of parole and schedule hearing.	The Contractor shall request DHHS to conduct Preliminary Hearing for possible revocation of parole as necessary.
The Contractor is not responsible for and shall not conduct Preliminary and Revocation Hearings.	<p>Attends the Preliminary and Revocation hearings.</p> <p>Provide any collateral information and evidence needed for Preliminary and Revocation hearings prior to hearing and during hearing.</p>

	Completes and submits necessary paperwork to legal.
<b>5. Youth Detained</b>	
The Contractor is not responsible for and shall not issue or cancel detainers.	When detained by the court, ensure placement is available within 2 days of the receipt of written notification from the DHHS approving the release or receipt of a copy of the court order ordering the release of a child.
	When detained by OJS, ensure placement is available within 2 days of written notice of release by OJS.
<b>6. Commitment to YRTC</b>	
The Contractor is not responsible for and shall not make decision to parole youth from the YRTC.	Notify YRTC of commitment to the YRTC and provide all appropriate paperwork at time of transportation to facility.
	Ensure placement or interventions are secured and available at time of parole from YRTC.
<b>Case Closure</b>	
The Contractor is not responsible for and shall not determine case closure, and will not complete discharge letter to the court or the parolee letter.	Recommend Case Closure.
	Deliver closed case file(s) in accordance with the service area protocol.
<b>Adoption</b>	
	Locate and recruit adoptive homes.
	When authorized by DHHS arrange for prospective adoptive parents to review child's file information.
	Complete adoptive placement agreement.
	Provide or arrange for relinquishment counseling.

	Identify potential competency issues and arrange for competency evaluations for parents.
	Prepare draft relinquishment paperwork to DHHS.
	Facilitate the relinquishment.
The Contractor is not responsible for and shall not accept relinquishment and complete acceptance letter(s).	The Contractor will draft the relinquishments.
The Contractor is not responsible for and shall not negotiate subsidies and complete subsidy paperwork.	The Contractor will provide the documentation to support the subsidy.
The Contractor is not responsible for and shall not consent to the adoption.	
	Assess due diligence efforts and prepare affidavit.
	Complete or update Adoption home study.
	Complete adoption placement packet paperwork and send to DHHS to submit to the attorney.
The Contractor is not responsible for and shall not 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.	Recommend whether an exchange of information contract with proposed adoptive parent(s) and legal parent(s) would be in the child's best interest.
	Recommend whether open adoption, legally binding or non-legally binding, between the proposed adoptive parent(s) and legal parent(s) would be in the child's best interest.

<b>State and National Adoption Registry</b>	
	Place children on the Adoption Exchange.
	Upon the request from an approved adoptive family, enter family's information onto the state and national adoption registry.
	Respond to all inquiries from potential families.
<b>Guardianship</b>	
The Contractor is not responsible for and shall not negotiate subsidies and complete subsidy paperwork.	
<b>Independent Living/Former Ward</b>	
The Contractor is not responsible for and shall not determine payment for Independent Living and Former Ward.	
	Develop the Independent Living Plan for youth age 16 and above, which includes identified needs and supports.
	Assist youth age 15 through 18 in completing the Ansell-Casey Skills Assessment.
	Identify and implement needed strategies and interventions to achieve Independent Living.
	Assist the youth in applying for and securing supports to transition from wardship (e.g. former ward program).
	Ensure the eligibility process begins in adequate time prior to dismissal to ensure youth can access support and services.

## ICPC/ICJ – Nebraska Wards Placed Out-of-State

**The following represents unique responsibilities in serving this population**

The Contractor is not responsible for and shall not approve out of state placement.	Prepare ICPC or ICJ written request and paperwork and submit to Central Office.
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## ICPC/ICJ Into Nebraska from Another State

The Contractor is not responsible for and shall not assume responsibility when a Ward from another state has been placed into Nebraska, unless a new case is opened in Nebraska.	Provide pre-service training to those foster parents required or who desire to become a licensed foster parent.
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## Resource Development

### 1. Approval Homes (Relative or Known to Child Only)

The Contractor is not responsible for and shall not complete background checks as required by policy on any household members.	<p>Locate relative or person known to the child or family for out of home placement and complete the walkthrough of residence.</p> <p>Obtain all information for background checks, including fingerprints.</p>
The Contractor is not responsible for and shall not approve placement of an unlicensed home.	Complete home study within 30 days of the placement.
The Contractor is not responsible for and shall not approve the Request for Approval Status form.	Prepares the Request for Approval Status Form and provide documentation to support for an exception.
The Contractor is not responsible for and shall not load organization on N-FOCUS.	
	Load home study on N-FOCUS and document results on N-FOCUS.
	Assess needs and provide supportive services to foster families.
	The Contractor will take steps to license approved homes.

	Report to DHHS, complaints regarding approved homes and work with the foster home to resolve complaints.
<b>2. Licensed Homes</b>	
	Recruit and retain foster homes. Assess needs and provide supportive services to foster families.
	Complete home studies for licensed foster homes in a format provided by DHHS.
The Contractor is not responsible for and shall not approve and issue License.	Recommend to DHHS initial and renewal licensing of foster/adoptive homes. Renewals must be completed within timeframes set out in Policy.
The Contractor is not responsible for and shall not complete background checks as required by policy on any household members.	Obtain all information for background checks, including fingerprints.
The Contractor is not responsible for and shall not load organizations onto N-FOCUS and maintain licensing file.	Load home studies on to N-FOCUS, including background check results.
	The Contractor is responsible to ensure the licensed homes and facilities comply with licensing standards and statues related to licensing foster homes.
The Contractor is not responsible for and shall not issue Licensing actions, including, but not limited to, approval, denial, hold, or other change to license.	Report to DHHS and investigate complaints and licensing violations.  Shall provide documentation and/or needed testimony in an appeal hearing.  Develop corrective action plan, manage compliance and document on N-FOCUS.
The Contractor is not responsible for and shall not waive any training requirements required for licensing or licensed relative placements.	Request Waiver of Training requirements for relative placements.

## **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 N-FOCUS, as well as the paper hard file. Case managers 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 N-FOCUS 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. The following activities must be documented onto N-FOCUS.
  - 1) Assignment of case management
  - 2) All Family Permanency Specialist contacts and visits with youth, parents, providers, and other parties relevant to the case;
  - 3) Child's health, education, behavioral and emotional information;
  - 4) Independent living plan,
  - 5) Violation of conditions of liberty;
  - 6) Violation of Safety Plan
  - 7) Home studies; and
  - 8) Services provided,
- B. The Contractor will document all activities listed above on N-FOCUS within three (3) business days of completion of activities above unless otherwise specified.
- C. 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.

## DOCUMENTATION ON N-FOCUS

### A. General Rules

1. All documentation on N-FOCUS will occur within 3 business days of the occurrence unless otherwise specified in the Contract and/or Operations Manual.
2. 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.
3. All information relayed from the Contractor/Contract staff to the CFS Specialist via phone; e-mail etc. shall also be documented in N-FOCUS by the Contractor/Contract staff describing the discussion or information shared.
4. CFS Specialist will assume responsibility to maintain the accuracy of the individuals to be entered into the CFS PROGRAM case throughout the life of the CFS PROGRAM case.

### B. Initial Referral to Contractor

Within 24 hours of receiving a new referral, Contractor/Contractor will document the receipt of this assignment. In **DETAIL PROGRAM CASE** screen, select **CFS/APS NARRATIVE** icon. Then select, **SOCIAL/TRANSFER SUMMARY – new**. Only option in drop down box is child's social history, where SC can document time/date of referral and any other pertinent information.

### C. Identification of Contracted Organizations

1. Contracted Organization Assignment: Each child in a CFS Program Case, including non-wards, will need to be assigned to the contracting agency responsible for the case. This information will be used for tracking purposes in regard to the Federal measures, in COMPASS, outcome reports, and other reporting activities.
  - a. This information must be documented in the **DETAIL PROGRAM CASE**, select (highlight) the youth and then select the **CONTRACTED ORGANIZATION ASSIGNMENT WINDOW**. Each Service Area will develop its own process for ensuring that this function is completed.
    - 1) Enter the **BEGIN DATE**. This is the date that the Contractor assumes responsibility for the case. This may be back dated if necessary.
    - 2) Select the appropriate **ROLE** from the drop down list. Select 'Legacy Child' if this is a currently active CFS case being transitioned to your agency. Select 'New Child' if the case is being assigned to your agency from the very beginning.

This includes cases that were previously managed and closed with CFS. You will NEVER select Non-identified or Identified Child.

- 3) Select the appropriate **CONTRACTED ORGANIZATION** from the Organization drop down list. Be sure you select the Contracted Organization from which the worker is responsible. For example, there are three Boys & Girls Home organizations, if you are a Contractor from North Platte, you need to select the B&G organization from the Western Service Area.
  - 4) Select the Add push button.
  - 5) Repeat Steps for each child in the Program Case.
2. **Assigning a Program Case to a Contractor:** The Contractor or SC Supervisor need to ensure that cases are assigned to the appropriate person. Program Cases are assigned to individuals in order to track the person responsible for the case. This information is also used in all reporting activities.
- a. The Contractor or Supervisor will document the Contractor Assignment under the **DETAIL PROGRAM CASE**, under **ASSIGNMENTS**. The assigned Contractor will be selected and given the assignment **'ROLE' OF CONTRACTOR**. You will also see that a CFS Specialist is assigned as one of the following Roles: Primary Worker or CFS Case Manager. Contractors will **NEVER** be assigned as the Primary worker. The Primary Worker must be a DHHS employee.

**Assigning an After Care Case to a Contractor:** A Contractor may be assigned to a **CLOSED** CFS case under **DETAIL PROGRAM CASE**, under **ASSIGNMENTS**. You may give the Contractor the **ROLE of CONTRACTOR**.

#### D. **Safety Plan**

1. **Safety Plan Monitoring:** CFS Specialist and Contractor will document changes/concerns for safety plans, this includes evaluating the sufficiency of the plan and to report any changes in circumstances that pertain to safety.
  - a. Documentation will occur under the **DETAIL PROGRAM CASE**, under the **NARRATIVE** icon, then select **CONSULTATION POINT** and then select **STAFF INITIATED**.
  - b. 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.

CFS Specialist is the only person that can make changes to the safety plan.

**E. Case Plan & Court Report**

1. **Protective Capacity Assessments:**
  - a. The CFS Specialist will document the PCA through the finalized **SAFETY ASSESSMENT**, by selecting the **PCA** button once assessment is open.
2. **Case Plans:**
  - a. The CFS Specialist will document the Case plan under the **CASE PLAN** icon.
3. **Case Plan Monitoring:** CFS Specialist and Contractor will document changes/concerns for case plans on N-FOCUS.
  - a. Information will be documented under the **DETAIL PROGRAM CASE**, under the **NARRATIVE** icon, then select **CONSULTATION POINT** and then select **STAFF INITIATED**.
  - b. 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.
4. **Court Reports:**
  - a. Court Report fields will be documented 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. Open the selected date and highlight the child for whom the Court Report is being written. Select the Court Report icon, then the narrative button. Highlight Court Report-case and then select new. Chose one of the categories (History of Previous Service Intervention, Parent/Child Visitation Contacts, Visitation Plan and Modification, Child Support, Summary and Recommendation) and add narrative in the correct field. **Each Service Area will develop a process for ensuring that all narrative is completed by CFS Specialist or case manager.**
  - b. Narrative will also need to be added to the Program Person case under the category of Court Report-case. In the program case, highlight the child for whom the Court Report is being written and select the Program Person button. Once in the Program Person, select the narrative icon. Highlight Court Report-case and select new. Use the drop down box to select the appropriate narrative field (Reasonable Efforts, rationale for Placement, Developmental/Educational/Vocational, Medical Conditions/Needs, Behavior/Relationships, Psychological Conditions/Needs, Tribal Notifications'/Contacts) and add narrative. **See categories below**

In cases where a court orders that DHHS complete a Court Report on a non-ward case, the Court Report must be completed utilizing a Word document and then copied into N-FOCUS, **DETAIL PROGRAM CASE**, select the **NARRATIVE** icon, then select **CONTACTS**, then **CORRESPONDENCE**.

F. **Independent Living Plans:**

1. Contractor 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.

G. **Parenting Time/Visitation:**

1. **Parenting Time/Visitation Plans:** CFS will draft and finalize all new/updated visitation plans.
  - a. Parenting Time/Visitation Plans will be documented under the **DETAIL PROGRAM CASE**, under the **VISITATION PLAN** icon.
  - b. To document details regarding the Parenting Time/Visitation plan such as reasons for change, success, parental participation, safety issues etc the CFS Specialist and Contractor will document under **DETAIL PROGRAM CASE**, under the **NARRATIVE** icon, then select **CONTACT**, then select other visit.

To document a summary of Parenting Time/Visitation for the Court Report information will be documented under **LEGAL ACTION**, search for the most recent legal action and open, under the **NARRATIVE** icon, then select **COURT REPORT-CASE** then select **VISITATION PLAN AND MODIFICATION**.

H. **Contact with Family**

1. **Initial Contractor Contact with the Family:** Contractors are required to have initial contact with the family within one day of referral. This information will be entered onto N-FOCUS within three business days.
  - a. Contact will be entered under **PROGRAM CASE**; select the **NARRATIVE** icon, select the Subject Area called **'CONTRACTOR SPECIFIC'** and the Item Type called **'INITIAL FACE TO FACE FAMILY CONTACT'**.
  - b. Pay particular attention to the occurrence date and make sure that it is the date that you actually made contact with the family. This date will be used in the outcome measure regarding initial contact with the family in 1 day.

If there is an exception for not meeting the 24 hour contact requirement - In **DETAIL PROGRAM CASE** screen, select **CFS/APS NARRATIVE** icon. Then select **CONTRACTOR SPECIFIC** - new from list of detail narrative options. Select

**EXCEPTION TO INITIAL CONTACT IN 24 HOURS** from the drop down options.

2. **Contractor Required Contacts:** Contact with children, parents and placements conducted by the Contractor will be entered onto N-FOCUS within three business days. DO NOT DOCUMENT FAMILY SUPPORT CONTACTS WITH THE CHILD/FAMILY IN THIS SECTION.
  - a. All contacts will be entered under the **CHILD'S NAME** under the **PROGRAM PERSON ICON**. Select the **NARRATIVE** icon, select the **CONTRACTOR SPECIFIC** *subject area*, then select the appropriate item. You would select the item types that apply to the contact you made with the child, parent or provider. It is critical that the occurrence date be updated to the date that you actually made the contact.
  
3. **Family Team Meetings:** CFS Specialists are required to ensure that family team meetings are held per policy.
  - a. CFS Specialists will document the Family Team Meeting on N-FOCUS under the **DETAIL PROGRAM CASE** screen, under the **NARRATIVE** icon, specifically under the **FAMILY TEAM MEETING** drop down.

Family Permanency Specialist may also document information from a Family Team Meeting. This can be done by adding information to the CFS Specialist's narrative under Family Team Meeting or opening a new narrative. If the first option is chosen, the case manager must ensure that they identify the portion of the narrative they are adding.
  
- I. **Narrative:** Narrative is a large component of N-FOCUS. There are two types of narrative; Program Case and Program Person Specific.
  1. Program Case narrative is generally about the family and not a specific individual. There are some general provisions below, but refer to specific program areas within this document for specific instructions. Program Case Narrative includes documentation of day to day contact with persons involved in the case i.e. phone calls/correspondence with the family, service providers and other interested parties (relatives, information supports). Items to be documented under Program Case Narrative would be Family Team Meetings; Contacts; Consultation Points. Contractor Specific Program Case Narrative item areas include: Initial Contact with the Family, Exception to the 24 Hour Response and Aftercare.
  2. Program Person Specific narrative is information directly related to an individual. There are some general provisions below, but refer to specific program areas within this document for specific instructions. Program Person specific narrative includes

documentation of educational, medical etc information about a person, particularly information that would be included in a Court Report. Items to be documented under Program Person Specific narrative would be medical, education, child characteristic and the monthly required contacts. Program person narrative specific to the Contractor would be Contractor Specific Monthly Required Contacts.

3. **Consultation Points:** The purpose of case consultation is to assure staff, families and the public of consistent application of DHHS policy and the consideration of as many factors and ramifications as possible when critical decisions are made. Consultation should take place with team members involved in the specific consultation issue in the case. Consultation should be done in a collaborative way. There are many situations for which case consultation should occur and DHHS has identified MANDATORY consultation points in policy & regulation.
  - a. Contractors must document consultation points in N-FOCUS under **DETAIL PROGRAM CASE** screen, under the **NARRATIVE** icon, subject area **CONSULTATION POINT**. Then select the appropriate **ITEM**.
  - b. Contractor Supervisors must document case staffings or any clinical staffings that have occurred with their families in this same section.
4. **Phone calls:** Phone calls include voice mail messages and the content of the narrative would include the date and time that a call was received and/or made and the description of the call including whether you spoke to a person or if a message was left.
  - a. CFS Specialist and Contractor will document any phone calls under **DETAIL PROGRAM CASE** screen, under the **NARRATIVE** icon, specifically under the **CONTACT** drop down, and then select **TELEPHONE/TDD CALL**.
5. **Emails:** E-mails must be sent and received utilizing a Secure E-mail system. Contractors will utilize IronPort unless their agency has purchased a DHHS e-mail account. E-mail information must be copied and pasted into N-FOCUS.
  - a. CFS Specialist and Contractor will document any emails under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **CORRESPONDENCE**.
6. **Letters/Written Communication:**
  - a. CFS Specialist and Contractor will document any letters/written communication under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **CORRESPONDENCE**.
7. **Signed Releases of Information:**

- a. CFS Specialist and Contractor will document any signed releases of information under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **CORRESPONDENCE**.
8. **Critical Incidents:** Critical incidents must be documented in N-FOCUS as Consultation Point. After verbally communicating the incident to the CFS Specialist as required, document the communication under **DETAIL PROGRAM CASE**, select **CONSULTATION POINT**, then select **STAFF INITIATED** from the drop down. **THIS ACTIVITY DOES NOT REPLACE THE REQUIREMENT TO PROVIDE CFSS WRITTEN NOTIFICATION WITHIN FOUR HOURS.**
- J. **Juvenile Services**
- 1. **Violations of Conditions of Liberty:**
    - a. CFS Specialist and Contractor will document any violations in conditions of liberty under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, and then select **OTHER VISIT**.
  - 2. **Behavioral Accountability Meetings:**
    - a. CFS Specialist will document results of behavioral accountability meeting under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **OTHER VISIT**.
- K. **Education/School**
- 1. **Child's educational information:** This information is used for the Court Report.
    - a. Contractor will document information related to the child's education including school attendance, grades, participation in school activities etc.
      - 1) Highlight the child's name, select the PROGRAM **PERSON** icon, then select the **NARRATIVE** icon, and then select the **COURT REPORT – PERSON** subject area, then select **DEVELOPMENTAL/EDUCATIONAL/VOCATIONAL** as the item type.
    - b. Contractor will document the child's school attendance.
      - 1) Highlight the child's name and go to **PERSON DETAIL**, select the **SCHOOL ATTENDANCE** pushbutton. Update and document any new information. This includes updating the name of the school the child is attending, grade level of the youth and any special needs.
- L. **Medical/Mental Health/Behavioral Health**
- 1. **Child's physical. Mental, behavioral and emotional health:** This information is used for the Court Report.

- a. Contractor will document all rationale for not placing children with relatives by highlighting the child's name, select **PROGRAM PERSON** icon, then select the **NARRATIVE** icon, and then select **COURT REPORT – PERSON** as the subject area, then select **MEDICAL CONDITIONS/NEEDS** as the item type. Complete the appropriate narrative item areas.
- b. Contractor will document each child's physical health information related to dates of last exams, allergies and names of physical health care providers.
  - 1) Highlight the child's name and select the **PROGRAM PERSON** icon, then select the **MEDICAL** pushbutton. Complete/Update all information. Names of physical health care providers are completed using the **PROFESSIONAL RELATIONSHIPS** icon from the **DETAIL PROGRAM CASE** screen.

M. **Legal**

1. **Preliminary Hearings:**
  - a. CFS Specialist will document results of preliminary hearing under **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **OTHER VISIT**.

N. **Locating/Identifying Families/Relatives**

1. **Due Diligence:**
  - a. CFS Specialist and Contractor will document due diligence efforts under the **DETAIL PROGRAM CASE** screen, under the **KINSHIP NARRATIVE** icon, highlight the appropriate name and then select **NEW**, and then select the appropriate narrative type.
2. **ICWA:** The CFS Specialist and Contractor will document all information related to a child's involvement with a tribe.
  - a. CFS Specialist and Contractor will document all request for ICWA identification under the **DETAIL PROGRAM CASE** screen, under the **KINSHIP NARRATIVE** icon, highlight the appropriate name and then select **NEW**, and then select **INDIAN CHILD WELFARE ACT**.
  - b. CFS Specialist and Contractor will document tribal involvement by highlight the **CHILDS NAME**, select the **PERSON DETAIL** icon, then select the **TRIBAL INFORMATION** pushbutton. Enter all pertinent information.
3. **Location of relatives:**
  - a. CFS Specialist and Contractor will document all efforts to locate relatives under the **DETAIL PROGRAM CASE** screen, under the **KINSHIP NARRATIVE** icon, highlight the appropriate name and then select **NEW**, and then select the appropriate narrative type.

O. **Placement of Children**

1. **Relative Placement Decisions:** CFS Specialist and Contractor will document all rationale for not placing children with relatives.
  - a. Highlight the child's name, select the **PROGRAM PERSON** icon, then select the **NARRATIVE** icon, and then select the **RELATIVE PLACEMENT DROP DOWN.**
2. **Child Placements Decisions:** Documentation of placement changes shall reflect the child's physical location. For example, Boys Town has several treatment Group Homes; you must document the placement of the child to reflect the actual physical location of the child.
  - a. Contractor will document the request for approval of a placement under **DETAIL PROGRAM CASE** screen, then select the **NARRATIVE** icon, then select the **CONSULTATION POINT** subject. Then select the appropriate item:
    - 1) Recommend Return Home – to be used when recommending that a child be returned to the custodial or non-custodial parent for placement.
    - 2) Place Outside a Service Area – to be used when recommending any type of placement of a child outside of the service area in which the child/parent resides.
    - 3) Place in a Restrictive Setting – to be used when recommending a placement that is not a family like setting such as a group home or other congregate care setting.
    - 4) Adoptive Home Placement Setting – to be used when a recommendation is being made to change a current foster placement to an adoptive or to move a child into an adoptive home.
    - 5) Staff Initiated – to be used when recommending a change of foster placements not described above.
  - b. CFS Specialist will document all placement changes under the **REMOVAL/PLACEMENT** Icon on N-FOCUS.
  - c. When a child is placed with a non-custodial parent, the CFS Specialist will select the placement type as 'With Non-Custodial Parent'. DO NOT ADD THE NON-CUSTODIAL PARENT AS AN ORGANIZATION ON N-FOCUS.
  - d. When a placement provider changes from one type of facility to another, such as was the foster home and is now an adoptive home or was an approved relative and now is a licensed relative, the current placement must be closed and a new placement documented indicating the 'new' facility type. This does NOT count against the case in number of placements, but will allow us to accurately report youth placed in adoptive and licensed homes.

3. **Child Placement Experience** – Documentation of placement experience shall reflect the child’s progress in placement. This shall include but is not limited to a summary of issues relating to the child's attachment, adjustment, traumatic events and disruptions.
    - a. Highlight the child’s name, select the PROGRAM PERSON icon, then select the **NARRATIVE** icon, and then select the **OVERALL PLACEMENT SUMMARY** and then select the **PLACEMENT EXPERIENCE** pushbutton and entering information related to that specific child.
  4. **Placement Efforts** - Documentation of efforts to locate placement shall be documented in the **DETAIL PROGRAM CASE** screen, under the **DETAIL NARRATIVE** icon, specifically under the **CONTACT** drop down, then select **TELEPHONE/TDD CALL**.
- P. **Child Characteristics:** The CFS Specialist and Contractor shall update child characteristics at least every six months. An update includes a review of what has been selected and ensuring the information is correct. For all selections, except for Additional Child Characteristics, the condition **MUST** be diagnosed by an appropriate medical or mental health professional. There are two parts to child characteristics, one is narrative and the second is pre-defined criteria.
1. Contractor will document the individuals physical description and providing more detail to any physical, mental health, developmental or behavioral issues by highlighting the child’s name, select the **PROGRAM PERSON** icon, then select the **NARRATIVE** icon, and then select the **CHILD CHARACTERISTICS DROP DOWN**.
  2. Child Characteristics will be answered by highlighting the child’s name, select the **PROGRAM PERSON**, then select the **CHARACTERISTICS** pushbutton and entering information related to that specific child.
- Q. **Adoption:** The Contractor is responsible to ensure that youth free for adoption and not placed in an adoptive home are placed on the state and/or national adoption exchange websites. Documentation of the status needs to be completed by
1. Highlighting the name of the child, and select the **PROGRAM PERSON**, then select the **ADOPTION** pushbutton and entering information related to that specific child. This information must be kept current.
  2. Upon the request from an approved Adoptive family, enter the family’s information onto the state and national adoption registry. This status must be documented on N-FOCUS from **DETAIL ORGANIZATION**, select the **HOME DETAILS** pushbutton, select the **ADOPTION EXCHANGE** pushbutton and enter all required

information.

- R. **Background Checks:** The CFS Specialist or designee is responsible for ensuring that background check information collected and documented on N-FOCUS.
1. CFS Specialist will document background checks under the Safety Plan, by select the individual's name and then select the **SUITABILITY** icon. CFS Specialist will then select the **BACKGROUND CHECK** icon and enter results of checks.
- S. **Case Closure:** The CFS Specialist will ensure that cases or individuals are closed on N-FOCUS. Non-Court Involved cases, the CFS Specialist will determine that a child is SAFE or in Court involved cases the court determines that DHHS intervention is no longer necessary the case or a specific individual within the case should be closed.
- T. **Resource Development**
1. **Adding Organizations:** DHHS will add new fostering organizations to N-FOCUS.
    - a. No organization should be added without a completed W-9.
    - b. Complete a Search to determine if the organization already exists within N-FOCUS. Conduct separate searches by Organization Name, Doing Business As Name, and by FID/SSN. If no, match displays you may add a new organization. If a match displays you need to utilize that organization unless you go through your Service Area Contract Liaison (SACL) for approval to add another of the same Organization. The SACL will then contact Production Support.
    - c. Add a New Organization by select the **ORGANIZATION** icon from the **MAIN MENU**; select **NEW** complete all the required information.
      - 1) Please note that the name of the Organization MUST be identical to the W-9/SSN information. (For example, you have Bert & Ernestine Sesame as a foster family and you have Bert's SSN. The organization must be loaded with the name **Sesame, Bert**.
      - 2) You cannot have it loaded as Sesame, Bert & Ernestine. You may add **Sesame, Bert & Ernestine** as **DOING BUSINESS AS**.
  2. **Home Studies (including background checks):**
    - a. Lead agencies will load home studies under the **ORGANIZATION**. From **DETAIL ORGANIZATION** select the **HOME DETAILS** icon, then go to **ACTIONS, CREATE**

- INITIAL HOME STUDY** or **CREATE UPDATE HOME STUDY**, then enter the information.
- b. Lead agencies will enter the results of background checks for licensed and approved foster homes. Go to **DETAIL ORGANIZATION**, enter all **ORGANIZATION RELATED PERSONS**, and select the **BACKGROUND CHECK** icon. Document all background checks on all persons.
3. **Complaints:** The Lead Contractor will contact the Resource Development Worker and document on N-FOCUS any and all complaints that they receive regarding any Organization with which they are working.
- a. The lead contractor will document complaints under **DETAIL ORGANIZATION**, select the **NARRATIVE** icon, select the **CONSULTATION POINT** subject area. Select the item area **STAFF INITIATED**.
    - 1) Some complaints will require immediate contact with the Child Abuse/Neglect Hotline and/or Law Enforcement.
    - 2) Resource Development staff will document the Complaint in the Complaint section of N-FOCUS.
4. **Home Details:** The Lead Contractor will load basic information as to the status of the requested home to be approved or licensed.
- a. Once one or more facility types are selected and 'in process', the organization should be **ASSIGNED**. From **HOME DETAILS**, select the **ASSIGNMENTS** icon, go to **ACTIONS**, and select **ASSIGN POSITION**. Select the person(s) to be assigned. The assignment should identify a **DHHS PERSON** as the **PRIMARY WORKER** and the **CONTRACTOR** as the **ADDITIONAL WORKER**.
  - b. To document approval/foster home information from the **DETAIL ORGANIZATION** screen, select the **HOME DETAILS** pushbutton. Enter the appropriate information.
  - c. Once a license/approval has been issued, the Resource Development staff will change the facility type status to ACTIVE. Completing this step will cause the licensing agency to appear on the Detail organization screen.
  - d. To document the Lead Contractor return to **DETAIL ORGANIZATION** and enter the name of the Lead Contractor in the BUSINESS AS name field.
5. **Licensing:** Resource Development Staff will issue all licenses once all the required paperwork is submitted by the lead agency.
- a. Requests for Waiver of Training for relatives must be documented by the Lead Contractor. From **DETAIL ORGANIZATION**, select the **NARRATIVE** icon, select the **TRAINING** subject area.

U. **Aftercare:**

1. Aftercare activities will be documented under **DETAIL PROGRAM CASE**, select the **NARRATIVE** icon, then select **CONTRACTOR SPECIFIC** from the drop down list, then select **AFTERCARE** from the drop down. Document all aftercare activities in this section.
2. Assign a Contractor to an Aftercare Case by following the instructions in Section B.

## **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 DHHS 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 DHHS 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 DHHS.

F. Recommend licensing waivers for relatives to DHHS.

## 8. Required Reports

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
Annual QI Model/ Program Reports	<p>The Annual Program Report shall include the following information on each data for EBP/PP and data for Non-EBP/PP's:</p> <ol style="list-style-type: none"> <li>1. Methods</li> <li>2. Measures</li> <li>3. Population/Sample</li> <li>4. Descriptives</li> <li>5. Results</li> <li>6. Discussion</li> <li>7. Limitations</li> <li>8. Conclusions</li> </ol>	<p>The Annual Program Report is due August 15<sup>th</sup> of each year to include the information for a State Fiscal Year –July 1 through June 30.</p>	<p>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)</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
<p>Quarterly Report (State)</p>	<p>The Contractor agrees to prepare and submit to DHHS 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:</p> <ol style="list-style-type: none"> <li>1) Quarterly Summary <ol style="list-style-type: none"> <li>a) General Overview (Broad Description of Accomplishments and Barriers during the quarter)</li> <li>b) Description of Strategic Partnerships /Collaborations (Accomplishments and Barriers in Collaborating / Partnering, Community Engagement, and Subcontractor Management)</li> <li>c) Results of the utilization of identified service models (Broad Narrative regarding the Achievement and any Barriers to reaching intended results)</li> <li>d) Future Plans / Next Steps (Broad Description of any Plans/Steps to address any identified barriers)</li> </ol> </li> <li>2) Contractor Employment Information</li> <li>3) Foster Parent Recruitment and Retention Plan Update</li> <li>4) Child and Family Services Plan Update</li> <li>5) Disaster Plan Update</li> <li>6) Chafee Foster Care Independence Plan Update</li> <li>7) Training Plan Update</li> <li>8) EBP/PP Quick Indicator (QI) Report</li> <li>9) Non-EBP/PP Quick Indicator Report</li> <li>10) Aftercare Services and Activities Report</li> </ol> <p>*See below reports and plans for detail or the Quarterly Report Format</p>	<p>The State Fiscal Year is July 1 through June 30. Quarterly Reports are due the 15<sup>th</sup> of the month following the end of the quarter. If the 15<sup>th</sup> is a Holiday or falls on a week-end, the quarterly report is due the next business day.</p> <p>1<sup>st</sup> Qtr (Jul, Aug, Sept) report due October 15<sup>th</sup></p> <p>2<sup>nd</sup> Qtr (Oct, Nov, Dec) report due January 15<sup>th</sup></p> <p>3<sup>rd</sup> Qtr (Jan, Feb, Mar) report due April 15<sup>th</sup></p> <p>4<sup>th</sup> Qtr (Apr, May, Jun) report due July 15<sup>th</sup></p> <p>*Exception</p> <p>Another 4<sup>th</sup> Qtr report is due June 15<sup>th</sup> containing April and May information to meet the IV-B plan requirements</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

<b>Report</b>	<b>Report Content Requirements</b>	<b>Report Timeframes</b>	<b>Report Submitted To:</b>
<p>Quarterly Staffing Report  (State)</p>	<p>The Quarterly Staffing Report will include the following information:</p> <ol style="list-style-type: none"> <li>1. Contractor allotted FTE's for Family Permanency Specialists;</li> <li>2. Contractor Family Permanency Specialist positions that are filled and able to carry a full caseload (they have completed training);</li> <li>3. Contractor Family Permanency Specialist positions that are currently in training;</li> <li>4. Contractor Family Permanency Specialist positions that are vacant;</li> <li>5. Do not report any forward fills at this time;</li> <li>6. Contractor allotted FTE's for Supervisor;</li> <li>7. Contractor Supervisor positions that are filled; and Contractor Supervisor positions that are vacant.</li> </ol>	<p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>
<p>Length of Employment Quarterly Report  (State)</p>	<p>The report will contain the following information:</p> <ol style="list-style-type: none"> <li>1. Average length of employment for Family Permanency Specialists; and</li> <li>2. Average length of employment for Family Permanency Specialist Supervisors</li> </ol>	<p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
EBP/PP Quick Indicator (QI)	<p>This initial report is to be completed for <b>each</b> EBP/PP offered. The report will include:</p> <ol style="list-style-type: none"> <li>1. Name of Program;</li> <li>2. Service Area;</li> <li>3. Program Summary/Description;</li> <li>4. Topics/Areas of interest;</li> <li>5. Outcomes;</li> <li>6. Study Populations;</li> <li>7. Settings, and</li> <li>8. Level of Evidence information.</li> </ol> <p>Quarterly reports will include information for the fidelity; Outcomes, and Implementation measures indicated:</p> <ol style="list-style-type: none"> <li>1. Fidelity/Implementation <ul style="list-style-type: none"> <li>• Data Quality - What percentage are receiving instruments at the programs defined timeline? (For example, for <b>HOMEBUILDERS®</b>, 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?)</li> <li>• Data Quantity - What are some of the processes you have in place to ensure the data you receive is reliable?</li> </ul> </li> <li>2. Strengths / Weaknesses</li> <li>3. Points for Improvement &amp; Plan of Action</li> </ol>	<p>The Contractor will submit initial report by 12-1-09.</p> <p>The Contractor will submit quarterly updates if there are any model/program changes no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p> <p>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.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee.</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
<p>Non – EBP/PP Quick Indicator (QI)</p>	<p>This initial report is to be completed for <b>each</b> Non-EBP offered. The report will include:</p> <ol style="list-style-type: none"> <li>1. Name of Program</li> <li>2. Program Summary/Description</li> <li>3. Topics/Areas of interest</li> <li>4. Outcomes</li> <li>5. Study Populations</li> <li>6. Settings</li> <li>7. Description of Measures for each outcome</li> <li>8. Processes and any measures used to ensure appropriate implementation</li> <li>9. New Program Implementation Plan/Time line</li> </ol> <p>Quarterly reports will include information for the fidelity; Outcomes, and Implementation measures indicated:</p> <ol style="list-style-type: none"> <li>1. Fidelity/Implementation: <ul style="list-style-type: none"> <li>• What are some of the processes you have in place to ensure the data you receive is reliable?</li> </ul> </li> <li>2. Strengths / Weaknesses:</li> <li>3. Points for Improvement &amp; Plan of Action:</li> </ol>	<p>The Contractor will submit initial report by 12-1-09.</p> <p>The Contractor will submit quarterly updates if there are any model/program changes no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p> <p>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.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report/Plan Content Requirements	Report Timeframes	Report Submitted To:
Foster Parent Recruitment Plan and Quarterly Progress (State and Federal)	<p>The Contractor will submit a Foster Parent Recruitment Plan. At a minimum this plan must outline goals and objectives that address:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• A protocol that "matches" children and youth with resource families</li> <li>• A protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as lifelong connections</li> <li>• How the contractor provides supports and education/ training for foster and adoptive parents and relatives and kin-care providers</li> </ul> <p>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.</p>	<p>Initial Foster Parent Recruitment and Retention Plan due no later than 12/1/09</p> <p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p> <p>Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee.</p>

Report	Report/Plan Content Requirements	Report Timeframes	Report Submitted To:
<p>Child and Family Services Plan (CFSP) and the Annual Program Service Plan Review (APSR)</p> <p>a.k.a. IV-B Plan</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report/Plan Content Requirements	Report Timeframes	Report Submitted To:
Disaster Plan  Report and Quarterly Progress  (Federal)	<p>The Contractor will submit a Disaster Plan including all the details described.</p> <p>The disaster plan will at a minimum:</p> <ol style="list-style-type: none"> <li>1. Identify and locate children/youth placed in out-of-home care and all families that are assigned to the Contractor.</li> <li>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.</li> <li>3. Respond to new CFS cases in areas adversely affected by a disaster, and provide services in those cases.</li> <li>4. Remain in communication with DHHS and other essential CFS personnel who are displaced because of a disaster; and</li> <li>5. Preserve essential program records.</li> </ol>	<p>The Initial Disaster Plan will be submitted no later than 12/01/09.</p> <p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p> <p>Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report/Plan Content Requirements	Report Timeframes	Report Submitted To:
Chafee Foster Care Independence Plan and Quarterly Progress (Federal)	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Help youth transition to self-sufficiency;</li> <li>• Help youth receive the education, training, and services necessary to obtain employment;</li> <li>• Help youth prepare for and enter post-secondary training and educational institutions;</li> <li>• Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;</li> <li>• Provide financial, housing, counseling, employment, education and other appropriate services and support to former foster care recipients between 18 and 21 years of age</li> </ul>	<p>The Initial Chafee Plan will be submitted no later than 4/1/10.</p> <p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p> <p>Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
<p>Licensing Waivers</p> <p>Report included in the IV-B Plan (Federal)</p>	<p>HHS is required to submit a Report to ACF on children placed in relative foster family homes and the use of licensing waivers.</p> <ul style="list-style-type: none"> <li>• The number and percentage of children in foster care placed in licensed relative foster family homes (Will get from N-FOCUS)</li> <li>• The number and percentage of children in foster care placed in unlicensed relative foster family homes (Will get from N-FOCUS)</li> <li>• The frequency of case-by-case waivers of non-safety licensing standards for relative foster family homes (Will get from N-FOCUS)</li> <li>• 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;</li> <li>• Reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards;</li> <li>• 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</li> <li>• Suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care.</li> </ul>	<p>The Contractor will submit quarterly updates no later than the 15<sup>th</sup> of the month following the end of the quarter. (see quarterly report)</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
<p>Training Plan for Family Permanency Specialists and Quarterly Progress  (State and Federal)</p>	<p>Training Plan shall include at minimum:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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: <ul style="list-style-type: none"> <li>○ a brief, one-paragraph syllabus of the training activity;</li> <li>○ indication of the setting/venue for the training activity;</li> <li>○ indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time);</li> <li>○ indication of the proposed provider of the training activity;</li> <li>○ specification of the approximate number of days/hours of the training activity;</li> <li>○ indication of the audience to receive the training</li> </ul> </li> </ul> <p>Quarterly Reports shall include at a minimum:</p> <ol style="list-style-type: none"> <li>A. A description of the types of new worker training offered and provided by DHHS and the Contractor for Family Permanency Specialists;</li> <li>B. The number of contract staff who completed initial training requirements;</li> <li>C. The number of new employee training hours delivered;</li> <li>D. A description of the types of on-going training/in-service training made available for Family Permanency Specialists;</li> <li>E. Number of on-going/in-service training hours delivered to staff;</li> <li>F. Cost of training provided by the Contractor to Family Permanency Specialists.</li> </ol>	<p>The Initial Training Plan will be submitted no later than 4/15/10.</p> <p>The Contractor will submit quarterly updates no later than the 15th of the month following the end of the quarter. (see quarterly report)</p> <p>Any quarterly revisions require a revised plan to be submitted no later than June 15 of each year of the Contract.</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

Report	Report Content Requirements	Report Timeframes	Report Submitted To:
Monthly Financial Report	<ol style="list-style-type: none"> <li>1. Balance Sheet</li> <li>2. Income Statement</li> <li>3. Cash Flow Statement</li> </ol>	The Contractor will submit monthly financial reports no later than 15 calendar days after the end of the following month.	The report shall be submitted to the Child and Adult Abuse and Neglect Administrator the Service Area Contract Liaison and Service Area Administrator.
Quarterly Financial (State and Federal)	<p>The Contractor agrees to prepare and submit a quarterly financial report to DHHS, in a format prescribed by DHHS.</p> <p>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</p>	<p>The report shall be submitted to DHHS within thirty (30) calendar days after the end of the State Fiscal Quarter.</p> <p>The State Fiscal Quarters are July through September, October through December, January through March, and April through June.</p>	The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee
Detention Plan	<p>The Contractor agrees to prepare a plan to identify:</p> <p>Strategies to move youth out of Detention Facility timely</p> <p>Prevent youth from entering Detention</p>	<p>The Detention Plan shall be submitted to DHHS no later than October 1, 2010.</p> <p>Reports shall be submitted to DHHS as outlined in the Detention Plan,</p>	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 Content Requirements	Report Timeframes	Report Submitted To:
<p style="text-align: center;">Aftercare Services and Activities Report</p>	<p>After Care Services and Activities provided to families discharged from the system this quarter.</p> <ul style="list-style-type: none"> <li>a) A written description of the types of contacts, referrals, services and / or activities provided to families discharged from the system during this quarter.</li> <li>b) Number of families receiving aftercare services.</li> <li>c) Number of families declining aftercare services.</li> <li>d) Families that aftercare was not required: <ul style="list-style-type: none"> <li>i) Number of cases where the only services provided was related to an Initial Safety Assessment or OJS evaluation.</li> <li>ii) Number of Families who moved out of state.</li> <li>iii) Number of families where the youngest child in the family has reached the age of 19.</li> <li>iv) Number of Families where the case was closed within a 48 hour law enforcement hold.</li> </ul> </li> </ul>	<p>The State Fiscal Year is July 1 through June 30. Quarterly Reports are due the 15<sup>th</sup> of the month following the end of the quarter. If the 15<sup>th</sup> is a Holiday or falls on a week-end, the quarterly report is due the next business day.</p> <p>1<sup>st</sup> Qtr (Jul, Aug, Sept) report due October 15<sup>th</sup></p> <p>2<sup>nd</sup> Qtr (Oct, Nov, Dec) report due January 15<sup>th</sup></p> <p>3<sup>rd</sup> Qtr (Jan, Feb, Mar) report due April 15<sup>th</sup></p> <p>4<sup>th</sup> Qtr (Apr, May, Jun) report due July 15<sup>th</sup></p> <p>*Exception</p> <p>Another 4<sup>th</sup> Qtr report is due June 15<sup>th</sup> containing April and May information to meet the IV-B plan requirements</p>	<p>The report shall be submitted to the Service Area Administrator, the Service Area Contract Liaison and the Central Office Contract Liaison or designee</p>

## 9. Professional Judgment Resolution

- A. In situations when the Contractor or DHHS has concerns with case specific issues the following process shall be followed until the issue is resolved. All case specific conflicts between DHHS 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 Family Permanency Specialist should attempt to resolve the issue. If not then:
  - 2) The CFS Supervisor for DHHS 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 DHHS 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.

DHHS will record and track the outcome of the Professional Judgment Resolution.

## 10. Quality Improvement

- A. DHHS 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. DHHS 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. DHHS 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. DHHS 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. DHHS 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 DHHS 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) 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.
    - (e) Performance improvement plans and Strength Plans will be posted on a shared website.
    - (f) Performance improvement plans (PIP) will be developed and submitted to DHHS Service Area Contract Liaison within 7 days of penalty assessment.
    - (g) DHHS retains the authority to recommend changes to any performance improvement plan.
    - (h) The Contractor will immediately implement the PIP upon DHHS approval.
    - (i) DHHS 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 DHHS's website for posting and notifying staff (DHHS, contractor, and partners.)
- F. DHHS and the Contractor agree to institute a Statewide CQI Team.
- 1) This team will be minimally made up of Service area and Central Office DHHS 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 DHHS's website for posting and notifying staff (DHHS, 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. DHHS will be responsible to pay for any expenses that DHHS staff inquires including meals, mileage, motels, and wages.
  - (c) Contractors and DHHS 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 onsite 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 onsite 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 onsite 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) DHHS 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.

**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**

- (d) The first year beginning January 2010, DHHS will require a 2nd level review of cases by DHHS 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. This second 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. The identified Contract staff will begin to shadow the HHS QA staff as a 2<sup>nd</sup> level reviewer. During year 2, beginning January 2011 and each subsequent year that the Internal CFSR process continues, Contractor and QA staff will oversee the reviews, answer questions for reviewers and complete the second level review. The HHS QA staff will continue to be responsible for the ongoing organization of reviewers, pulling case samples, coordinating logistics with local Service Area staff and writing the final report.

- (e) The period of review will be a 12 month period. It will go back 12 months from the date of the onsite 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 within 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 DHHS 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 DHHS.
  - (d) The Contractor will notify DHHS of any initiation, change or deletion of any program, on a form designated by DHHS.
- 4) Out of Home Care facilities  
Licensing of Foster and Adoptive Homes  
Approval of Relative Homes and Child Specific Homes
- (a) DHHS 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 DHHS may arrange or drop in to conduct random compliance checks of the licensed home.
  - (c) DHHS will review a sample of completed Home Studies for content and timeliness.
  - (d) DHHS will review a sample of each Contractors Home Studies using a review tool and guidebook, beginning November 2010.
- 5) Personnel File Review
- (a) Every two years, DHHS will review the personnel file of each Contractor staff that has direct contact with children and families, beginning in January 2010.
  - (b) The Contractor will review a random sampling of personnel files of each sub-contractor staff that has direct contact with children and families, except as described in section (C) below. The sampling method will be provided by DHHS. The sample size for each sub-contractor will follow the schedule below:
    - i. The Contractor will select a point in time prior to December 31, 2010 to identify a random sampling of personnel files,
    - ii. Review of the subcontractor Personnel files will be completed by January 2012.

Total number of subcontractor employees that have direct contact with children and families.	Total number of subcontractor personnel files required to be reviewed
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0-19	All
20-24	18
25-29	21
30-39	25
40-59	32
60-119	43
120-249	69
250+	100

- (c) The Contractor will not be required to review a random sampling of personnel files of those subcontractors that are subject to regulation, licensing, or certification requirements that include background checks on themselves or their staff. Such subcontractors may include, but not be limited to, hospitals, residential treatment centers, drug testing facilities, licensed medical and mental health professionals. Furthermore, the Contractor will not be required to review a random sampling of personnel files of service providers located out of state that the Contractor is required to utilize because of a court order. The Contractor will provide to the Contract Liaison, a list of subcontractors that will not undergo a random sampling of personnel file reviews.
- 6) N-FOCUS Data Entry & Data Integrity
- (a) DHHS will review the timeliness and quality of data entered into N-FOCUS by the Contractor.
- 7) Satisfaction Surveys
- (a) DHHS Staff will conduct surveys of CFS Specialist related to determine the responsiveness and customer service provided by Family Permanency Specialists using agreed upon tools.
- (b) Contractors will conduct surveys of Family Permanency Specialists to determine the responsiveness and customer service provided by CFS Specialists using agreed upon tools.
- (c) DHHS will solicit feedback from clients and stakeholders, utilizing satisfaction surveys or other methods.
- 8) 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 DHHS.

- 9) Site Visits
  - (a) DHHS may conduct site visits to observe interactions between children, youth and families and Contractor staff.
  
- 10) Family Team Meetings
  - (a) An equal number of Family Team Meetings will be reviewed in each Service Area by the Contractor and DHHS each month, using an established tool and guidebook, mutually agreed upon by DHHS, 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 Contractor's 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 DHHS 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 Case Management Training**

- 1) All Family Permanency Specialists and Family Permanency Specialist Supervisors must participate in mandatory pre-service training related to Child and Family Services. DHHS 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 Family Permanency Specialists and Family Permanency Specialist Supervisors beginning January 1, 2011.
- 2) In addition to pre-service training each Family Permanency Specialist and Family Permanency Specialist 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 Family Permanency Specialist or Family Permanency Specialist Supervisor.

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

### **B. Ongoing Training**

- 1) DHHS and the Contractor are responsible for coordinating training that is offered to Family Permanency Specialists, Family Permanency Specialist Supervisors. DHHS and the Contractor jointly determine who should attend the training.
- 2) All training efforts will be done in collaboration between DHHS and the Contractor.

### **C. Family Permanency Specialist Competency**

The Contractor will provide training progress reports and assessment tool scores on all Family Permanency Specialists participating in pre-service training to DHHS 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 DHHS's Quality Assurance and Contract Monitoring staff, DHHS'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 DHHS. 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 DHHS 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 DHHS's Website for public viewing.
- C. The Contractor and DHHS 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 case management activities for the family.

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

	<b>CSA</b>	<b>ESA</b>	<b>NSA</b>	<b>SESA</b>	<b>WSA</b>	<b>Measure</b>
A.1	98%	98%	98%	98%	98%	% of families will have a face-to-face contact with the contractor’s assigned Family Permanency Specialist no later than one calendar day following the referral from DHHS.
	<p>Definition</p> <p><u>Assigned Family Permanency Specialist</u> should be the first contact if at all possible. If the assigned Family Permanency Specialist 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.</p> <p><u>Referral from DHHS</u> is defined as the receipt of a complete and accurate written Referral Form from DHHS to the Contractor.</p> <p><u>Contact with the family</u> 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.</p> <p>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.</p> <p>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 DHHS.</p> <p><b><u>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.</u></b></p> <p>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.</p> <p>This will be monthly measure reported on a quarterly basis, utilizing raw numbers.</p>					

## Outcome Measures

## B. Children are safe from abuse and/or neglect

	CSA	ESA	NSA	SESA	WSA		Measure
<b>B.1</b>	95%	95%	95%	95%	95%		% of children will not experience any substantiated abuse or neglect during the first 180 days of services
Definition		<p><u>Substantiated Abuse or Neglect</u> is defined as individual children with allegation findings of Court Substantiated, Agency Substantiated, or Court Pending.</p> <p><u>Children Referred</u> is based on the information on the Referral Form</p> <p><u>Incident date</u> will be utilized so as not to penalize contractor for something that occurred prior to their involvement.</p> <p><b><u>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.</u></b></p> <p>The calculation of the denominator will include ALL children identified by the Contractor in the Contracted Organization Assignment fields in N-FOCUS.</p> <p>Exclude foster parent/Contractor Employee from this measure.</p> <p>Exclude Expungements</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>					

## 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 DHHS.
Definition		<p><u>Referral for Safety Services</u> is defined as DHHS contacting the telephone contact number for the provision of safety services and requesting a 2 hour response time. DHHS will provide the Contractor (at a minimum) with name, address and directions to the location. DHHS shall share all information they have with the Contractor.</p> <p><u>Receiving safety services</u> is defined as at least one trained Family Permanency Specialist 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 DHHS.</p> <p><b><u>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.</u></b></p> <p>Exceptions include items such as weather (warning or declaration not to travel); natural disasters.</p> <p>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.</p> <p>This is a monthly measure. Contractors report this data.</p>					

## Outcome Measures

## B. Children are safe from abuse and/or neglect

	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		<p>Out-of-Home Care is defined per AFCARS criteria in determining youth in out-of-home care</p> <p><b><u>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.</u></b></p> <p>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.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>				

## 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 DHHS.
Definition		<p><u>Referral for Community Safety Services</u> is defined as DHHS contacting the telephone contact number for the provision of community safety services and requesting a 2 hour response time. DHHS will provide the Contractor (at a minimum) with name, address and directions to the location. DHHS shall share all information they have with the Contractor.</p> <p><u>Receiving community safety services</u> is defined as at least one trained Family Permanency Specialist 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 DHHS.</p> <p><b><u>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.</u></b></p> <p>Exceptions include items such as weather (warning or declaration not to travel); natural disasters.</p> <p>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.</p> <p>This is a monthly measure. Contractors report this data.</p>					

	CSA	ESA	NSA	SESA	WSA		Measure
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## Outcome Measures

## B. Communities are safe

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			<p><u>Direct Commit</u> 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.</p> <p><b><i><u>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.</u></i></b></p> <p>The baseline will be established beginning November 2009 through 2010 using N-FOCUS.</p> <p>OJS commitment status and placement of the youth are the N-FOCUS data that will be used.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>			

## Outcome Measures

## B. Communities are safe

	CSA	ESA	NSA	SESA	WSA		Measure
<b>B.6</b>	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		<p>Twelve (12) month time period begins on the date of Parole (date of release the YRTC)."</p> <p><b><u>Formula: Total number of delinquent youth with their parole revoked, divided by the total number of delinquent youth paroled.</u></b></p> <p>Documented placements at the YRTC will be used in the calculation.</p> <p>Recommitment is included in revocation numbers.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>					

## 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	<p>Family home is defined as the child being located custodial or non-custodial parent/caretaker or guardian.</p> <p><b><u>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.</u></b></p> <p>This is point and time information and will be tracked monthly. The operational data comes from N-FOCUS</p>												

## 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	<b>Average</b>	
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%	<b>69.03%</b>	
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%	<b>59.31%</b>	
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%	<b>73.50%</b>	
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%	<b>55.08%</b>	
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%	<b>67.43%</b>	
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%	<b>62.51%</b>	
Definition	<p>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.</p> <p><b><u>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.</u></b></p> <p>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.</p> <p>The Discharge Reason on N-FOCUS and a documented With Parent placement is used in this calculation.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>													

## 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	<p><u>Entry &amp; Re-Entry</u>: is defined:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Children reunified, remaining in state custody and subsequently placed in substitute care 6 or more months after reunification WILL be considered a re-entry.</li> </ol> <p><u>Discharged</u> is defined as the point when the child is no longer in foster care under the care and responsibility or supervision of DHHS.</p> <p><b><u>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).</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>												

## Outcome Measures

## E. Timeliness and Permanency of Adoption

	CSA	ESA	NSA	SESA	WSA		Measure							
<b>E.1</b>	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	<b>Average</b>
Central	44.40%	44.40%	48.70%	43.90%	45.00%	45.50%	51.30%	43.20%	42.20%	40.50%	37.80%	40.50%	37.00%	<b>43.33%</b>
Eastern	26.60%	26.60%	28.80%	30.30%	28.50%	28.90%	32.10%	31.30%	32.10%	33.20%	31.80%	32.80%	33.50%	<b>30.83%</b>
Northern	27.30%	27.30%	29.70%	27.90%	29.30%	30.50%	31.70%	32.80%	39.30%	41.20%	45.30%	40.40%	34.30%	<b>34.14%</b>
Southeast	17.40%	17.40%	20.00%	20.30%	20.30%	20.50%	21.60%	25.90%	27.00%	26.10%	27.00%	27.30%	29.60%	<b>23.58%</b>
Western	19.00%	19.00%	20.90%	25.60%	25.00%	27.90%	30.80%	32.40%	29.30%	32.60%	32.70%	30.40%	28.80%	<b>27.95%</b>
State	25.10%	25.10%	27.50%	27.80%	27.30%	28.00%	30.00%	30.70%	31.80%	32.10%	32.10%	31.90%	32.00%	<b>29.69%</b>
Definition	<p><b><u>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.</u></b></p> <p>The begin date of this measure is based on the most recent removal date.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>													

## 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	<p>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.</p> <p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>													

## 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 18 <sup>th</sup> 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	<p>A permanent home is defined as having a discharge reason of adoption, guardianship or reunification.</p> <p><b><u>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 18<sup>th</sup> 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.</u></b></p> <p>Children adopted after their 18<sup>th</sup> birthday are not included.</p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>													

## Outcome Measures

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

	CSA	ESA	NSA	SESA	WSA	Measure								
<b>F.2</b>	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	<p><b><u>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 18<sup>th</sup> 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 18<sup>th</sup> birthday while in foster care.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS. (Lower percentage is better on this measure)</p>													

## Outcome Measures

## G. Placement Stability

	CSA	ESA	NSA	SESA	WSA		Measure							
G.1	85.07%	84.27%	84.68%	87.18%	86.95%		% of <b>new</b> 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 <b>legacy</b> 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	<b>Average</b>
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%	<b>84.07%</b>
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%	<b>83.27%</b>
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%	<b>83.68%</b>
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%	<b>87.18%</b>
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%	<b>86.95%</b>
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%	<b>84.85%</b>
Definition	<p>Placement setting refers to a physical setting in which a child resides while in foster care under the care and placement of DHHS. 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)</p> <p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>													

## Outcome Measures

## G. Placement Stability

	CSA	ESA	NSA	SESA	WSA	Measure							
G.2	TBA	TBA	TBA	TBA	TBA	% of <b>new</b> 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 <b>legacy</b> 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	<b>Average</b>
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%	<b>56.98%</b>
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%	<b>55.19%</b>
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%	<b>51.26%</b>
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%	<b>60.16%</b>
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%	<b>55.55%</b>
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%	<b>56.35%</b>
Definition	<p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>												

## Outcome Measures

## G. Placement Stability

	CSA	ESA	NSA	SESA	WSA	Measure							
G.3	TBA	TBA	TBA	TBA	TBA	% of <b>new</b> 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 <b>legacy</b> 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	<b>Average</b>
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%	<b>19.48%</b>
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%	<b>25.75%</b>
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%	<b>19.53%</b>
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%	<b>32.03%</b>
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%	<b>26.30%</b>
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%	<b>26.47%</b>
Definition	<p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>												

## Outcome Measures

## G. Placement Stability

	CSA	ESA	NSA	SESA	WSA	Measure							
G.4	42.9 1%	43.30 %	45.41%	42.67 %	47.19%	% of <b>new</b> cases of children placed in family like out of home care placements will be placed with relatives or families known to the child							
	37.9 1%	38.3%	40.41%	37.67 %	42.19%	% of <b>legacy</b> 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	<p>Family-like setting is defined as a foster home, relative, home known to the child or family as documented on N-FOCUS.</p> <p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>												

## Outcome Measures

## H. Placement in a Family Like Setting

	CSA	ESA	NSA	SESA	WSA		Measure						
H.1	75%	75%	75%	75%	75%		% of <b>new</b> 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 <b>legacy</b> cases of children in out of home care will be moved from a congregate care to family like setting.						
<b>Number &amp; Percent of Youth placed Congregate Care</b>													
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	<p><b><u>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.</u></b></p> <p>Reported monthly based on a rolling year. The operational data comes from N-FOCUS.</p>												

## 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
J.2	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.					

	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**

**Reserved for Future Use.**

## Outcome Measures

## L. Other Measures

	<b>Measure</b>
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	<p>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 DHHS. The calendar days begins identified release date.</p> <p>Contractors will track and report monthly the date of the receipt of the notification and the date the child was moved from Detention.</p> <p>Reported monthly.</p>

	<b>Measure</b>
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	<p>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 DHHS.</p> <p>The YRTC's will track and report monthly the date of the receipt of the notification and the date the child was placed.</p> <p>Reported monthly.</p>

## 14. Incentives and Penalties

The performance measures outlined below will be measured beginning the date the Contractor assumes case manager responsibility.

### A. Incentives:

- 1) In the event DHHS 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 DHHS, 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 DHHS by the 15th of the following month all cases in this category.
  - (b) Penalty range of \$2,500 to \$7,500

The financial penalty will not be imposed for incidents occurring prior to July 1, 2011. All related data will be tracked and corrective action plans will be required as appropriate. Effective July 1, 2011, the financial penalty will resume.

- 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 DHHS by the 15th of the following month all cases in this category.
- (b) Penalty range of \$2,500 to \$7,500

The financial penalty will not be imposed for incidents occurring prior to July 1, 2011. All related data will be tracked and corrective action plans will be required as appropriate. Effective July 1, 2011, the financial penalty will resume.

- 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.

The financial penalty will not be imposed for incidents occurring prior to July 1, 2011. All related data will be tracked and corrective action plans will be required as appropriate. Effective July 1, 2011, the financial penalty will resume.

- 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 penalty. Related Outcome Measure: L.1.
  - (a) 0-2 days - no penalty
  - (b) 3-10 days - the actual cost of detention
  - (c) 11 plus days - the actual cost of detention times two

Detention penalties will be held in abeyance until July 1, 2011. The Chair of the Peer Review Team will track any penalties to be held in abeyance. The Contractor shall develop a Detention Plan on or prior to October 1, 2010 to be accepted by DHHS to address timely exits of youth from detention to a less restrictive placement and prevent youth from entering detention. The Contractor must implement the plan within the time frame as out-lined in the plan. Failure to submit and implement an acceptable plan will result in penalties held in abeyance to become payable.

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

The Peer Review Team will decide whether a penalty should be assessed, the amount of the penalty and any requirements for a performance improvement plan. The Director of the Division of Children and Family Services shall cast the deciding vote in case of a tie.

- D. Peer Review Team Protocol and Peer Review Team decision will be posted on the DHHS Website. 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 DHHS.

## **15. Case Transfer**

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

## **16. Aftercare for Families**

- A. Aftercare shall be provided for 12 months following case closure in those cases where a case plan was implemented. 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) The child resides out of state at the time DHHS's case is closed.
  - 3) The child's legal residence changes to another state.
  - 4) Families who transfer to the jurisdiction of another state or a Tribal Court.
  - 5) 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.)
  - 6) 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 18<sup>th</sup> 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 DHHS with its foster family rate(s) process and structure. DHHS will provide the Contractor with information how DHHS establishes the adoption or guardianship subsidy payment.

## 19. Service Delivery Models

### 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 DHHS 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 DHHS.
- 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 DHHS 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.

Contractor	Service Delivery Models		Contractor	Service Delivery Models
<b>KVC</b>	Strengthening Families Program			
	Trauma Systems Therapy			
	Wraparound			
	Parenting Wisely			
	Aggression Replacement Training (ART)			
<b>NE Family Collaborative</b>	Parenting with Love and Limits			
	Nurturing Parenting			
	Multisystemic Therapy			
	Growing Great Kids			
	Families and Schools Together			
	Family to Family Initiative			
	Family Peer-to-Peer Support			
	Cognitive Behavioral			
	Celebrating Families!			
	Boys Town In-Home Family Services			
	Beautiful Beginnings			
	Wraparound Model			