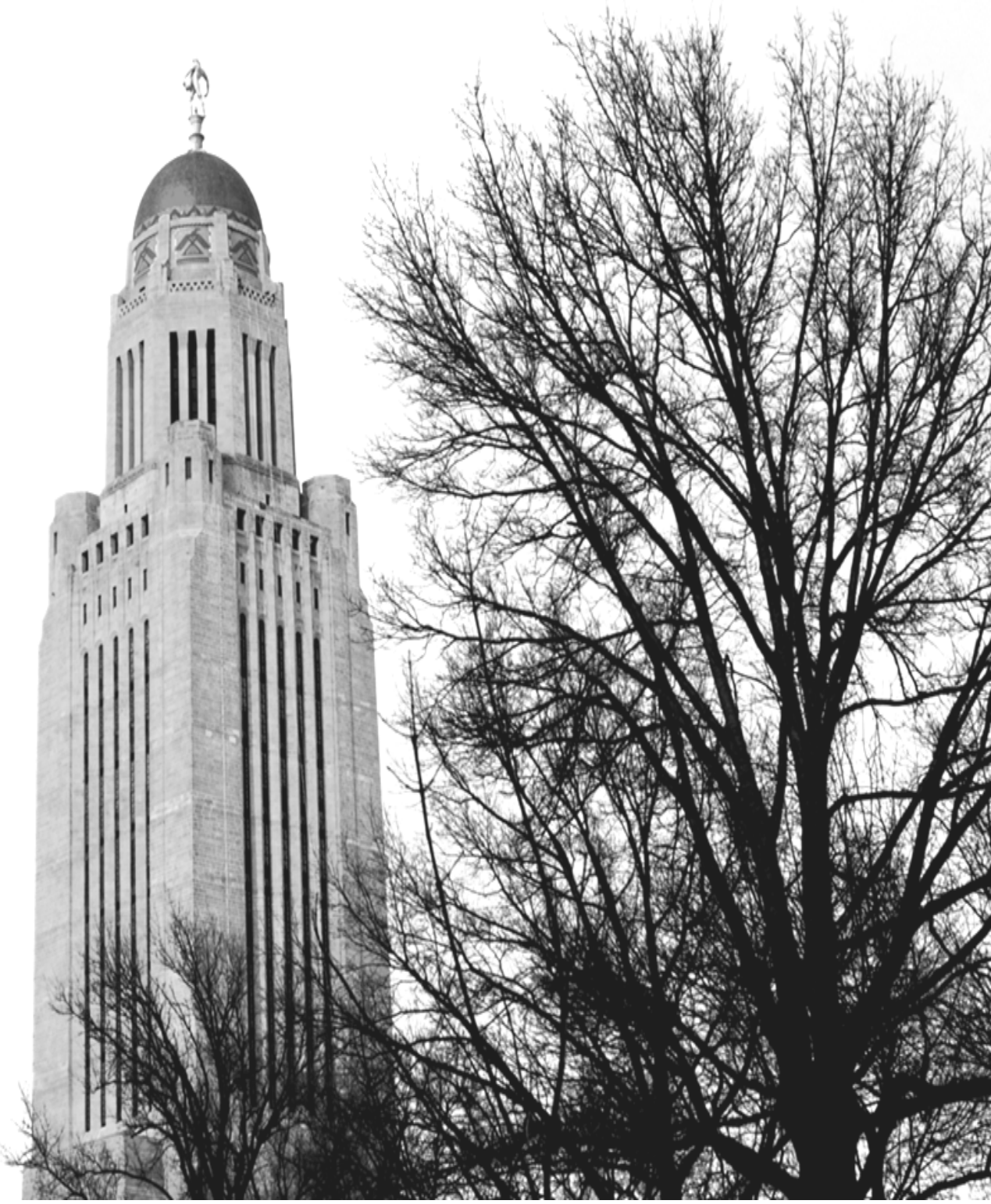
Nebraska's Children and Family Services
5 Year Plan (2009-2014)



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SECTION A: STATE AGENCY ORGANIZAITON, MISSION, VISION, GOALS AND OBJECTIVES

State Agency Administering Programs

The Nebraska Department of Health and Human Services (DHHS) is a multiservice agency that applies 'system of care' principles in its service delivery and advocacy for Nebraska's children and families. DHHS is led by a Chief Executive Officer (CEO), appointed by the Governor. The CEO leads six Divisions: the Division of Children and Family Services; the Division of Behavioral Health; the Division of Developmental Disabilities; the Division of Medicaid and Long-Term Care; the Division of Public Health; and the Division of Veterans' Homes. These Divisions are supported by Operations. The Director of each Division reports directly to the CEO and each is appointed by the Governor.

The Division of Medicaid and Long-Term Care (MLTC) and the Division of Behavioral Health (BH) offer an array of services to address mental health and substance abuse issues of children and adults. The MLTC purchases the authorization of mental health and substance abuse services through an Administrative Service Organization (ASO) contract with Magellan Behavioral Health Services. Magellan is the designated ASO vendor referenced throughout this report. The Division of BH provides funding, oversight, and technical assistance to the local mental health regions to provide community-based mental health and substance abuse programs.

The Division of Children and Family Services (CFS) consist of one Policy Section and five service areas. The Policy Section includes the Child Welfare Unit (CWU), the Office of Juvenile Services (OJS), the Economic Assistance and Child Support Enforcement Unit (EA/CSEU) and the Comprehensive Quality Improvement/Operations area (CQI/O). The section coordinates the administrative supports to facilitate efficient operation of its programs, policies, and service offering. The CWU and OJS specifically develop policy and provide technical assistance in the areas of child abuse and neglect and juvenile services to service area staff, other division staff, and community partners. The CQI/OU is responsible for monitoring the quality of CFS service provision via case reviews, audits, federal and state compliance reviews, contract monitoring, utilization and capacity management, and other data analysis and reporting. The Service Areas provide direct case management services to the children and families involved with child welfare and juvenile services. OJS also operates two secure-care facilities for the detention and rehabilitation of serious youth offenders: the Youth Rehabilitation and Treatment Center in Kearney (YRTC-K) for boys, and the Youth Rehabilitation and Treatment Center in Geneva (YRTC-G) for girls.

The CWU and OJS serve almost 11,000 children placed in state custody each year. At any point in time, Nebraska averages approximately 6,791 youth in state custody. The CWU serves about 5,181 youth and OJS serves about 1,601 youth. This does not include families being assessed for safety, non-court involved cases, or youth in the process of obtaining an OJS evaluation.

Mission Statement
The Department of Health and Human Services' mission is "to help people live better lives".

The Division of Children and Family Services' mission is to provide the least disruptive services when needed, for only as long as needed to:

- Give children the opportunity to succeed as adults;
- Help the elderly and disabled live with dignity and respect; and
- Help families care for themselves,

resulting in healthier families and safer, more prosperous communities.

Division of Children and Family Services' Vision
In April, 2006, the State of Nebraska reached its all-time high of 7,803 children in the custody of DHHS as state wards. Approximately 70% of those children were in out-of-home care. At the direction of the Governor, DHHS began a systematic review of the children who had been in state care for long periods of time, to determine how to move those children to permanency. As a result of those efforts, the number of state wards had dropped to 6,379 children as of June 1, 2009; however, approximately 68% of those children were also in out-of-home care. The belief of DHHS is that too many children remain in the custody of the state, for too long a period of time, and that too many of those children are placed outside of their family home. This belief has led CFS to focus its efforts on timely, safe permanency for children, with their family whenever possible. It is also reflected in the mission of DHHS-CFS.

The vision of DHHS-CFS is to ensure the safety of children, reduce the percentage of children and youth in out-of-home care, reduce the length of time children and youth remain in out-of-home care, provide safe permanency for children in a timely manner and provide for community safety. CFS' philosophy is to utilize Family Centered Practice and evidence based/promising practices while utilizing trauma informed care principles. CFS seeks to increase the family/community involvement in safety and/or case plans by utilizing both informal and formal supports and services as needed to provide for child/community safety while maintaining the family structure whenever possible and to provide for the permanency and well being of children served.

Child and Family Services Goals and Objectives
One of the main focuses of the last CFSP was specific actions to improve the outcomes with children and families involved with DHHS. Nebraska's Governor Dave Heineman directed the Department of Health and Human Services (DHHS) to take specific actions to ensure continued improvements in outcomes with children and families involved with DHHS. Since the directives were issued in 2006, the number of children in state care has declined. 2008 marks the third consecutive year in which the number of children safely exiting state care surpassed the number of children entering care. We have also resolved over 90% of the cases that fit within the priority populations of resolving cases of children identified by Governor Heineman's Child Welfare Initiatives.

Progress on Initiatives

The following outlines the progress made by DHHS on Nebraska's child welfare priorities.

Initiative 1: DHHS will place a priority on resolving the cases of children between the ages of zero and five.

Initiative 2: DHHS will place a priority on achieving permanent placements for children who have spent 15 or more of the last 22 months in state care.

Initiative 3: DHHS will prioritize the resolution of approximately 600 cases involving children who the courts never removed from home and children who have been living safely at home for seven months or more, but who the courts have not yet released from state custody

The following table shows that DHHS has closed over 90% of the cases as of August 2009 included in initiatives 1, 2 and 3.

Report	Data	**Closed**		Still In Care		Grand Total	
15 of 22	Number of Youth Percent	529	**93.46%**	37	6.54%	566	100.00%
Back With Parent 0 to 5 Years	Number of Youth Percent	103	**96.26%**	4	3.74%	107	100.00%
Back With Parent 6 to 19 Years	Number of Youth Percent	308	**96.86%**	10	3.14%	318	100.00%
Never Removed	Number of Youth Percent	184	**95.34%**	9	4.66%	193	100.00%
Total Number of Youth		1124		60		1184	
Total Percent		94.93%		5.07%		100.00%	

Initiative 4: DHHS will work with Nebraska's K-12 schools to decrease the number of truancy cases referred to the state so front-line workers can focus on protection and safety issues. In 2005, DHHS caseworkers handled more than 750 cases involving truancy, curfew violations, ungovernable youth, and runaways

At the close of 2005, there were 594 children and youth involved in the juvenile court system due to truancy. This is a point-in-time measure, meaning that on the day DHHS collected these statistics there were 594 active cases of children and youth who fit into this category. At the end of June 2006, shortly after the Governor announced his child welfare initiatives, there were 575 active cases of children and youth in this category. Since that time, the number of children and youth involved in truancy cases has declined an additional 25% to 430 youth as of August 31, 2009. Protection and Safety staff continues to work with schools, judges, and other partners in workgroups and other collaborations to further reduce these numbers.

Initiative 5: DHHS will explore the feasibility of cross-training current workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time

DHHS implemented a pilot of a revised new worker training in the Eastern and Southeast Service Areas of the state and later implemented the pilot as the current new worker training model. The training consists of a shortened pre-service classroom training period followed by additional classroom training completed as an in-service component. Once trainees complete the core pre-service training, they are promoted to probationary status and carry a limited caseload under the close supervision of their supervisor and other training staff. Probationary workers continue to complete the new worker training curriculum via in-service training occurring over the course of their first year of employment.

DHHS also conducted a study to examine factors that affect employees' decisions to leave or remain working in Protection and Safety. The study consisted of a survey sent to staff in the spring of 2007, and an analysis of worker performance, leave, and turnover data through May 2008.

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

A number of collaborative projects between DHHS and partner agencies are underway. DHHS is currently collaborating with judges, county attorneys, and other stakeholders to address and improve barriers to locating and assessing relatives as potential placements, filing termination of parental rights (TPR) according to the Adoption and Safe Families Act (AFSA) guidelines, and obtaining adoption finalizations in a timely manner. The data DHHS has collected to monitor progress under the Governor's initiatives revealed that a large barrier to the state moving forward with TPRs was a lack of resources. Subsequently, DHHS contracted with private attorneys to assist in filing for TPRs. DHHS has also worked with the Nebraska Supreme Court in its "Through the Eyes of a Child" Initiative to expand the use of pre-hearing conferences throughout the state. As a result, pre-hearing conferences have become widely used by the courts. Anecdotal evidence from judges, attorneys, caseworkers, and others suggest that these conferences have been successful in acquiring more information at the commencement of the case, providing services to the child and family at the earliest opportunity, and moving children to permanency faster.

DHHS has also entered into a new contract with the Adoption Partnership to improve adoption-related barriers. The Partnership is a collaborative project between three licensed child placing agencies in the Eastern Service Area. Under a contract that began March 1, 2008, the Partnership will provide: registration of all DHHS wards, free for adoption, and not yet in an adoptive placement, on the state and national adoption exchanges and the Heart Gallery, and keep registrations current; maintain a list of these children for tracking purposes and use by DHHS staff with waiting families; respond to families who inquire about these children, and perform initial screening to determine if a family might be appropriate for a specific child; review children's files to locate potential placement resources, and contact these resources to determine interest in serving as an

adoptive placement; review children's files to prepare social and medical summaries for use with adoptive families; prepare adoption finalization packets; and recruit potential adoptive families.

DHHS recently completed its second round of the federal Child and Family Services Review. Prior to the onsite review, DHHS collaborated with system partners to develop a comprehensive statewide assessment of the child welfare system as a whole. Local "Through the Eyes of a Child" Initiative court teams, youth, biological parents, caretakers and foster parents served as focus groups for the statewide assessment. The Director of Nebraska's Court Improvement Project and staff provided extensive information to include in the statewide assessment and served as reviewers of assessment material. Legislative aides, CASA, advocacy group representatives, youth, and other stakeholders participated as reviewers for the on-site review. All of these reviewers, along with Judges and the Court Improvement Project Director and staff were a part of the development of the state's Program Improvement Plan.

Following the first round of the CFSR, Nebraska enhanced its Child and Family Services Plan (CFSP) in 2006 to incorporate some activities and strategies designed to further the state's effort to achieve the outstanding PIP goals and build upon the successes achieved to improve outcomes for children and families served. These activities and strategies included the implementation of the Nebraska Safety Intervention System, Family Centered Practice, Quality Assurance, Performance Accountability and the Use of Guardianship. Please refer to Systemic Initiatives for further information regarding these activities and strategies. Although the PIP activities and strategies that were incorporated into the CFSP did not include baseline data or goals, we believe that these activities and strategies did contribute to the following:

- Nebraska is meeting the federal goal in achieving permanency for children in foster care for long periods of time. 159.5 as of June 2009 (Goal 121.7)
- Increased the number of finalized adoptions by 92.6% from 2003 to 2008
- Nebraska is meeting the Timeliness of Adoption Outcome. 118.0 as of June 2009 (Goal 106.4)
- Implemented the New Safety and In-Home Services in order to better serve children and families.

A key barrier we identified with the incorporation of the CFSR PIP with the CFSP is that outcomes were not congruent and data driven. In the development of the 2009-2014 CFSP, we have made concerted efforts to ensure the CFSR Program Improvement Strategies were incorporated in the CFSP including baseline data and measures.

The 2nd Nebraska CFSR was conducted the week of July 14, 2008. The 2008 CFSR identified several areas of high performance in Nebraska with regard to achieving desired outcomes for children. Although Nebraska did not achieve substantial conformity with any of the seven CFSR outcomes, the State did achieve an overall rating of "Strength" for the individual indicators pertaining to repeat maltreatment, foster care reentry, placing children in close proximity to their parents, and placement with siblings.

Nebraska meets the national standard for the data indicator pertaining to achieving permanency for children in foster care for extended periods of time and since the on-site review Nebraska is currently meeting the timeliness of adoptions. Nebraska also achieved substantial conformity with 5 of the 7 systemic factors. The State does not meet the national standard for the safety data indicators pertaining to the absence of maltreatment recurrence and the absence of maltreatment in foster care. The State also does not meet the national standards for the permanency data indicators pertaining to the timeliness and permanency of reunification, and placement stability.

The goals and objectives for the CFSP incorporate the Division of Children and Family Services' strategic plan goals (long-term) and related Program Improvement Plan measures (short-term) to be accomplished during the next 5 years to strengthen Nebraska's overall child welfare system. Nebraska's Program Improvement Plan (PIP) was submitted to the federal Regional Office on June 11, 2009. Currently, the Regional Office in consultation with their Central Office will review the plan and either approve the plan or will negotiate with Nebraska any amendments needed. Once we have received approval for our PIP, we will submit an amendment, if necessary, to the CFSP that will incorporate any changed PIP measures into the CFSP goals and objectives.

<u>Goal: Strengthen the Nebraska Safety Intervention System</u>

- Objective: Improve Absence of Maltreatment Recurrence (Standard 94.6)
    - Baseline: 93.3
        - 93.9 in 2011
        - 94.6 in 2014
- Objective: Improve Absence of Maltreatment in Foster Care (Standard 99.68)
    - Baseline: 99.56
        - 99.66 in 2011
        - 99.68 in 2014

<u>Goal: Permanency for children and youth will be established by serving them safely in their own homes</u>

- Objective: Decrease total number of state wards
    - Baseline: 6379
        - 6379 to 6250 by 12/31/10
        - 6250 to 6000 by 12/31/11
        - 6000 to 5750 by 12/31/12
        - 5750 to 5400 by 12/31/13
        - 5400 to 5000 by 12/31/14
- Objective: Serve 50% of state wards in-home in 2014

<u>Goal: Provide safe permanency for children in a timely manner and provide for community safety</u>

- Objective: Achieve and Maintain Timeliness and Permanency of Reunification (Standard 122.6)
    - Baseline: 108.6
        - 111.7 in 2011
        - 114.9 in 2014

- Objective: Achieve and Maintain Timeliness of Adoption (Standard 106.4)
    - Baseline: 102.6
        - 106.4 in 2011
- Objective: Maintain Permanency of Children in Foster Care (Standard 121.7)
    - Baseline: 149.9

- Objective: Achieve or Exceed and Maintain Placement Stability (Standard 101.5)
    - Baseline: 89.9
        - 92.6 in 2011
        - 95.4 in 2014

<u>Goal: Strengthen the service array and supports for children and families</u>

- Objective: To implement Nebraska's Child Welfare and Juvenile Services Reform
    - Implementation Contracts signed 7/15/09
    - 5 year Contracts signed 10/1/09
    - Monitor Contracts 10/1/09 to 10/1/14

Consultation and Coordination

DHHS will continue to engage in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies, and includes the major concerns of these representatives in the goals and objectives of the CFSP. DHHS develops, in consultation with these representatives, annual progress and services reports pursuant to the CFSP. The state's services under the CFSP are coordinated with services or benefits of other federally assisted programs serving the same population.

Over the past 5 years there is a tremendous effort, energy, and enthusiasm in all branches of Nebraska's government (e.g., Executive, Judicial, and Legislative branches), partner organizations, and the community at large to improve the child welfare and juvenile services system and outcomes for abused and neglected children and juvenile offenders. DHHS has collaborated with these bodies and organizations to improve child welfare and juvenile services outcomes, and has made internal efforts to ensure continued collaborations in this area as well. Some of the highlights of these collaborations and initiatives are included in this segment and in corresponding sections of this report. Stakeholders reported increased collaborations with courts and community providers. It was expressed that overall there has been better communication and more timely responsiveness on the part of upper and middle management since the restructuring of DHHS in 2007.

Nebraska continually reviews and adjusts its efforts in improving the child welfare system. In November 2007, over 140 people met to identify strengths, areas needing improvement, develop goals and objectives in preparation for the 2nd round of the Child and Family Services Review (CFSR) and the 5 year Child and Family Services Plan (CFSP). Stakeholders included Governor Dave Heineman, Chief Justice Michael Heavican, state Senators, DHHS staff and representatives from Child Advocacy Centers, Tribes, family organizations, CASA, the Foster Care Review Board, community providers, advocacy groups, the federal Administration for Children and Families, Child Welfare League of

America, and National Resource Centers for Organizational Improvement and Child Welfare and Data Technology.

Stakeholders participated in on-line surveys, interviews, served as CFSR reviewers, participated in the development of the PIP and the CFSP and will continue to monitor our progress for both plans. Also, in 2007 the Director of Children and Family Services established the Partners Council consisting of key stakeholders in Nebraska's child welfare and juvenile services system. Members include representatives of provider organizations, advocacy organizations, judicial representatives and others with an interest in children and family services. Our newly appointed Director, Todd Reckling, has continued the Partners Council.

The Council has been meeting quarterly to monitor outcomes and improvements, and to provide input to the Director on how to improve federal outcomes. Council members have reviewed and provided feedback on the statewide assessment, participated as CFSR reviewers, assisted in the development of the PIP and CFSP and will monitor the State's progress. Nebraska has been fortunate to have such interest and continued commitment from stakeholders and the Partners Council in improving the child welfare system.

Highlights of Collaborations over the past 5 years:
The Nebraska Supreme Court has led a number of recent initiatives including a statewide Children's Summit, the Nebraska Supreme Court Commission on Children in the Courts, and the "Through the Eyes of the Child" Initiative". DHHS has responded to these initiatives with considerable staff time and energy. DHHS financially supported the attendance of staff and administrators at the Children's Summit, the Director of CFS serves on the Supreme Court Commission on Children in the Courts, and various DHHS representatives serve on a variety of subcommittees of the Commission. For example, the DHHS staff has worked on subcommittees that have made proposals to the Supreme Court on guidelines and training requirements for guardians ad litem representing children in abuse and neglect cases, guidelines and training for parents in these cases, and the development of a "Caregiver Information Form" for foster parents. DHHS staff serves as integral partners in the 25 "Through the Eyes of a Child Initiative" collaborative teams that are working on improving their local court systems. DHHS administrators meet regularly with court personnel at all levels from these local teams, to a middle management workgroup, to meetings between DHHS top administrators, and the Nebraska Chief Justice and State Court Administrator. A number of DHHS staff members serve as team secretaries for these teams and provide considerable support to the functioning of the teams. These meetings offer an opportunity for the courts and DHHS to communicate openly about shared concerns from different perspectives.

DHHS has also worked with the courts in their efforts to establish pre-hearing conferences, a standardized court model identified as a promising practice in improving child welfare outcomes for children in court. Pre-hearing conferences are used by some courts and anecdotal evidence from judges, attorneys, caseworkers, and others suggest that these conferences have been successful in acquiring more information at the commencement of the case, providing services to the child and family at the earliest opportunity, and moving the case to permanency faster. For further detail refer to Section C.

In 2005, the Nebraska State Patrol, the Attorney General's Office, the Nebraska Crime Commission, Midwest High Intensity Drug Trafficking Areas, and DHHS collaborated to form the Drug Endangered Children's (DEC) Committee to address methamphetamine laboratories and other substance abuse to which children could potentially be exposed. This is a big issue in the state that is a factor in many child abuse and neglect cases. Thus, DHHS has taken an active involvement on this committee. A statewide conference and training was provided by the DEC Committee in September 2006 to DHHS staff, law enforcement, and the medical community on drug endangered children's issues and how to minimize the impact and trauma on caring for children found in clandestine laboratory situations.

DHHS participates on NDE's Ad Hoc Committee on the Education of Children and Youth in Out-of-Home Placements, along with representatives from public schools, group homes, and detention facilities. The mission of the Committee is to provide guidance and direction to policymakers and stakeholders in the development and implementation of educational opportunities for children in out-of-home placements, and to promote the successful transition of these youth from out-of-home placements into the public school system or other education programs. The Committee took an active role in the development of statewide standards for interim program schools and in providing training and technical assistance to schools on the standards. The Committee also developed and implemented an evaluation process to monitor the impact of the standards and schools' compliance with the standards. Annual conferences have been sponsored by the Committee. Todd Reckling also just met with the New Commissioner of Education, Dr. Roger Bred, to discuss way to further collaboration between NDE and CFS.

As per the federal Individuals with Disabilities Education Act (IDEA), NDE established a Special Education Advisory Council to provide advice and policy guidance with respect to special education and related services for children with disabilities in Nebraska. DHHS participates on this committee and brings to the table special education issues pertinent to state wards. The Council is currently in the process of identifying their committee priorities for the next two years. Past efforts have focused on improving learning for children with disabilities throughout the state, assessing special educational needs, assisting youth in transitioning into or out of school, and interim program schools.

In April of 2003, DHHS partnered with and funded family organizations in each of the Service Areas to provide one-on-one mentoring and support services to families involved with child welfare or juvenile services. The Nebraska Federation of Families and local family organizations continue to serve as members of the CFS Partners Council and the SAMHSA SIG Steering Committee.

Another statewide initiative is the "Nebraska's Promise Alliance" (based on the America's Promise Alliance). Nebraska's Promise is an alliance of agencies, organizations, and individuals dedicated to ensure that Nebraska children grow up with the benefit of supportive relationships with caring adults, safe places to learn and grow, a healthy start in life, effective education for marketable skills, and opportunities to give back to their communities. The alliance has developed statewide benchmarks for each of the five promises, communication tools for communities, and materials for an awareness campaign. These activities have complemented the work occurring in DHHS and vice

versa, creating a more unified community response to issues of child abuse and neglect in the state. It should be noted that in 2008, three Nebraska communities (Boys Town, Grand Island, and Lincoln) were recognized in the 100 Best Communities for Young People Contest sponsored by America's Promise Alliance. DHHS staff participate in this initiative and were a part of the May 2008 Call to Action Summit to assist local communities in development of plans to implement Nebraska's Promise.

DHHS has also worked with the Nebraska Children and Families Foundation (NCFF), the Sherwood Foundation, and the William and Ruth Scott Foundation, and over 100 stakeholders from other various community organizations, to develop an Independent Living Plan for Youth in Omaha. The plan focuses on some of the same areas as the Nebraska's Promise alliance, such as community engagement and education. The plan includes specific action steps to take in the next four years to achieve outcomes in the following areas: personal and community engagement; education; employment; daily living and housing; physical and mental health; and training and policies. Detailed work plans and budgets were developed in March 2008 and agreements with each of the funders regarding their financial commitment to the plan are being finalized.

Nebraska has established other programs and initiatives directly involving youth in recent years. Youth involvement is critical in ensuring that the system is responsive to youth and that programs and services provided to youth meets their needs. Nebraska's Foster Youth Council (FYC) is a statewide council for current and former foster care youth, ages 14 to 24 years. FYC's mission is to help youth transition into independent living while recognizing and taking full advantage of their strengths, to create opportunities for youth in care to connect with each other, and to provide input on program and policy issues. In 2008, FYC began developing regional councils in each of the Service Areas for foster youth. The FYC is planning a summit for 2009 that will bring together stakeholders in the child welfare system to learn best practices for achieving permanency for youth in care, hear real stories from youth with foster care experience, and create strategies to implement permanency practices into Nebraska's systems of care.
Permanency priorities of the FYC:

- Describe what permanency means from the youth's perspective,
- Identify barriers in achieving permanency for youth in their area,
- Identify current services and resources for achieving permanence in their area,
- Identify gaps in services and resources for achieving permanence in their area,
- Include information on Permanence at all presentations and events.

The Circle of Courage program, developed with support from the ACF's Family Youth Service Bureau, targets Native American youth who reside in Box Butte, Scottsbluff, Sheridan, and Dawes counties in Nebraska. Program efforts are directed at maintaining safe and secure homes for the youth, education supports, community recreational activities, community leadership opportunities, the ability to give back to the community, and a cultural connection (through the Sons and Daughters of Tradition curriculum).

Another youth development program for Native American youth in Nebraska's four federally recognized Tribes is the Circle of Nations. In July 2008, the group sponsored the 7th Annual Circle of Nations Youth Conference. Through participation in this event youth

have the opportunity to gather information and influence change in their community youth councils, while developing pivotal leadership skills.

In 2006, the former Offices of Child Support Enforcement and Protection and Safety (now CFS) received a federal grant to implement the BSEP pilot program in the Southeast Service Area. BSEP is a three-year project designed to refine protocols and procedures for child support collections and to establish best practices for improving communication and information sharing between the child support enforcement, child welfare and juvenile services, district courts, county/juvenile courts, and other entities. The approach incorporates the creation of two new multidisciplinary caseworkers, knowledgeable in child support enforcement, child welfare, and juvenile services. Case processes, procedures, and training to improve outcomes for dual-program cases have been initiated. The evaluation of this grant will guide future steps to improve this collaboration.

SECTION B: SYSTEMIC INITIATIVES

During the past 5 years, Nebraska has instituted several initiatives to promote systemic change which are referenced throughout this report. These initiatives provide the foundation necessary to serve children and families. Although these initiatives have been introduced at varying times in the past 5 years, we continue to believe in these principles and continually strive to improve and advance each one.

Child Welfare and Juvenile Services Reform: On July 1, 2008, the Department of Health and Human Services, Division of Children and Family Services (CFS), began the process of improving the manner in which the State of Nebraska purchases services for Child Welfare and Office of Juvenile Services clients. The Department implemented contracts with five lead agencies to provide safety and in-home services to CFS clients. This reduction in the number of contracts from over 100 allows for better oversight. The new contracts include the implementation of evidence based and promising practices and contain incentives to encourage exceptional contractor performance. Performance is tied directly to outcomes that have been shown to provide safety, permanency, and well-being for children, youth, and the community. Provider performance regarding in-home and safety service measures can be viewed at: http://www.dhhs.ne.gov/performancegauges.htm

On September 5, 2008, CFS announced the next steps in its ongoing efforts to improve services to children, youth, and their families by releasing the Out-of-Home Care Reform framework. The high-level plan outlined CFS' intentions to expand lead agencies, to take a performance-based approach to contracting for all safety, permanency and well-being services and to require lead agencies that are responsible for that care to also provide coordination of the services CFS clients receive.

CFS solicited stakeholder feedback for this initiative by publicizing an email address to seek public comment, scheduled fourteen public forums at ten different locations around the state, and held a meeting with all CFS staff to gather information and suggestions about the framework recommendations. A great deal of information was received, reviewed, and considered as CFS moved forward with the reform plan. On November 7, 2008, CFS released a summary of the input in and incorporated the input into the Framework Recommendations for Out-of-Home Care Reform and revised the Out-of-Home Care Reform.

In December 2008, CFS released the Out-of-Home Care Reform: Request for Qualifications (RFQ) and asked interested organizations to respond by January 15, 2009. Nine agencies responded to the RFQ. Two agencies were disqualified because their applications did not meet submission requirements. The remaining seven applicants were reviewed by Service Area Administrators and a review team, whose members were designated by the Service Area Administrators. The team used the Out-of-Home Care Reform: Scoring Tool, a standard review tool, to rank the applicants. Because of the number of qualified applicants in several Service Areas, not all successful applicants were asked to continue to the negotiation process. Of the seven applicants, six were selected to continue on to the negotiation process.

These six providers were then asked to provide, by March 23, 2009, a "Program Description" showing how they would carry out Service Coordination and the continuum of safety, in-home and out-of-home services in their selected Service Area and to present an implementation plan. Program Descriptions presented for each Service Area were scored by that Service Area's negotiation team led by the Service Area Administrator based on a standard review tool developed specifically for this process. The negotiation team also conducted interviews with each potential contractor for the Service Area and those interviews were also scored based on a standard review tool for each Service Area specifically for this process.

Full implementation is anticipated in January 2010. To read more about Nebraska's Child Welfare and Juvenile Services Reform efforts please go to the following website: http://www.dhhs.ne.gov/Children_Family_Services/OHReform/

Family Centered Practice: DHHS implemented Family Centered Practice (FCP) in 2004-2005. FCP principles are incorporated into DHHS policy and procedure, and DHHS staff members (including YRTC staff) have been trained in the practice. DHHS' training activities also included building internal capacity among staff to provide continued training on FCP to other workers. There are now over 38 trainers in the local areas.

Policy states that DHHS will provide family centered services to protect children from abuse and neglect, to improve conditions in families who place children in danger, and to assist youth in being productive and law-abiding citizens. These services should be:

- based on the assessed needs of the family and child;
- mindful of the safety of the child and the community;
- child focused and family centered;
- provided in the family home when appropriate;
- community and neighborhood based;
- founded on community responsibility; and
- delivered in a competent, professional manner by a staff that respects cultural diversity, and as close in proximity to the family as possible.

At the very foundation of FCP is the expectation that all individuals involved with DHHS are treated with respect and dignity, and are empowered at every level of their interaction within the system. When individuals feel empowered, they accept responsibility; recognize their strengths; and develop an ability to make choices. To facilitate that empowerment, we must offer opportunities for individuals to fulfill their roles and responsibility and assist them in gaining access to services and resources necessary to meet their needs.

FCP begins with a collaborative team planning process that involves workers, children, families, and the appropriate informal (e.g., the non-custodial parent, aunt/uncle, grandparents, family friends, etc.) and formal supports. Through the case planning process, plans are built to reflect the families' unique strengths and values, and to address each person's needs. Services and supports are delivered to help families and individuals meet their particular outcomes and goals, solutions are cooperatively sought with the input of the individual, and decisions are made collectively as a team. Child and community

safety, however, is never compromised and remains the primary focus of all efforts and actions.

Nebraska plans to enhance Family Centered Practice through required training refresher courses. This training will be delivered to workers and supervisors. The initial FCP training was delivered to some of our stakeholders and this refresher course will be required of the Child Welfare and Juvenile Services Reform contractors.

Nebraska Safety Intervention System: The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the State. Nebraska has been working with the Center since 2005 to review models used by other states, to select the model Nebraska would use, and to develop Nebraska specific materials. The model is research based model that provides workers the tools to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

- Improves safety decisions;
- Involves supervisors to a greater degree in all aspects of decision-making;
- Provides clarity of purpose for initial and continuing safety assessment;
- Provides clarity of purpose for ongoing work with families;
- Improves the ability to assess and professionally support decisions;
- Increases the equity and fairness for all families; and
- Improves case planning and focus for safety related interventions.

It is important to note that the model is applied to cases involving child abuse and neglect only. The NSIS is not used in cases involving youth who are committed to state custody by the juvenile justice system, unless the Youth Level of Service/Case Management Inventory (detailed on the following page) indicates a safety concern in a youth's family.

NSIS implementation began in April 2007 in the Western Service Area and continued throughout the state with full implementation by the Spring of 2008. Service Areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect reports were assessed using NSIS. Each Service Area was also asked to develop and implement a transition plan to ensure that all current cases were evaluated using NSIS by October 2008.

The first step in the model is to complete a safety assessment on all accepted child abuse and neglect reports to determine if the children involved are safe. If a child is determined to be safe, the family may be referred to community services but the case will be closed. If a child is determined to be unsafe, a safety plan is implemented and workers proceed with evaluating parents' protective capacities.

The Protective Capacity Assessment (PCA) is completed with families to determine enhanced and diminished parental protective capacities related to the safety threats identified in the safety assessment. Diminished parental protective capacities must be addressed in order to enhance those capacities and reduce identified safety threats. The PCA replaces what was previously referred to as a family assessment. It is formally

reviewed at least every six months to coincide with any court actions, and it is reviewed each time the safety of the child is assessed.

NSIS policy and procedures (formally issued in March 2008) require an ongoing assessment of child safety and monitoring of safety plans. There are mandatory 'events' for which a formal re-evaluation of safety must occur on every active child abuse and neglect case. These are: 1) at initial contact with the child and family as a result of an accepted child abuse and neglect referral; 2) at any time during the case when a new child abuse and neglect report is received; 3) when there is any change that may result in new safety threats, (for example, a new person in the home); 4) when considering reunification of children removed from the parental home; 5) when unsupervised visitation is being considered; 6) at the time of case plan evaluation and progress report; 7) prior to case closure; 8) at transfer to ongoing services; and 9) when the Youth Level of Service/Case Management Inventory (detailed below) or other information indicates a possible safety threat for an OJS or status offending youth in his or her home. A minimum weekly review of safety plans must occur while cases are undergoing the safety assessment process and a minimum monthly review is required for ongoing cases.

There are many benefits to implementing the NSIS. Staff receive increased guidance and clarification on how to identify parental needs based on diminished parental protective capacities. Workers can then focus on why a child is unsafe and specifically address the diminished parental protective capacities which, when strengthened, will enhance the protective capacities and reduce safety threats.

NSIS also increases the level of supervisory approval and oversight. Supervisors are required to approve every safety plan, including decisions around removing children from home due to existing safety threats. Supervisors ultimately approve workers' decisions as to whether or not the child is safe. Supervisors also verify practices and protocols, such as who is interviewed in the case, the order of interviews, and whether information on relatives and cultural backgrounds are gathered.

Through quality assurance activities we know that the NSIS is not being used to its fullest potential across the state. One of our approaches to improve the quality of the system is to implement a proficiency development process during the next two years. Competency based testing will be for trainers, QA staff, Administrators, Supervisors and Workers.

Youth Level of Service/Case Management Inventory: DHHS collaborated with the State Probation Administration to implement the Youth Level of Service/Case Management Inventory (YLS/CMI), a unified assessment tool for juvenile delinquents and status offenders. Statewide implementation of this tool occurred in March 2006. The YLS/CMI is a dynamic, comprehensive, and research-based risk and needs assessment that can help identify risk, need, and responsivity factors that are important for the rehabilitation of a particular juvenile offender or status offender (e.g., family/parenting, education/employment, substance abuse, etc.). It also aids in developing case plans and determining the level of intervention needed. In other words, the YLS/CMI provides concise information for staff regarding what issues the youth and family need to work on most, and it drives case planning and resource allocation for that youth.

The YLS/CMI compliments the NSIS system in that the YLS/CMI interview may reveal the need for a safety assessment. If a potential safety concern is identified with a juvenile or status offender, a safety assessment will be conducted to determine if the juvenile is safe or unsafe in their home. If the juvenile is unsafe, the worker will work with the family to address the safety issues, as well as the issues related to the juvenile delinquent activity and community safety.

In June of 2009, an Administrative Memo was issued clarifying procedures and requirements for the completion of the YLS/CMI assessment tool.

Performance Accountability Plan: Nebraska implemented a new Performance Accountability Plan in July 2004. Measures, goals, and expectations for all staff were generated and included in the plan to improve work performance related to child and community safety, permanency, and well-being. Part of the plan includes monthly progress reports on measures related to response times, documentation, and other items (discussed throughout this document). These reports are used by supervisors and administrators to measure progress, to inform and discuss at monthly meetings between workers and their supervisors, and to make any individual staff or system improvements necessary. Additionally, supervisors must review every case managed by the individual workers they supervise at least once every 60 days. All progress reports rise to the next level of supervisory responsibility so that everyone, up to each Service Area Administrator, is held accountable for performance in these measures.

In 2007, administrators from across the state met and discussed the current performance measures and their value to monitor and evaluate employee performance related to the provision of case management services, as well as how these measures fit with NSIS. Administrators will re-evaluate the current performance measures once the Child Welfare and Juvenile Services Reform Initiative is up and running and make any necessary revisions to the measures.

Children's Outcomes Measured in Protection and Safety Statistics: The Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) was introduced in July 2007. COMPASS is a web-based program that houses "rolling year" data pertaining to federal and state data measurements for the child welfare and juvenile services system. The program displays data in a clear and user-friendly format. It is interactive, so that high-level data may be broken down into more specific units (e.g., state, service area, judicial district, city, and county level data) as dictated by the user. The data is available to anyone with Internet access. COMPASS can be viewed at: http://www.dhhs.ne.gov/compass/

Quality Improvement: The state developed a more comprehensive quality assurance system that is now carried out on a statewide level. There are currently seven quality assurance staff across the state, housed in CQI/Operations, and supervised by the Central Office. The CQI/Operations Team is responsible for conducting quality assurance activities, audits, case reviews and consultations; monitoring contracts, utilization management, and compliance with federal and state standards; and analyzing data and writing reports. We now conduct a variety of quality assurance activities, the findings of

which are shared with all staff. The following provides an overview of activity over the past 5 years:

- DHHS implemented the Performance Accountability Plan in 2004
- DHHS conducted two rounds of the NE-CFSR in 2005 and 2006
- DHHS implemented intake and initial assessment reads, home study reviews, background checks, and ongoing case file reviews, including monthly reviews of cases in ICCU.
- DHHS hired an ICWA specialist to review cases involving Native American or Alaska Native children, to ensure ICWA compliance and to work with Tribes to develop their own quality assurance process.
- DHHS conducts quarterly consumer satisfaction surveys with caregivers and foster parents, and surveys with youth released from the YRTCs.
- Local DHHS offices have conducted "mini" CFSRs, reviews of out-of-home care assessments, and visitation service contract monitoring.
- All areas of the state have active child abuse and neglect investigative and treatment teams to review investigative and treatment issues.
- Quality assurance staff members are applying a tiered review of cases processed using the NSIS to monitor adherence to the model: an initial review of 15 safety assessments from each supervisor; a second review of five assessments from each supervisor; and ongoing case reviews thereafter.

DHHS collaborated with its partners to expand the quality assurance of system efforts outside of the agency itself. For example, we have worked with 24 judges throughout the state to review court orders and compliance with Title IV-E of SSA. An in-person or phone conference meeting was held with these judges to discuss what was being done well and where there were shortfalls in this area. Child and Family Services staff and/or income maintenance staff (IV-E eligibility workers) participated in all meetings, and other court staff persons and county attorneys participated in some of them.

During 2008, CFS and the Foster Care Review Board collaborated on a joint study of a group of 230 children who had a plan of reunification with a parent and who had been in foster care for two years or longer. CFS caseworkers and supervisors partnered with FCRB staff on this special study. The joint initiative identified several positive factors such as:

- Services were provided within 60 days of removal for 83% of the children;
- Over half (50.9%) of the children had three or fewer caseworkers over the lifetime of the case;
- Children's court hearings are occurring every six months for 82.2% of the children; and
- An additional 111 children's plans were changed to promote permanency as a result of the study.

DHHS has also partnered with the Nebraska Association of Homes and Services for Children to look at ways to move towards performance-based contracting. Work with the contracted group home providers led to the revision of the performance measures that we initially required from the providers to data more specific to group home performance. Data collection began in July 2007 and meetings are held regularly to review the process and any barriers to the collection of this information.

Some of the agencies DHHS contracts with are already monitoring their performance, and have been doing so for some time. Family organizations from each of the Behavioral Health Regions collect and report data on the outcomes of wards served in the Integrated Care Coordination Units (ICCU) using the Wrap Around Fidelity Index (WFI). The WFI is a set of brief, confidential phone or face-to-face interviews conducted with caregivers, youth (eleven years of age or older), wraparound care coordinators, and team members. The WFI interviews are intended to assess adherence to the principles of wraparound in service delivery as well as assess conformance to the FCP model. Gaining the unique perspectives of all of these informants allows us to understand how fully FCP is being implemented.

DHHS-CFS believes in transparency to the public regarding its performance and the performance of its contractors. To that end, the performance of contractors will be publicly maintained on the DHHS-CFS website on an ongoing basis during the term of the contracts. The Contractors and the Department will work collaboratively and as a team in implementing all QA activities. To view contractor performance go to: http://www.dhhs.ne.gov/performancegauges.htm

As stated previously, Nebraska is moving towards a continuum of care for non-treatment Service Delivery and Service Coordination Model (refer to Section B: Child Welfare and Juvenile Services Reform). DHHS-CFS is working collaboratively with the Contractors to develop and implement Quality Assurance and Contract Monitoring Activities as a partnership. There is a workgroup that is comprised of DHHS staff and Contractors that are addressing the following tasks.

- Explore what is to be monitored and the methods by which to monitor.
- Explore the method by which DHHS staff and Contract Staff will be trained in the tools used to monitor quality assurance.
- Explore how to maintain consistent monitoring and tools in coordination with contractors adopting various models.
- Evaluate need for subcommittee, their duration, outcomes and resource need.
- Identify additional supports and training to be offered to DHHS staff and Contractor staff to enable them to perform their roles and responsibilities.

This workgroup has been meeting since the later part of July 2009 and has agreed to the following:

CQI Service Area Teams:

- These teams will be minimally made up of Department and Contract Staff. The Service Area may decide to include other partners such as field staff, youth, parents, FCRB (Foster Care Review Board), Foster Parents, CASA (Court Appointed Special Advocate), Education, County Attorney's, etc. It is a recommendation that someone from the local training component be a part of the team so that they can support the training unit.
- These teams will review data and discuss system issues that need to be addressed. They will review both contractor and state data.

- It will be the expectation of this team to review information/data ahead of the quarterly meeting, and be prepared to communicate and provide technical assistance to the Service Area, when needed.
- 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 corrective action 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.
- Participants on the team will analyze existing data, contribute additional data/relevant information, and hypothesize contributions at the following levels.
    - Client Level (are there ways to solve the problem by changing how we interact with the client?)
    - Program Level (Are there ways to solve the problem by modifying the program that serves the client?)
    - Community Level (Are there ways to solve the problem through local community resources?)
    - Design and promote development of strategies which can be implemented to alleviate the identified issues.
- 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 quarterly and provide information on Service Area Corrective Action Plans with the Statewide CQI Team after each team meeting. These teams will be formed no later than January 2010.
- The focus of these quarterly meetings will be to identify 3 areas for change and three strengths with the following considerations:
    - 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.
    - A standard Corrective Action Plan format will be used across the state.
- 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 Eastern Service Area.
- Communication- written commendations/recommendations from the Service Area Teams will be posted, utilizing the DHHS website for posting and notifying staff (department, contractor, and partners.)

CQI Statewide Team

- This team will minimally be made up of Department and Contract Staff. Some suggested participants would be QA and Training management, families, youth, and stakeholders at the state level.
- This team will review all Corrective Action 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.
- Once promising practices are identified then it is the task of this team to communicate that with the Service Areas.
- Analyzing statewide data will be part of the task for this team as well.

- Identify data gaps and specifics for collection in order to develop strategies.
- This team will develop strategies for change based on Practice, Policy, and Training.
- This team will meet at least every 6 months. Maintaining open and clear communication with the Service Areas will be important to the success of the CQI process.
- This team will be implemented no later than September 2010.

Quality Assurance activities proposed by the QA Workgroup are as follows:

- Facilitation skills of Family Team Meetings (FTM) have been proposed to complete a QA activity starting in January of 2010. We will have CQI staff observe FTM for each Contractor. We are hoping that by observing FTM's we will have a better picture than reading case files about how the meeting went. This activity will help identify our improvement in skills and abilities in facilitating FTM's.
- Mini CFSR's will start January 2010. We will be reviewing 75 cases statewide using the Federal CFSR tool. These will be conducted quarterly in 2010 and 2011. These will be DHHS file reviews only except for Well-Being questions 17-20 which we will conduct telephone interviews 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. .
- NE CFSR (modeled after the federal CFSR) has been approved and we will complete a full NE CFSR including interviews, focus groups, etc. with our Contractor Partners in 2012. We will use the Federal CFSR tool for this read.
- Nebraska Safety Intervention System. We are completing our third round of reviews for Initial Assessments and will complete that in December of 2009. We are just finishing up our last area for the first round of on going assessments.
- Satisfaction Surveys – the state is reviewing whether to expand our surveys to include youth (not just youth from the Youth Rehabilitation and Treatment Centers. Judges, Foster Parents, Parents will be surveyed the first year of implementation of the Child Welfare and Juvenile Services Reform. A survey will also be implemented for Department Staff.

Nebraska is currently working with the States Information Systems and Technology staff to develop a web-based Quality Assurance Case Review System. This system will be the repository for all of the Quality Assurance Review Tools and findings. This system will allow for secure access by approved staff and will generate user friendly reports of QA findings that can be utilized to identify strengths and areas needing improvement.

SECTION C: CHILD AND FAMILY SERVICES CONTINUUM

The state has in place an array of services to serve children and families. These services include those provided through both public and private funds, including private foundations, providers, and organizations. The services are accessible to families and children in all political jurisdictions. Examples of these services and how they are linked and coordinated are described throughout the CFSP.

Service Description

Family Preservation and Family Support: DHHS has taken a number of steps over the past 5 years related to preserving and supporting families. The following paragraphs highlight some of these activities.

The Department provided funds, beginning in 2005, to Douglas County Court for purposes of holding pre-hearing conferences. The pre-hearing conferences are held within a few days of the child's removal from home to determine the immediate plan for the child and family. Pre-hearing conferences are designed to facilitate early information sharing and problem solving among parties to increase the provision of early services to parents and children, and to speed the process of resolving cases and ultimately achieving safe, timely permanency.

In 2006, the pre-hearing conferences held in Douglas County were evaluated by Dr. Wiener from the University of Nebraska, Lincoln Law and Psychology Program, to determine if the desired outcomes were being achieved. More specifically, the study objectively measured the events that transpire during pre-hearing conferences, the impact of the conferences on the timing of later proceedings, and the outcome of the proceedings. As a result of this evaluation and collaboration with the Nebraska Supreme Court and other key stakeholders involved in the "Through the Eyes of the Child Initiative", use of pre-hearing conferences was expanded across the state, via contracts with mediation centers.

Policy has been strengthened to mandate worker visits with children in the child's residence and parents (in-home) at a minimum of once/month, or more frequently based on the children's and families' needs. The purpose of these visits is to assure continuous monitoring of child and community safety and assess needed services. This data is also collected through N-FOCUS and reviewed by supervisors through the Performance Accountability Plan (refer to Section B).

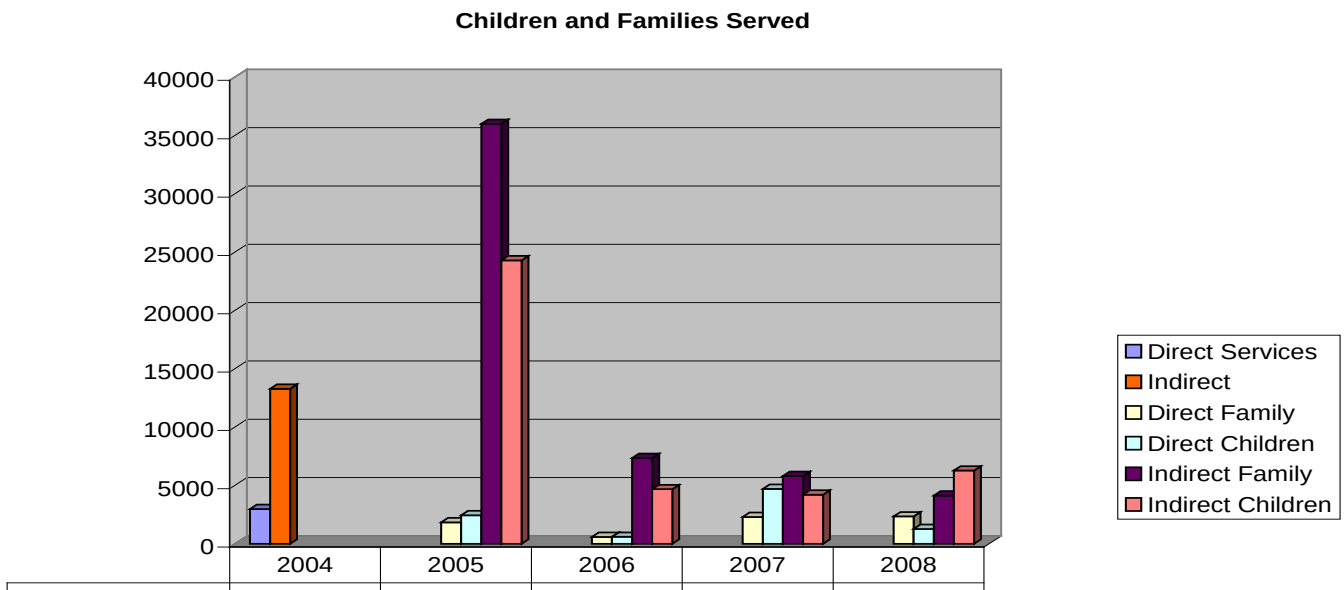
DHHS has contracted with the Nebraska Children and Families Foundation (NCFF) in the past 5 years to administer the family preservation and support components of the Promoting Safe and Stable Families Program. NCFF's focus is to develop evidence-based programs and services.

Priorities that have been funded are:

- programs for families at risk of entering the state's child welfare system;
- home visitation programs for new parents;
- early childhood initiatives;

- prevention of substance abuse in adolescents; and
- child abuse prevention.

See chart below for the numbers of children and families who have been served over the past five years.



	2004	2005	2006	2007	2008
Direct Services	2976				
Indirect	13288				
Direct Family		1835	585	2294	2340
Direct Children		2442	597	4699	1267
Indirect Family		35989	7345	5806	4133
Indirect Children		24295	4674	4205	6274

*In 2004 the data available was only parsed by Direct and Indirect Services.

In 2006, the Nebraska Department of Health and Human Services, the Nebraska Prevention Fund Board and Nebraska Children and Families Foundation developed a Statewide Prevention Plan for Nebraska. The goal of the Prevention Partnership is to pull public and private resources together to provide funding and technical assistance to Nebraska communities and professionals and increase their capacity to prevent child abuse and to prevent placement of children into foster care.

Recognizing that the state continues to struggle with establishing permanency for children involved in DHHS in a safe and timely manner, Nebraska Governor Dave Heineman announced new initiatives aimed to strengthen these efforts in June 2006. One of the priority populations cited was children who were never removed from home, and those who had been living safely at home for six months or more but had not yet been released from state custody. In May 2006 there were 618 children who fit into this category. An additional 3,526 children fit into this category from June 2006 through May 2009. Of the total 4,144 children never removed from home or living safely at home for seven or more

months, 3,199 (77.2%) have been safely discharged from state care. We continue to document and monitor these particular groups of children as defined in the Governor's initiatives through statistical reports generated in N-FOCUS. These reports are provided to supervisors in the field for their review.

DHHS developed and implemented the Nebraska Safety Intervention System, dramatically changing the concepts of the Department's involvement with families in which there has been a report of abuse or neglect and the Department's way of providing services to families and children. (Refer to Section B).

In 2004, DHHS and community stakeholders conducted a service array assessment in two pilot sites in the state to assess which services are lacking. The purpose of the assessment was to identify service needs, gaps, and necessary improvements to address timely initiation of services; assure the ability to offer the services needed; develop in-home services; and reduce service waiting lists in these two sites. The assessment utilized the Service Array in Child Welfare tool, provided by the National Child Welfare Resource Center for Family Centered Practice. The tool addresses community/ neighborhood prevention and early intervention services, investigative assessment functions, home-based interventions and services, out-of-home interventions and services, and child welfare and juvenile services system exits, and was later expanded to also assess basic needs, healthcare access and health promotion, child and youth safety and development, family development, and prevention systems.

In 2005, the project was expanded to other areas of the state. The project was designed to: decrease duplicative assessments and planning, particularly in greater Nebraska communities; support the assessment of community capacity to develop and implement prevention systems of care; identify policies and procedures that impact the development and sustainability of community prevention systems; assess community decision points for juvenile offender cases; and further assess the DHHS child welfare and juvenile services system's service delivery structure.

To date, 28 counties have completed the service array process. From this assessment communities developed a systemic logic model for prevention and early intervention priority areas to develop and/or enhance. These priority areas include: an internal understanding of collaborations, communities, and inter-relationships; the creation of rurally competent policies; the access of data to analyze service impact and trends; and the development of a core level of services and a single planning and evaluation process. Counties are now eligible to participate in an ongoing learning community to further build their capacity to identify, implement, and sustain needed services for children and families, and to work systemically to improve access to and availability of services.

Stakeholders commented that this plan should provide for the creation, availability, and accessibility of an array of services for children and families. It would also address stakeholder concerns about Nebraska being a "bed-based" system that relies heavily on out-of-home group home or facility care and does not offer early up front services in the home. Family organizations expressed concern though that the plan is geared toward services for children but not for parents. They believe that more substance abuse and

mental health services are needed for parents of state wards since there are waiting lists for the services that are currently provided.
The service array assessment project revealed advocacy and service barriers; non-existing and duplicative services; lack of education and diversity; and the need for law and policy change. Specific themes pertaining to these barriers included:

- Dwindling resources and cutbacks in state programs;
- Disparity of funding to rural communities;
- Multiple collaborations and coalitions;
- High investment of time and resources and extreme competition for limited funds;
- Sustainability requirements of grants;
- Silo funding restrictions;
- Flawed evaluations of program effectiveness;
- Lack of data and process to assess impacts of change and programs;
- Lack of training and education to work with high-risk youth and families;
- Families receiving services from multiple agencies and schools, and inability to identify these families; and
- Lack of a single, coordinated process due to multiple case coordinators, plans, and home visitors.

In 2007, three communities were provided funding and technical assistance in a Learning Collaborative to develop collaborative leadership, blend community resources, overcome local economic conditions, and implement a prevention and early intervention "system" (including assessment, planning, implementation and sustainability). Each community represented a unique view of how knowledge of the Service Array process can impact the development or enhancement of local services.

In remotely rural **Cherry County (Valentine)** the Service Array highlighted a fundamental issue. The community had little to no knowledge of the basic services that should be available through larger organizations which were funded to provide the services including: community action, public health, mental and behavioral health, domestic violence, continuum of care for housing and homelessness, and state funded programs such as Minority Health and Juvenile Justice. In fact the community did not know which agencies provided what services. The geographic location of the county (north central NE bordering South Dakota) and the small population (6148) was a factor. Agencies receiving population based funds could not afford to designate staff to travel to the county. By and large citizens were required to drive more than 100 miles in numerous directions to get the services required.

Therefore, in addition to developing local leadership and collaboration, the first goal for Valentine was to become aware of, and linked to the various agencies to begin to advocate for improved service delivery in the community. The second goal was to become linked to the various funding sources and develop programs and services through grant applications. A number of outcomes have occurred as a result of this work. Highlighted are:

- The Community Coordinator who was hired through the NCFF funding mapped the agencies and resources and was able to make personal connections. This resulted in a position on the Board of the Community Action Agency that serves the area. The result

has been increased partnership and planning for the enhancement of the Head Start facilities and the food pantry. Policy concerns have been identified and addressed to enhance services.

- Previously un-accessed Minority Health funds have been obtained and a part time Native Women's Health coordinator has been hired. Public education and health screening events within the non reservation based population are held. Information, referral and advocacy also occur.
- Respite funds have been obtained for the community. The lack of qualified respite providers led to the use of funds to send local persons to Certified Nurses Aide courses. The local nursing home hired many of these people and repaid the training costs, creating a sustainable pool of training resources to continuum to enhance the respite system. Having a resource pool of certified people throughout the large geographic area reduces time and travel costs. As Respite workers are contracted and do not always have full time work, this models also provides more than one revenue source for retaining these trained workers in the community.

As a resort and interstate based community, **Keith County** in west central NE has a slightly larger population and more local resources. However, the Service Array highlighted numerous collaborations and working groups. A large number of the same people attended meetings for each of these groups. Despite the opportunity for identification of gaps in services or the prevention system, the organizations and groups were not working together in this manner. In addition, agency persons not only duplicated their time going to numerous committee and coalition meetings, there was also extensive duplication of time at case conferences at various agencies for the same families or individuals.

Service Array identified the need for the development of a family centered practice early intervention system for persons who used numerous services or resources. Especially those who were seen to be at high risk of entering higher end systems. A process for identification of these individuals/families then leads to a family centered process with all agencies involved rather than many case conferences.

In addition to this developmental work the following highlights in service or system development have occurred.

- Development of a large regional coalition for youth which blended the work of three coalitions reducing duplicative time and effort.
- Creation of a sustainable fund to loan money to low income people in need of traveling out of the county for medical or mental health appointments for services not available in the county. Repayment rates are high resulting in the sustainability of the fund.
- Partnership with Public Health and the Alternative School to enhance services for children and youth through access to a wellness center which includes: online assessments of educational and training needs, counseling, fitness facilities and increased access to services through the Community Coordinator. These resources are also available to parents.

Grand Island in central Hall County is the largest (44,460) of the Service Array communities. The initial Service Array assessment indicated a higher number of services and resources than other communities. However, knowledge of these services and work

on a prevention system was limited due to extreme silo towers developed by agencies and individuals. This affected the ability to identify and address gaps and plan for sustainability. An atmosphere of blame, shame and territorialism coupled with the lack of proactive collaborative leadership kept the community from addressing what has been identified as the "real problems" of power and control. Therefore Grand Island chose to focus on Leadership Development toward enhancing a prevention system for children and youth.

The Leadership Team has made marked progress in skill development, leadership intent, common vision, and conflict resolution. It has also made in roads in barriers between cultures and in the anti HHS attitudes which prevailed through Service Array. This work has had direct impact on enhancing or sustaining services through braiding of funds and resources. Of note are:

- A community wide culturally relevant workshop with Roberto Dansie PHD on developing reclaiming environments for youth. The Leadership Team and Minority Health co-sponsored the event which was attended by 60 people including 20 youth for an open dialogue to impact schools and services.
- Formation of a Boys and Girls Club to partner with a middle school after school program in order to sustain the program. At the Service Array assessment the possibility of a Boys and Girls Club raised a heated debate from organizations that saw this as competition even though none served the population.
- Braided resources and sub-grants between agencies to address budget cutbacks in agencies.
- Increased functionality of the Continuum of Care for Housing and Homelessness through enhanced leadership skills. The level of trust has increased to the point that issues about disparity in inclusion of agencies in the planning and funding process are being raised with the confidence that the situation will be addressed.

Time-limited reunification: DHHS makes all reasonable efforts to prevent the removal of children from home if the child can remain safely in the home. However, if family preservation is not a viable option and a child is removed from home, the next permanency goal considered is family reunification.

Previously, Nebraska was not meeting the national standard in achieving timely and permanent reunification. In FFY 08, the Exit Cohort Reunification Measure was at 63.3%. That figure currently is 63.9%. The Exit Cohort Reunification Median of 8.5 months has not changed from FFY 08 to present. The percent of children entering foster care for the first time and reunified in 12 months or less is improving. It currently is at 48.8%, compared to 41.8% in FFY 08. Our current percentage is better than the national 75th percentile, which is 48.4%. The Permanency Composite 3 continues to be a strength. Currently we are at 157.3, compared to 150.0 in FFY 08.

Adoption and Safe Families Act (ASFA) dollars over the past year have been used to fund contracts with mediation centers to provide pre-hearing conferences, and with the Project Harmony Triage Center. The pre-hearing conferences are described in more detail above, under Family Preservation and Support. The Triage Center provides a secure, child-friendly environment for children who are being assessed for possible abuse. This setting

allows for timely assessment of needs and creation of plans so that children can be returned home quickly, if possible, and so that relative placements can be maximized.

Some changes that have occurred over the past 5 years that are related to timely reunifications include policy requiring workers to assess and maintain current case plans and permanency goals, supervisor review of all cases assigned to workers every 60 days to identify with the worker any potential barriers to permanency, and the early identification and involvement of non-custodial parents and relatives (particularly as it relates to legal guardianship and relative placements). Again, these efforts will enhance the appropriateness and timeliness of permanency for wards.

In an effort to receive feedback from biological parents and to provide further support to biological parents in March 2005, DHHS began conducting quarterly surveys with a random selection of 350 parents of youth in state care (i.e., the biological parents, caregivers, or legal guardians who were legally responsible for the children at the time they entered care). Survey results are reviewed quarterly and improvements are made based on findings. Parent handbooks were also developed for parents whose children are in the child welfare and juvenile services system to assure that parents understand the system, their rights and responsibilities within the system, and the supports that are available to them. Workers have been distributing these books to parents at the local service area level since August 2005. We have received positive feedback on the material via word-of-mouth from parents and other stakeholders.

The courts play a prominent role in expediting and establishing permanency for wards in care as well. DHHS has recently increased collaboration with judges, attorneys, and other court representatives to identify legal barriers to achieving permanency for children in care and strategies that DHHS and the courts can collaboratively pursue to overcome these barriers. More detail on DHHS collaboration with the courts is provided Section A.

Adoption Promotion and Support: Over the past 5 years, assuring permanency through adoption has been a major focus for the Department. Evidence of the success of the resulting efforts is the fact that the number of adoptions finalized for children who were in CFS custody increased from 313 in Calendar Year 2004 to 572 in Calendar Year 2008.

During the past year, Adoption Promotion and Support Funds have been used to purchase services from the Nebraska Foster and Adoptive Parent Association and from Answers4Families. Both of these entities provide support to families who are potential adoptive families and/or have adopted.

The paragraphs below provide other highlights of the Department's methods of increasing a child's chances for permanency through adoption, and supporting adoptions once they are completed.

Use of contracts with agencies and individuals enhanced the Department's ability to complete home studies in a timely manner for families, including home studies for relatives. These contracts also were used to complete home study updates that are required for adoption finalization, thereby making it possible to finalize adoptions more quickly. Due to an increase in placements of children out of state for adoption, funding

was made available to purchase home studies and post-placement, pre-adoptive supervision and support from private agencies in the placement state.
Early in the five-year period, DHHS contracted with two organizations to assist in the completion of adoption exchange referrals on children legally free for adoption, with referrals coming from individual workers. DHHS developed policy and guidebook material on listing children who are free for adoption on adoption exchanges, requiring all children free for adoption with a plan of adoption and not yet in an adoptive home to be placed on the appropriate adoption exchanges. Any exceptions had to be approved by the assigned worker's supervisor and the Service Area Administrator. In March 2009, 65% of children for whom registration was required had actually been placed on the exchanges.

In March, 2008, the Department entered into contracts with the three agencies within the Adoption Partnership. The Partnership is a collaborative project between three licensed child placing agencies in the Eastern Service Area (Adoption Links Worldwide, Child Saving Institute, and Lutheran Family Services). DHHS had contracted with the Partnership since May 1999 to provide a variety of adoption-related services for children in the Omaha area. Based on an analysis of services that would have the greatest impact on achieving permanency for children, the 2008 contract modified the services these agencies had been providing and expanded the geographical area from Omaha to the entire state. These services include: registration of all children who are DHHS wards, free for adoption, and not yet in an adoptive placement, on the state and national adoption exchanges and the Heart Gallery, and keeping registrations current; maintaining a list of these children for tracking purposes and use by DHHS staff with waiting families; responding to families who inquire about these children, and performing an initial screening to determine if a family might be appropriate for a specific child; reviewing children's files to locate potential placement resources, and contacting the potential resources identified to determine interest in adoptive placement for follow-up by the child's caseworker; reviewing children's files to prepare social and medical summaries for use with adoptive families; preparing adoption finalization packets; and recruiting potential adoptive families.

The Department has provided training for staff who work with adoption. In February, 2006, a two-day Adoption Conference was held. Topics included "Adopting Adolescents" (presented by staff of the National Resource Center for Adoption), "Preparing Children to Move, Farewell Visits, and Life Books", and "Negotiating Subsidies". Information booths included a demonstration on the National Adoption Exchange and the opportunity for interchange with representatives of the Nebraska Foster and Adoptive Parent Association and Answers4Families Web Site. A luncheon presentation was given by youth who had been wards of the Department, some of whom had been adopted and others who had not. Participants came from across the state and reported having gained valuable information that would be used in their everyday work. In addition, ongoing training has been available. A curriculum dealing with the dynamics of adoption and dealing with adoption subsidies and finalizations has been presented a number of times by a staff of the Department's Training Unit and/or by the Department's Adoption Specialist.

Because of increased use of the adoption exchanges, particularly AdoptUsKids, CFS has seen more placements of wards into other states for the purpose of adoption. Tools to assist children, families, and workers to assure the success of these placements have been developed and continue to be refined. One of the most useful tools has proven to be

conference calls between ICPC, the DHHS worker, the courtesy supervision worker, the family, and a variety of others, sometimes prior to placement and sometimes after placement. These calls have served to clarify roles and responsibilities, answer questions, assure that resources are available to families, and in some cases, helped to avoid a placement disruption.

Throughout the last five years, the Nebraska Foster and Adoptive Parent Association (NFAPA) has assisted the Department and families by enhancing its work with adoption. NFAPA has mentors to assist families interested in adopting and those requesting assistance during the adoptive placement or post-adoption.

During the 2009 Legislative Session, the Nebraska Unicameral passed legislation (LB 603) that authorizes DHHS to contract for post-adoption and post-guardianship services. The new statute, which requires services to be in place on 1/1/2010, specifies that services will be provided on a voluntary basis (meaning self-referral on the part of the family) and that one of the services will be case management. DHHS is in the process of a Request for Proposal (RFP) for these services.

Child and Family Services Continuum
Five Year Plan (FY2010 through 2014)

As stated in the Section B, Nebraska is in the process of improving the manner in which the State of Nebraska purchases services for Child Welfare and Office of Juvenile Services children and families with the implementation of five contracts to provide for Service Coordination and the continuum of safety, in-home and out-of-home services. One of the requirements of the Child Welfare and Juvenile Services Reform is for contractors to provide necessary services for 12 months following case closure. Providing necessary services and support will enhance stability and prevent the child and family from re-entry into the system.

The Department will implement the Federal Subsidized Guardianship Program as a part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (HR 6893).

The PIP includes several action steps that are based on collaboration between CFS and the Division of Behavioral Health (DBH) for the purpose of enhancing needed services in mental health and substance abuse, to support children and families. Collaboration will include implementation of LB 603, passed by the Nebraska Legislature in May, 2009. The Bill includes the following:

- Post-Adoption and post-guardianship services and case management services. These services will be provided through a contract and will include case management; assessment of need, particularly as it relates to adoption and guardianship dynamics, location of community resources, and some direct services such as education, support groups, mentoring, and counseling. The services will be available to any family that has in place a valid subsidized adoption or subsidized guardianship agreement and has adopted or taken guardianship of a child who was a ward of DHHS. Participation by families will be voluntary.

- Support for and increasing the number and availability of behavioral health services in the rural areas of Nebraska, through such means as funds for residencies, establishment of training sites, and use of tools to include Telehealth;
- Creation of a Children and Family Support Helpline that is a single point of access for children's behavioral health triage through the operation of a 24 hour seven-day-per-week telephone lines to support families whose child is in need of behavioral health services; and
- Establishment of a Family Navigator Program to respond to children's behavioral health needs by providing peer support and connections to existing services, including the identification of community-based services.
- Children's Health Insurance Program (CHIP) increasing from 185% of Federal Poverty Level to 200%.

The PIP includes several action steps where CFS collaborates with the Division of Behavioral Health (BH) to assist in the realization of these needed services in mental health and substance abuse to support children and families.

CFS also will collaborate with the Division of Medicaid and Long-Term Care and Nebraska's Administrative Services Organization (ASO) to address children's needs for treatment, continuing to seek new ways to ensure that needed mental health and substance abuse services are available and accessible. We will work to review and revise the utilization criteria for residential care and other mental health and substance abuse services, streamline the application process for out-of-home treatment, and implement strategies to expand and enhance community based services for children and youth. We will continue to monitor the ASO contractor to ensure that appropriate mental health services are available and accessible for youth who have failed in a Residential Treatment Center and are currently residing in detention, and that intensive case management is provided for youth on waiting lists for higher levels of mental health service; pregnant youth with substance abuse; or youth having over $6,000 in monthly expenditures.

Nebraska will be partnering with the Court Improvement Project (CIP), the Through the Eyes of a Child Initiative and the Foster Youth Initiative to establish a framework to identify barriers in order to enhance case management to support timely permanency for children. This will include a review of the Three Judge Panel assessment being conducted by the Court Improvement Project to assess any delays to permanency. Appreciating the work the court does and the work by the Department is essential to achieving timely permanency for children and families; therefore, several action steps and benchmarks are delineated in the PIP to address the issues outlined in the final report.

We plan to evaluate and pilot the use of Pre-hearing Conferences (PHC) prior to the permanency hearing. The purpose of the PHC is to bring the parties together to gather information and determine what information is still needed prior to the Permanency Hearing to avoid unnecessary continuances and assure that the Court has sufficient detailed information to make a permanency decision that is in the child's best interests regarding the child's safety, well being, and timely permanency. Another strategy is to develop agreements with courts to allow for the increase or decrease of some delivery of

services. We believe that this practice will allow parenting time to progress without delay to meet the needs of the children and families leading to more timely permanency.

We also plan to increase caregiver and youth participation in court proceedings by ensuring caregivers and youth are given the opportunity and are aware of the importance of their participation. The Caregiver Reporting Form will be revised to include a section that caregivers can outline the needs they have in order to continue to support them in meeting the needs of their foster child. The caregiver form will be sent annually to caregivers and will also be available on the internet. The parent guidebook will be updated and the local court teams and Child Welfare and Juvenile Services Reform contractors will develop processes to increase caregiver opportunities to have input in court proceedings. We will also be working with the Foster Youth Initiative to support their efforts with the courts to improve youth “having a voice” in their court proceedings

Findings from federal Child and Family Service Reviews indicate that relative placement is strongly associated with placement stability and achieving reunification or transfer of permanent legal and physical custody to a relative (Administration of Children and Families, 2004). Nebraska has outlined PIP action steps across several theme areas regarding engagement of non-custodial parents and relatives throughout the life of the case. Consistently identifying non-custodial parents, relatives and informal supports will be required at the time of initial safety assessment or commitment to OJS custody and every six months thereafter. Notification of relatives regarding the potential for placement of children removed from home also will be required. Local Service Area QA teams will evaluate and analyze data, develop and monitor improvement plans to ensure we are identifying these supports initially and often during the life of the case.

Through our contract with the Nebraska Children and Families Foundation (NCFF) the Prevention Partnership will use indicators of child well-being including rates of poverty, infant mortality and morbidity, child abuse and neglect, teen pregnancies, state wards and high school graduation to identify target communities for which to invest. Readiness factors such as federally funded early childhood programs, Sixpence Endowment sites, Child Abuse Prevention Councils and Community Learning Collaboratives will also be examined to determine the target communities.

NCFF plans to have leaders from the selected target communities be engaged in a readiness and assessment phase to identify Evidence-Based Prevention practices (e.g. Home Visitation and/or Parent Child Interaction) based on needs and landscape of collaborative services. In March of 2010, each community will develop an action plan for implementation and will apply for a $50,000 grant to implement an Evidence Based Program. By targeting areas of the state with the highest needs and building their capacity to develop and implement Evidence-Based approaches to child abuse prevention, we believe we can have the greatest impact and the best chance of achieving our outcomes related to safety, permanency and well being of children.

Estimated Expenditures and Payment Limitations

Provide Federal, State and local share expenditure amounts for IV-B subpart 1 for FFY 2005

FFY 2005 Sub-Part 1 Federal Funds expended: $433,147. FFY 2005 Sub-Part 1 State Funds expended for foster care maintenance: $33,799,832

Federal funds provided to the State of Nebraska under Title IV-B, subpart 2, will not be used to supplant Federal or non-Federal funds for existing family preservation and support services.

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

- 25% for Family Preservation
- 25% for Family Support
- 20% for Time-Limited Reunification
- 20% for Adoption Promotion and Support
- 10% for Administration, Training, and Consultation

Provide State and local share expenditure amounts for IV-B subpart 2 for FY 2007 for comparison with the 1992 base year amount.

Amounts expended in FY 2007:

2007 Federal title IV-B, Subpart 2 Funds			
	Budgeted Amount	*Actual Expenditures*	*Difference*
Total Federal title IV-B, Subpart 2 funds	$1,648,982	$1,648,982	$0.00
Total Family Preservation Services	$412,246	$412,246	$0.00
Total Family Support Services	$412,246	$412,246	$0.00
Total Time-Limited Family Reunification Services	$329,796	$329,796	$0.00
Total Adoption Promotion and Support Services	$329,796	$329,796	$0.00
Administration	$164,898	$164,898	$0.00

Amounts expended in FY 1992:

Title IV-B -48 Child Welfare:

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

Decision Making Process

Services provided with Nebraska's Safe and Stable Families Funds, for Family Preservation and Family Support, are distributed under a contract with the Nebraska Children and Families Foundation (NCFF). This non-profit organization invests public and private dollars in services that help children and families in the communities where they live. The Foundation works in partnership with communities, making funds available to serve as a catalyst to help communities find innovative, collaborative ways to deliver services that promote healthy families and keep children safe.

Foster and Adoptive Parent Recruitment

Describe progress and accomplishments made in FY 2004-2008 with regard to the diligent recruitment of potential foster and adoptive families, reflecting the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

The Department instituted a number of efforts over the last five years to improve recruitment and retention of Foster and Adoptive parents. For example, the Department has had a contractual relationship with Nebraska Foster and Adoptive Parent Association (NFAPA). NFAPA supported our efforts to recruit and retain foster and adoptive parents by performing a variety of activities, including:

- Management of the foster and adoptive parent inquiry line;
- Provision of in-service trainings and a foster parent mentoring program with regional groups in 36 areas of the state;
- Distribution of a bimonthly foster and adoptive parent newsletter with the focus on current issues and concerns;
- Distribution of guidebooks on assessment, foster care, and adoption, and adoption life books; and
- Sponsoring an annual adoption conference, foster parent conferences, and the Foster Care Awareness Day.

In 2006, DHHS collaborated with NFAPA and the Nebraska Broadcasters' Association to develop and run foster and adoptive parent recruitment campaigns. The foster care recruitment campaign was titled "Why You Should Become a Foster Parent," and the adoption recruitment campaign was titled "When I Get Home." It should be noted that the adoption recruitment campaign focused on the adoption of teenagers as stakeholders were concerned that prior recruitment efforts had emphasized the adoption of younger children. The ads were aired a total of 18,371 times across the state.

The Foster and Adoptive Parent Recruitment and Retention Marketing Plan was collaboratively developed by DHHS and NFAPA in April 2007 with a focus on products that emphasize and improve foster and adoptive parents roles as partners in serving children and families in foster care. In the Eastern Service Area, as part of the new Omaha Independent Living Plan funded through a partnership between DHHS and The Sherwood Foundation and Scott Foundation, a foster parent recruitment plan was designed to focus on recruitment of foster parents for teenagers. Foundation funds were used to secure a marketing firm to develop the campaign and Departments contract with the Nebraska Broadcaster's Association provided air time for the ads during prime time.

On March 1, 2008, the Department entered into a performance-based contract with the Adoption Partnership. The Adoption Partnership, which has played a large role in the recruitment of adoptive families, consists of three community-based agencies. The AP has performed a number of functions to facilitate timely adoption of children who are DHHS wards waiting for adoptive homes, including:

- Maintenance of a list of children waiting for adoption;
- Registration of all DHHS wards waiting for adoption on adoption exchanges and the Heart Gallery;
- Updates of information for children on the exchange;
- Responding to families that inquire about registered children, obtaining home studies from the families, and screening them before submission to the child's case manager;
- Review of files for children waiting for adoption to identify potential adoptive families, contacting the families regarding their interest, and prioritizing them according to their potential for placement; and
- Recruitment of adoptive families for children who are served by DHHS.

Another effort that has impacted the recruitment of adoptive families is National Adoption Day celebrations. National Adoption Day not only celebrates the many adoptions that occur on that particular day and throughout the year, but it also boosts the community's interest in adopting due to the media attention it receives.

Nebraska's collaborative project to celebrate National Adoption Day in courts and communities throughout the state has seen great success. Douglas County Juvenile Court began holding these celebrations in 2000, and Lancaster and Adams counties joined in the celebration in the following years. Not only have these events increased the number of adoptions finalized in the last few years, but they have also amplified public support.

The Department has also focused on the needs of the racially diverse youth in care. The recruitment efforts toward racial and ethnic diversity include a Spanish-version TV and radio commercial for foster and adoptive families run statewide. PRIDE training is available in Spanish, and we have one trainer who speaks Spanish, which allows us to offer this option to Spanish-speaking people. The Department has worked with the Tribes regarding licensing and payment, enhancing the ability of Native Americans to become foster parents.

Service Areas have also conducted their own recruitment efforts, for example, in the Central Service Area recruitment efforts reflecting the ethnic and racial diversity of children in their area include:

- Participation at Multi-cultural conferences to present information;
- Activities at the elementary school in Grand Island, on their Community Services Day (this school is known for many multi-ethnic groups);
- Advertisements in the Buenas Dias Nebraska newspaper;
- Provided information to Spanish churches in the Grand Island area to advertise a forum, "The Truth about Foster Care". Although the forum was presented in English, and interpreter was there to assist persons with limited English;
- Recruitment for a specific child at a Sudanese Church in Grand Island.

The following graph shows the make-up of state wards in out-of-home care from FY 2004-2007.

	2004	2005	2006	2007
Native American	763 8.41%	828 8.57%	822 8.40%	803 8.43%
Asian	27 0.30%	40 0.41%	33 0.34%	40 0.42%
Black/African American	1315 14.49%	1369 14.17%	1503 15.37%	1471 15.44%
Native Hawaiian	6 0.07%	4 0.04%	3 0.03%	2 0.02%
White	5860 64.57%	6059 62.73%	6044 61.79%	5833 61.21%
Hispanic	702 7.74%	837 8.67%	816 8.34%	770 8.08%
Race Not Entered	193 2.13%	269 2.78%	277 2.83%	280 2.94%
Multi-Racial	209 2.30%	253 2.62%	283 2.89%	331 3.47%
Total	9075 100.00%	9659 100.00%	9781 100.00%	9530 100.00%

In CY2008, there was an average of 2,202 fully licensed foster care homes in the state and an average of 1,885 approved foster care homes. Forty percent of foster homes were of a race other than White/Caucasian. The percentage of foster children of a race other than White/Caucasian was 38.8%. This demonstrates our ongoing efforts to meet the needs of the foster youth in Nebraska by recruiting families that reflect the ethnic and racial diversity of children in our State.

Although much progress has been made in foster parent recruitment efforts, more work is needed. In CY2008, there was an average of 2261 fully licensed foster care homes in the state. This is a 4.8% increase from 2,158 homes in CY2007. In CY2008, there was an average of 1,847 approved foster care homes. This is a 14.12% increase from 1619 approved homes in CY2007. Overall, the combined average number of licensed and approved foster care homes increased18.9% from 3777 in CY2007 to 4108 in CY2008.

Stakeholders also identified some areas needing improvement. They reported that most of the recruitment of foster homes occurs by word of mouth and print ads, and the majority of ads portray younger children and emphasize adoption. Additionally, stakeholders stated that little recruitment or outreach is made to churches or targeted communities such as the Hispanic or Asian communities.

FOSTER AND ADOPTIVE PARENT RECRUITMENT
Five Year Plan (FY2010 through 2014)

The Department is determined to continue to build on the strengths demonstrated in the past five years by utilizing the input from community partners and stakeholders. As stated in the Section B, CFS will be contracting for services, including non-treatment care that require lead agencies to be responsible for limited case coordination and services CFS clients receive. Children and Family Services selected six contractors. These contractors are working closely with CFS to ensure a smooth transition for the children and families we serve.

In order to increase the availability of foster and adoptive homes, Child Welfare and Juvenile Services Reform contractors will be required to:

- Develop a Foster Parent Recruitment Plan that includes 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.
- Conduct individualized targeted recruitment of foster homes that will be supported by a continuum of services to support children, families, and foster families meet the needs of highly specialized youth, including, developmentally disabled, treatment youth, older youth, and youth with diverse cultural needs;
- Develop a protocol to appropriately 'match' children and youth with foster parents;
- Actively search and identify non-custodial parents and other relatives
- Promote the use of kinship care and require placement with the non-custodial parent or appropriate relatives as the first option;
- Provide supports and education/training for relatives and kin-care providers.

Child Welfare Reform contractors will be providing quarterly updates to the Department regarding their plans.

Child Welfare Reform contractors will also be required to respond to specific foster parent needs regarding a child to prevent disruption and to promote reduction of residential services. In an effort to improve and strengthen supports to foster families, DHHS will conduct home studies that include assessments of foster families to determine the types of children they want and will be successful serving.

SECTION D: COORDINATION WITH TRIBES

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

During this past five years, the CWU and OJS have continued to work closely with the four Tribes whose governmental headquarters are based in Nebraska (Omaha Tribe, Ponca Tribe of Nebraska, Winnebago Tribe, and the Santee Sioux Nation) in a number of areas. In addition, consultation with the Rosebud Sioux Tribe and the Oglala Sioux Tribe has occurred.

The Tribal-State Contracts exist with the Omaha Tribe, Santee Sioux Nation and the Winnebago Tribe. One aspect addressed in the contracts is compliance with the Federal and Nebraska Indian Child Welfare Acts (ICWAs).

In addition to the Tribal-State Contracts for child welfare, CFS has IV-E contracts with the Omaha and Winnebago Tribes and Santee Sioux Nation. These tribes are at varying stages in contemplating direct title IV-E plans.

In October 2006, CFS hired a full-time Indian Child Welfare Program Specialist. The ICWA Program Specialist has conducted a number of reviews and trainings, has implemented steps to improve compliance with the ICWAs, has participated in family team meetings and family group conferences.

ICWA Notices: The formal ICWA notice developed by the ICWA Program Specialist was implemented in 2007 and is now available for use by all staff on N-FOCUS. The draft of this notice was made available to tribal representatives for comment prior and discussion with the Indian Child Welfare Program Specialist. Tribal representatives have responded favorably to the new notice form, stating that the form allows the enrollment offices and tribal ICWA Specialists more information, delivered more timely, to identify Indian children.

ICWA Training and Consultation: ICWA training continues on a large scale in collaboration with many others. An ICWA training provided on March 13, 2009, in Omaha, Nebraska, had an attendance of approximately 200, including Juvenile, County and Tribal Court judges, Child and Family Services staff, private attorneys who serve as counsel for parents and as guardians ad litem, Court Appointed Special Advocates and others. This training was a collaborative effort with the Omaha, Ponca, Santee Sioux and Winnebago Tribes' ICWA Specialists and Child Protective Services staff, the National Council of Family and Juvenile Court Judges, Project Harmony, Legal Aid of Nebraska's Native American Program, Douglas County CASA and others. Additional trainings on a smaller scale with local collaboration have been provided throughout Nebraska. In addition, consultation and training on a case-by-case basis is provided to CFS staff as requested.

ICWA trainings cover the following information: the basis for application of ICWA (i.e., political status of the child as a member or eligible for membership in a federally recognized Tribe, not race), demographics of Tribes and Native Americans, history of Indian child welfare, definitions, notice, jurisdiction, placement preferences, burdens of proof, active efforts, removal standards and procedures, intervention, transfer, full faith and credit, appointment of counsel, examination of documents, consent and withdrawal of consent, removal from foster care home, collateral attack, invalidation for noncompliance, return of custody after adoption, records of placement, higher standards apply, recordkeeping, and access to information. Written materials, such as copies of the federal ICWA (with parallel citation to the Nebraska ICWA), an ICWA checklist in long form with explanations and a smaller bookmark, the ICWA notice form, an ICWA resource list, a list of Tribal names and groupings, an active efforts handout, a cultural plan form, and the PowerPoint presentation themselves are provided.

The ICWA Program Specialist has also provided consultation to over 200 Protection and Safety Workers and 50 Tribal members and representatives. The ICW Program Specialist has participated in family team meetings, family group conferences, identifying and locating family members for placement of Indian children, identifying culturally appropriate services for children and families, identifying expert witnesses, and facilitating communication between CFS staff and Tribal staff.

The ICWA Program Specialist has also worked with tribal representatives to address the action steps identified in the draft ICWA Program Improvement Plan. A standardized case file format that includes an ICWA section is utilized by CFS, revised ICWA policy has been drafted and is in current discussion with tribal representatives, collaborative efforts in providing ICWA training and other areas has occurred, changes to N-FOCUS have been implemented with more planned, and collaboration toward a specialized ICWA unit is in discussion.

Other ICWA Efforts: In February 2008, DHHS facilitated, and the Nebraska Commission on Indian Affairs co-sponsored, a meeting of Tribal ICWA specialists and Urban Indian Center staff. The purpose of the meeting was to discuss communication issues between the Tribes, the Urban Indian Center, and DHHS. A past collaboration on Indian child welfare that occurred in the 1980s was discussed at the meeting. This initial meeting led to the creation of the Nebraska ICWA Coalition, an informal group comprised of tribal representatives, urban Indian Center staff, CFS, Legal Aid of Nebraska and Nebraska Appleseed, and participation by tribal representatives has expanded to include the Oglala Sioux Tribe's ONTRAC office and the Rosebud Sioux Tribe's ICWA office. This group meets monthly to discuss changes in ICWA case law and has identified categories for ongoing discussion, such as services, data, foster care recruitment, etc. There has also been some discussion of forming a non-profit organization.

The ICWA Program Specialist continues to participate in the State ICWA Managers' Association facilitated by the Child Welfare League of America. In addition to participating on bi-monthly conference calls, she is serving on two workgroups: the Website Development Workgroup and the Qualified Expert Witnesses Workgroup. Three members of this workgroup and John George, CWLA facilitator for this group, presented the draft of the State ICW Managers' Qualified Expert Witness toolkit at the CWLA annual conference

in February, 2009. In addition, the ICWA Specialist continues to participate in the Community Initiatives for Native Children and Families, a grassroots group that includes Woodbury County (Sioux City) Iowa Department of Human Services representatives.

During the past year, meetings have been held between the Department and Tribes for discussion of topics including:

- When Tribal courts will place their children into DHHS custody vs. maintaining custody with the Tribe;
- Appropriate funding sources for services to children and families that are under Tribal Court jurisdiction;
- Streamlining the application process for children for DHHS funding and assurance that appropriate documentation is provided; and
- Tribal licensure of foster homes.

These meetings have been attended by representatives of the Winnebago, Santee, and Omaha Tribes; CFS Service Area staff, including Protection and Safety and Income Maintenance-Foster Care, and Central Office staff. The meetings have enhanced communication and resulted in greater understanding of issues and development of strategies to remove barriers.

As a result of these meetings, the Tribal/State Child Welfare Agreements with the Omaha, Santee Sioux and Winnebago Tribes were modified. Modifications included direct funding for a "Services" budget to allow tribes to obtain services from providers of their choice. Tribes voiced a number of positive results from this change, including support for tribal sovereignty, the ability to access services more quickly since there is no need to process services through two governmental agencies and more culturally appropriate services for children and families since tribes can now obtain services from providers in addition to those utilized by CFS.

1) Identification of Indian children by the State Child Welfare services agency:
DHHS ICWA training for staff includes the importance of identifying every Indian child and N-FOCUS changes have occurred. Every child included on the N-FOCUS system has an identified racial demographic, and N-FOCUS also includes an area to identify tribal affiliations. The demographic area of N-FOCUS has been modified to include whether a child is a member or eligible for membership in a tribe, whether a parent of the child is a member, and whether the case is identified as an ICWA case. In addition, collaborative efforts with tribal representatives include sharing familial information and working within tribal agencies for a more expedient determination of a child's eligibility for membership.

2) Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene:
ICWA training provided to staff, attorneys and other external partners has emphasized providing notice that contains all of the elements required by 25 C.F.R. 23.11 to parents, Indian custodians and tribes.

A comparison of Nebraska's ICWA to the Federal ICWA reveals that the only substantive difference is that Nebraska's ICWA allows for service of notice by certified mail, rather than

the more restrictive registered mail required by the Federal ICWA. ICWA training has emphasized the need to comply with the more restrictive registered mail standard.

3) Special placement preferences for Indian children:
CFS has worked toward the recruitment and retention of Native American foster and adoptive homes. As of February, 2009, there were 19 DHHS licensed Native American foster and adoptive homes, with additional child specific and relative homes. The Omaha and Winnebago Tribes and Santee Sioux Nation use N-FOCUS to license their own homes as well. As of February, 2009, there were 131 tribally licensed or approved homes with a capacity for placement for 348 children.

CFS staff are instructed on locating appropriate foster care placement in compliance with the preferences of ICWA. CFS staff first looks to extended family, then contacts the child's tribal ICWA Specialist for assistance in locating family or a home that is licensed, approved or specified by the child's tribe. If these efforts fail, staff contacts D CFS Resource Development for the availability of Native American foster homes. Finally, CFS staff are made aware that the Omaha, Winnebago and Oglala Sioux Tribes have emergency shelters for placement of Indian children who are affiliated with any federally recognized tribe.

CFS staff seeking adoptive placement for Indian children are instructed to look first to extended family. If family members are not available, staff then asks the child's tribe's ICWA Specialist if there are any tribal homes available. Finally, contact is made with other local tribes, the Cherokee Nation's national listing, and Indian children listed on the adoption exchange include narratives that DHHS is seeking a Native home for the child.

4) Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption:
In 2008, the Nebraska Court of Appeals stated that active efforts are more than reasonable efforts, are culturally relevant, and include some consideration of services to the children. This has been incorporated into ICWA trainings along with discussions of the definitions of the terms "breakup" (temporary as in foster care or permanent as in termination of parental rights) and "Indian family" (a more comprehensive term than just parents and children) and the concept that Indian children's mental health often is severely impacted by the removal from a Native culture and placement into a non-Native culture.

5) Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe:
These rights have been incorporated into ICWA trainings. Trainings include a statement that tribes, parents and Indian custodians have the absolute right to intervene in ICWA cases at any point in the proceeding. In many cases, CFS and tribes agree that cases should be transferred to the tribal court of the child's tribe, but opposition is found from the county attorney or guardian ad litem. CFS has issued a policy memo that instructs CFS staff to contact the ICWA Program Specialist and the assigned DHHS attorney as soon as a party has requested transfer of a case to a tribal court.

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

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

The State of Nebraska has reached agreements with three of the four Tribes that have reservation land and government headquarters in the state (e.g., the Omaha Tribe, the Winnebago Tribe, and the Santee Sioux Nation) to provide funding for Tribal child protective services programs. Jurisdiction granted to the State of Nebraska under Public Law 280 has been retroceded for these three Tribes and the Tribes are now responsible for providing protections, case management, and services to children in their care.

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

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

Each of the Tribes is allotted federal Chafee funds based on a formula that takes into account the Tribal population, membership, the reservation census, and other factors. With this formula, Tribes are allotted a specific amount of funds for each eligible Tribal youth, which matches the individual amount allotted for non-tribal youth.

COORDINATION WITH TRIBES
Five Year Plan (FY2010 through 2014)

In addition to the Tribal-State Contracts with the Omaha and Winnebago Tribes and the Santee Sioux Nation, a Tribal-State Contract with the Ponca Tribe of Nebraska is under consideration. This additional contract will also address compliance with the Federal and Nebraska ICWAs.

The CFS ICWA Program Specialist will continue to review ICWA compliance in cases as requested and will complete a comprehensive review of all ICWA cases. The Program Specialist will also continue to provide training, consult on cases and attend family team meetings and family group conferences as requested.

Exploration of a specialized Native unit will continue. The ICWA Program Specialist will continue discussions with the Iowa Department of Human Services' Woodbury County Native Unit and with CFS staff in the development of this pilot project.

New functionality will be added to N-FOCUS to more easily identify ICWA cases and ensure documentation in a centralized location of information relevant to ICWA cases, such as the date on which parents or Indian custodians were asked about their tribal affiliations, date on which ICWA notice was mailed, responses to notices, dates of requests for intervention and transfer, attempts to comply with placement preferences and active efforts provided.

The CFS ICWA Program Specialist will work to gather a listing of all Native culturally competent services statewide. This will assist in identifying gaps in services and areas in which services are underutilized.

The CFS ICWA Program Specialist will continue to collaborate with tribes, tribal representatives, the Nebraska Commission on Indian Affairs, urban Indian centers and the Nebraska ICWA Coalition for all issues related to ICWA.

All four tribes in Nebraska have been exploring their options regarding administration of their own IV-E program. Should any tribe decide to administer all or part of the IV-E program, the State will negotiate in good faith with any Nebraska Tribe in development of their IV-E program. Currently, the State has IV-E agreements with three of the tribes (Omaha, Santee and Winnebago) to make maintenance payments on behalf of IV-E eligible children. The state has made arrangements with the Nebraska State Patrol to allow the Tribes to conduct national fingerprint based criminal history checks.

SECTION E: HEALTH CARE SERVICES

Addressing physical and behavioral health problems is a critical issue in the child welfare population. Socially Necessary Services, while a vital component of the service array, do not address all the treatment needs of families and children.

Research indicates that as many as two-thirds of children entering foster care have behavioral or emotional problems. Most children who enter the child welfare system have experienced significant trauma. For those who are placed out of their homes, the trauma of separation from their families and moves within the foster care system itself often led to additional trauma. These vulnerable and at-risk children have a high prevalence of mental health needs.

Policy states that for the duration of the court-ordered custody of a child, DHHS is authorized to make all decisions about psychological treatment for that child. As is the case in general medical treatment, this authorization maybe modified through court orders. Again, regulations include instructions for involvement and consultation when certain special issues arise and policy mandates worker consent to any necessary emergency psychological or psychiatric treatment for a child.

Needs assessments may include a diagnostic and evaluation service and a therapy service, when appropriate. Referral to therapy services will be made if a family assessment indicates undue stress and severe social, emotional, or behavioral problems that threaten or negatively affect the family's structure and stability, and if the family is not yet receiving therapy services.

The ultimate responsibility for providing or arranging psychological or psychiatric services when needed lies with the worker. In out-of-home settings it is also the responsibility of the temporary caregivers to secure psychological or psychiatric care for the children in their care.

In 2004, an additional change that has helped CFS better meet the mental and behavioral health needs of wards receiving services through Office of Juvenile Services was the development and implementation of a standardized pre-treatment assessment of children's mental health needs (the Comprehensive Child and Adolescent Assessment). All children entering the system through the Office of Juvenile Services receive this thorough assessment. This assessment helps workers identify the needs of children as well as the necessary treatment for those needs, such as substance abuse, eating disorders, etc.

The Division of Medicaid and Long-Term Care implemented a Comprehensive Family Assessment (CFA) in July 2008 that is designed to address the broader needs of the child and family so that the focus is not only on the symptoms but on the ongoing issues that are affecting a child's safety, permanency and well-being. The CFA is a voluntary, comprehensive assessment of the family system and the adult caregivers in the family. This assessment is reserved for families newly entering the system with suspected mental health, domestic violence or substance abuse problems. The purpose is to provide a comprehensive, family system assessment to determine if mental health/substance abuse treatment needs exist, particularly for the adult caregivers in the family home. The results

and recommendations of the CFA are used in conjunction with other measures to determine if the children can remain safely in the family home. Recommendations for treatment resulting for this assessment will be used by treatment professionals to develop a comprehensive plan for treatment including coordinated effort to reduce the numbers of out-home placements and improve outcomes for Nebraska's families.

In 2004, DHHS received a Substance Abuse Mental Health Services Administration's (SAMHSA) Systems Integration Grant (SIG) to develop a statewide mental health and substance abuse service delivery system for children and youth with co-occurring disorders and substance abuse issues, and youth who are transitioning out of the system. A statewide committee was developed to oversee the work of this grant, which would focus on best practices and outcomes, early intervention and prevention services, and coordinated service plans. The goals of this system are to develop the following elements on the state, regional, and local levels:

- Coordination across agencies;
- Family centered approaches across systems;
- Coordinated service plans;
- A single point of accountability;
- Outcome information;
- Standard assessment;
- Best practices;
- Clear policies regulating similar services; and
- Preventative and early intervention services.

The SAMHSA SIG Steering Committee was developed to oversee the work of this grant. The statewide committee includes three smaller subcommittees: the Early Childhood Subcommittee; the Youth Subcommittee; and the Evaluation/Academic Subcommittee. In 2006, the Early Childhood and Youth subcommittees completed and submitted their recommendations to the statewide steering committee. The Evaluation/Academic Subcommittee continues to meet.

In January 2008, a Children's Behavioral Task Force (LB 542 Task Force) was created to address the behavioral health needs of children, adolescents, and their families. Stakeholders from different systems (e.g., behavioral health, child welfare, and juvenile services) will collaboratively develop a balanced array of accessible services, including specific facilities and services for some of the state's most challenging children and adolescents. DHHS presented its plan to the Task Force in January 2008. It is anticipated that this plan will address multiple mental health service barriers identified by stakeholders. It will increase collaborations between behavioral health, child welfare, and juvenile services (whereas stakeholders currently describe the system as being in "silos"). The current focus is on providing consistency in DHHS referral practices and participation for the "Transition Age Youth Teams" in each Behavioral Health Region. These Transition Age Youth Teams assist in developing plans and assisting state ward youth with behavioral health needs transition into adult services.

In early February 2008, The Division of Medicaid and Long-Term Care, the Division of Behavioral Health and the Division of Children and Family Services jointly released a RFP for an Administrative Services Organization to automate, manage, and coordinate mental

health and substance abuse treatment, gambling addiction services, and services for children in the child welfare and juvenile services system. On July 1, 2008, the Nebraska Department of Health and Human Services, Division of Children and Family Services (CFS), Division of Behavioral Health and the Division of Medicaid and Long-Term Care entered into three separate, yet similar contracts with Magellan Behavioral Health Services as an Administrative Services Organization (ASO). This effort was made to ensure consistency in the authorization of mental health and substance abuse services and to prevent duplication and overlap of service provision and funding sources. The three Divisions work collaboratively to ensure adherence to the contracts and to ensure that decisions made regarding mental health and substance abuse services do not adversely impact a sister Division. The Child Welfare section of the ASO contract requires the registration of non-treatment services; the authorization of mental health and substance abuse services not otherwise eligible for Medicaid reimbursement; the utilization management for mental health, substance abuse and non-treatment services provided to children and families served by CFS. The ASO is responsible for the coordination of Medicaid and Long-Term Care, Behavioral Health and Child Welfare/Juvenile Justice services to children and families. The ASO also provides case consultation to CFS specialists in regards to high utilizing participants of services to identify evidenced based/promising practice interventions that have been shown to be effective in addressing a particular circumstance. The ASO collects the data from CFS providers across the State of Nebraska in regards to the CFSR performance measures outlined in the provider contracts and provides that information to CFS to post publically on the DHHS website. We plan to continue to collaborate with the Division of Medicaid and Long-Term Care, the Division of Behavioral Health and Nebraska's Administrative Services Organization (ASO) to address children's needs for treatment. Nebraska continues to seek ways to ensure children with mental health and substance abuse issues are receiving the necessary services and supports. We will work to review and revise the utilization criteria for residential care and all other mental health and substance abuse services, streamline the application process for out of home treatment and implement strategies to expand and enhance community based services for children and youth.

On July 1, 2008 an Administrative Memo (#10-2008) was issued to Service Area Administrators, Protection and Safety Administrators, Supervisors and Staff on the implementation of the ASO for the Division of Children and Family Services. An additional Program Memo was issued May 8, 2009 clarifying the use of regulations related to consultation for specific cases and provides additional direction for responding to non-medically indicated court-ordered treatment services.

The ASO provides a dedicated Child and Family Intensive Care management unit staffed with care managers having in-depth child welfare and behavioral health experience. The care managers focus on coordinating services for youth across the division of Children and Family Services, Medicaid and Long-Term Care and the Division of Behavioral Health.

Magellan provides the case conference and care coordination process for all consumers showing unresolved difficulty with treatment planning or progress, discharge planning or care coordination. The ASO for Children and Family Services assists and educates the caseworker/supervisor or providers in determining what an appropriate evidenced based or promising practice intervention might be the most appropriate.

The ASO also provides access to a service array/service provider network that includes providers who are skilled in treating the special issues presented by children and youth who have experienced trauma associated with abuse, neglect, sexual abuse, out-of-home placement, parental substance abuse and/or domestic violence is essential to meeting mental health needs of children. Services are also authorized with respect for the unique cultural and ethnic influences of each child's family and community.

Also, in conjunction with the Division of Medicaid and Long-Term Care with the ASO, Magellan Behavioral Health has expanded Intensive Care Management Services Based on fundamental core values and a strength-based approach to service provision, child welfare, substance abuse, and mental health agencies work together across systems in an effort to provide comprehensive services and supports to children and families. This initiative is aimed at systems change; therefore, it is a time-limited infusion of resources designed to assist a child and family. We will also monitor the ASO contractor to ensure that intensive case management services are being provided by the ASO for select populations of youth:

- Any youth in an out- of-home treatment level of care and discharging to a community setting
- Pregnant youth with substance abuse
- Youth in Detention for 30 days that have failed in treatment
- Youth age 12 and younger who are or have been hospitalized
- Children and youth under "letter of agreement" placed in a treatment service that is not authorized for managed care services
- Any youth who is living in the community (not treatment facility or detention) and is authorized for RTC but on a wait list

Despite the recognized importance of mental health concerns among youth in the child welfare population, data suggests a significant gap between children who need services and children who receive services. Among the areas of concern has been the lack of comprehensive mental health screening of all children entering out-of-home care, the need for more thorough identification of youth with emotional and behavioral disorders, and insufficient youth access to high-quality mental health services. Preferred child welfare standards of practice indicate that the use of evidence-based screening and assessment instruments will improve the identification of children needing mental health services and offer the opportunity to provide appropriate care to children who are currently being overlooked.

Mental health screening is the first step in identifying children who have, or are at risk of, developing mental, emotional, or behavioral problems. Screening can assist in the identification of children that may need a comprehensive Pre-Treatment Assessment or further psychological evaluation. Children enter the child welfare system for many reasons unrelated to their own mental health. The requirement for completing mental health screenings for targeted populations of children is critical to moving beyond the initial reason for agency involvement and identifying underlying mental health needs that might otherwise be overlooked. Assessment and evaluation is available through our current service array, but mechanisms to determine which youth might most need these services is an area for development in Nebraska.

Medical services are available to all state wards and to those parents or families of wards who meet eligibility requirements for other state-sponsored programs. Nebraska policy authorizes DHHS to make all decisions around medical treatment for children in state care, although this authorization may be modified by a court order. Any medical services provided to children must be based on a comprehensive assessment of the child's needs. The worker is responsible for developing a plan that reflects the needs identified in the assessment and ensuring that all necessary services are implemented. Although policy authorizes workers to make all medical treatment decisions for children in care, regulations include instructions for involvement and consultation when specific issues arise and encourage workers to involve parents in the medical decision-making process whenever possible. Additionally, policy mandates worker consent to any necessary emergency medical treatment for a child, except as restricted by court. Ultimately, workers are responsible for providing or arranging medical services when needed and parents are responsible to the extent possible for payment of the medical services provided.

For children who remain in their home, parents and workers work together to make ongoing medical care decisions regarding the child. An initial examination is not required, but workers can request a physical examination if health concerns exist. All children receive ongoing medical care as necessary throughout the time they are committed to DHHS, and parents are responsible for scheduling and maintaining all routine, recommended, or follow-up medical appointments for children who live in the home. It should be noted that in an effort to attain continuity in medical care, if a child has a primary physician when entering care, DHHS will attempt to use this provider whenever possible. Stakeholders noted that this is not always successful.

For children in out-of-home care, an initial physical examination is required within 14 days of placement, and at least annually thereafter. Additionally, children receive ongoing medical care outside of annual examinations as necessary. Children in out-of-home placement are also provided with dental care with exams scheduled annually. In these out-of-home situations, it is the responsibility of the temporary caregivers to secure medical care and treatment for the child in their care. It is recommended that the parent from which the child was removed be present at all medical appointments, unless the parent's presence would not be in the best interest of the child.

It should be noted that the Comprehensive Child and Adolescent Assessment that is conducted with youth receiving services through OJS can include both physical and mental health evaluations. However, if youth have received a physical evaluation in the last 12 months that continues to reflect their current physical health, a physical exam does not have to be conducted.

Youth who are placed in YRTC's also undergo an initial state-funded medical, dental, and eye exam within seven to fourteen days of admission. At YRTC-G, any additional medical care or exams beyond the initial exam are provided on grounds. At YRTC-K, wards are provided with additional medical care and are transported to the provider's office to receive the care.

Efforts have been made to improve the maintenance of medical records. In March 2004, a Guide for Nebraska Foster Families was developed in collaboration with NFAPA. This

guide provides expectations to foster families regarding the health care of foster children and what records must be obtained and given to the DHHS worker.

In February 2005, a Resource Guide to Record Keeping was developed and contains information regarding records for medical, dental, eye, and mental health. This booklet provides the forms needed for documentation of a child's examinations along with a medical history during placement form, medication log, and a form to maintain the foster child's appointments and activities.

Also in 2005, DHHS updated policy requiring workers to enter the dates of dental, vision, and psychological evaluation for children as they occur. As the supervisor reviews cases he or she must discuss with workers the importance of children receiving regular health, vision, and mental care, and the importance of documenting these examinations in N-FOCUS. Supervisors must also ensure that workers have a plan for obtaining any care that is overdue.

As a result of these efforts, stakeholders have noted increased collaborations between workers, foster parents, and other partners around documenting children's health care issues and report that foster parents are now using medical record books to document the health services received by children in their care. Stakeholders also indicate that more attention is focused on documenting and paying attention to which and how many medications children receive. However, stakeholders also report that adequate dental records are still not maintained.

Additional clarification on requirements included in the Child Abuse Prevention and Treatment Act (CAPTA) were shared with workers as well. CAPTA requires child welfare departments to refer children under the age of three who are involved in a substantiated case of child abuse or neglect to the Early Development Network (EDN) to receive early intervention services (e.g., services coordination, special instruction, speech or language therapy, etc.) under Part C of IDEA. The law also requires states to develop procedures for responding to reports of medical neglect, including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions. Memos providing steps to meeting these requirements were shared with staff.

The Division of Public Health has developed a secure web-based Immunization Information System that tracks an individual's, (from birth to death) history and recommendations of the vaccinations they have received. Public immunization clinics have been trained and given access to this information. The Division of Public Health is currently rolling out the Immunization Information System training and access to private providers (schools, doctors, hospitals, etc.) This system will allow individual immunization records to be tracked from one area of the state to another. CFS workers will be allowed access and this will be helpful when a child's parents cannot be located or children transfer from one school system to another without their school records. The child's information in the system is based on SSN, therefore; if a child goes by several different last names (in the case of a parent remarrying) his/her immunization records can be located.

HEALTH CARE SERVICES
Five Year Plan (FY2010 through 2014)

1. Collaborate with the Division of Behavioral Health, Medicaid and Long-Term Care and other agencies regarding youth with persistent mental health, substance abuse and specialized issues such as developmental disabilities and their families to identify barriers and implement practices that will lead to the achievement of permanency.
   - Focus on consistency in CFS referral practices and participation for the "Transition Age Youth Teams" in each Behavioral Health Region;
   - In collaboration with Children's Behavioral Health Services, search and apply, as appropriate, for Youth Active Community Treatment (ACT) grants to develop and make available innovative therapeutic interventions for high risk youth and their families in their own homes and community;
   - Provide the Division of Behavioral Health (BH) support for review and scoring of the RFPs for the development of the Helpline and the Family Navigator Program that will provide supports to parents in crisis by providing CFS staff to assist with RFP process;
   - Assist BH in the promotion the 800 number that will be established for the Helpline call center;
   - Assist BH in evaluating the effectiveness of the Helpline call center.

2. Collaborate with the Division of Behavioral Health regarding access and availability to mental health services for parents and children involved with the Child Welfare System or Office of Juvenile Services.
   - CFS will participate on Behavioral Health Regional teams in the development of Systems of Care Teams to enhance the systems of care environment to strengthen the delivery and coordination of the Children's Behavioral Health system;
   - Provide BH with any support requested regarding the expansion of the Professional Partners Program for children at risk for entering the Child Welfare System;
   - The Nebraska Legislature provided funds for two additional medical residents in a Nebraska-based psychiatry program each year starting in 2010 until a total of eight additional psychiatry residents are added in 2013 to serve rural Nebraska and other underserved areas (LB603).

3. Child Welfare and Juvenile Services Reform contracts will require individualized recruitment of homes that will be supported by a continuum of services to support children, families and foster families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs).

4. Services and supports will be individualized and based on the family's assessment of needs.
   - Contractors will use the Protective Capacity Assessment or the Youth Level of Service Inventory assessments that drive case planning and promote family outcomes.

5. Collaborate with the Division of Medicaid and Long-Term Care and Nebraska's Administrative Services Organization to address family and children's needs for treatment
   - Review and revision of utilization criteria and definitions for out-of-home treatment and other mental health and substance abuse services;
   - Streamline the application process for out-of-home treatment;
   - Implement strategies to expand and enhance community-based services;
   - Monitor the ASO contractor to ensure that intensive case management is provided to youth on waiting lists for higher levels of mental health services, and pregnant youth with substance abuse.

SECTION F: PROGRAM SUPPORT

Training

Nebraska believes much has been accomplished in the past 5 years. As a result of our 1st round PIP, DHHS has moved forward with further refining our practice and policy in the provision of child welfare services that include revising our New Worker Training, developing and/or revising 32 new policies and procedures, introducing Family Centered Practice and the Nebraska Safety Intervention System. Training in these areas was provided to DHHS staff primarily through a contract with the Center on Children, Families, and the Law at the University of Nebraska-Lincoln (CCFL). DHHS Human Resources and Development (HRD), Children and Family Services Training staff, CCFL staff and Field Training Specialists (FTSs), along with internal CFS staff, and external presenters, collaborated to provide continuous training throughout the state.

This training has contributed to our employee's knowledge, skills and abilities to do their jobs ultimately contributing to better outcomes for children and families. This is evident by the following:

- Based on Post Training Evaluation Survey data for all New Worker training groups since December 2007, 71% of trainees reported that they believe they received high quality training and are well prepared to fulfill their job responsibilities.

- Since our 1st round CFSR, Nebraska has improved in meeting some of the outcomes for children. Currently Nebraska is #1 in the nation in establishing permanency for children in foster care for long periods of time (159.5 as of June 2009 -Goal 121.7) and Nebraska is meeting the Timeliness of Adoption Outcome for the first time (118.0 as of June 2009 -Goal 106.4). Nebraska also met 5 of the 7 Systemic Factors during the 2nd round CFSR.

- Between March 2005 and the present, over 6,000 caregivers and foster parents have been surveyed with the majority of those surveyed being satisfied with how they are treated and the services they are receiving. It is our belief this training positively impacted these individuals.

<u>New Worker Training</u>: From September, 2004 to August, 2008, all Protection and Safety Trainees (currently titled Child and Family Specialist Trainees) and Integrated Care Coordination Unit staff who were new to the work were required to complete the Child and Family Services Specialist (CFS) New Worker Employment Practicum Curriculum over a six month period. Upon completion of the curriculum and by demonstrating satisfactory performance, CFS Specialist Trainees were promoted to CFS Specialist. CFSs then continued employment in probationary status for an additional six months, during which they continued skill building and training under the direction and guidance of their CFS Supervisors. Probationary workers were required to demonstrate minimum competency levels on all identified performance dimensions to be promoted to permanent status. It should be noted that while CFS Supervisors who were new to the work were not automatically required to complete the Protection and Safety New Worker Employment

Practicum Curriculum (currently titled, Child Welfare and Juvenile Services New Worker Training, most were recommended to do so based on their prior professional experience.

The six month training model included three components: classroom lecture and discussion; lab training and experiences facilitated by a FTS; and on-the-job field learning experiences in which trainees apply the knowledge gained in the classroom and lab settings. Upon completion of the first phase of training, trainees are assigned limited case management functions and responsibilities as a part of a formal structured learning experience. During this second phase, trainees are assigned up to four cases to process under the oversight and direction of a CFS Supervisor. The trainee does not make any independent case decisions during this time.

Nebraska continued to utilize the Competency Development Tool (CDT) to assess trainee's knowledge, skills, and abilities during the training period, to provide feedback to the employee on their performance, and to determine whether the employee is to be promoted from trainee to a worker under probationary status, and then later from probationary to permanent status. If employees do not meet minimum competency in each required performance dimension, they may be directed to attend additional training and development, or their employment may be terminated.

In September 2007, CCFL provided a comparison of the current new worker training model compared to the model used prior to 2004 based on CDT results. Initial findings indicate that the shorter model used prior to 2004 may have prepared workers better than the model used today.

For additional analysis on the effectiveness of new worker training, a post-training survey was implemented to gather training perceptions from recent trainee and their supervisors. The survey was designed to supplement individual unit evaluations by assessing broader perceptions of training both at the end of training and six months after training. The survey tool included questions related to a number of items, including training content, delivery methods, the overall training quality, and the extent to which trainees are prepared for the job upon completion of the training. The data was analyzed in September 2007. Initial findings indicated that the shorter model used prior to 2004 may have prepared workers better than the 6-month model.

As a result of the study conducted by CCFL, DHHS implemented a pilot for a revised new worker training in the Eastern and Southeast service areas of the state in December 2007. This pilot consisted of a pre-service training period ranging from 23.5 to 54 days of classroom training, followed by an additional 10.5 days of classroom training completed as an in-service component. The pre-service phase includes core and specialized training based on new workers' casework assignments (e.g. intake, initial assessment, ongoing case management, adoption specialists, or juvenile service officers). Trainees completed the core training and are then promoted to probationary status and carry a limited caseload. Probationary workers completed the new worker training curriculum via in-service trainings occurring over the course of their first year of employment. During this time, probationary workers are closely monitored by a FTS and a CFS Supervisor.

In-service Training and Professional Development: All CFS Specialists and Supervisors were required to receive 24 hours in-service training annually. The majority of the in-service training over the past couple of years focused on the new Nebraska Safety Intervention System. Additionally, new and existing staff received extensive training on FCP since its implementation in 2004. DHHS built internal capacity to train on the Family Centered Practice (FCP) philosophy and developed 38 Service Area trainers.

FCP manuals, family team meeting tools, and a variety of other tools to assist workers in their work with families were posted on DHHS' Intranet as well. The DHHS Intranet is an internal document repository containing various program guidance documents, policy and procedure manuals, service guidebooks, administrative memos, and similar materials. All staff can access this repository. New workers received a brief introduction on how to use the repository and the resources it provides during new worker training. CFS supervisors ensured existing staff used and understood the materials posted on the DHHS Intranet thereafter.

Financial support for DHHS staff to attain a Bachelor of Science in Social Work degree or Master in Social Work degree was available through DHHS' tuition assistance program. In addition DHHS service area offices collaborated with local colleges and universities to provide opportunities for students to participate in internship projects. In a few instances the new worker training curriculum was approved to serve as a component to undergraduate or graduate study, although payment was made by the student at that institution's tuition rate.

Employees' competency, knowledge, and ability to transfer knowledge were evaluated annually through employee performance evaluations. Information related to deficiencies in knowledge, skills, or abilities were shared with training staff to ensure that those needs were addressed in training.

Foster and Adoptive Parent Training: DHHS contracted with NFAPA the last 5 years to conduct ongoing training sessions for licensed and approved foster and adoptive parents. Most recently training was offered to foster parents throughout the state on FCP and the NSIS (refer to Section B); the revised foster parent conflict resolution process; a foster parent disaster plan; and the service area emergency contacts for foster parents. In 2008, a new training titled "Roles and Responsibilities: What Happened in Court? Making a Difference for Foster Children in the Courtroom" will be available for foster and pre-adoptive parents. This in-service addresses ways in which foster and pre-adoptive parents can participate in court decisions regarding the foster children in their care. DHHS and NFAPA also cosponsor annual Resource Parent Summer Conferences designed to provide foster parents with ongoing education and training in the field of fostering children.

Provider Training: Licensing approval of out-of-home care providers requires that each staff member, including direct care volunteers, obtain between 21 to 24 hours of DHHS-approved pre-service training prior to assuming his/her duties. In addition, providers must complete at least 12 to 15 hours of approved in-service training annually within the effective dates of the provider's license. Personnel in group home settings must achieve the lesser number of training hours (21 and 12 respectively), while personnel in child caring and child placing agencies must obtain the greater number (24 and 15 respectively).

Training
Five Year Plan (FY2010 through 2014)

DHHS operates a staff development and training program that supports the goals and objectives in the Child and Family Services Plan (CFSP), addresses services provided under IV-B and IV-E, and provides initial training for all staff who deliver these services; provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP; and provides training for current or prospective foster parents, adoptive parents, and facility staff that care for children receiving foster care or adoption assistance under IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. Nebraska was found to be in substantial conformity for the Systemic Factor of training during both rounds of the Children and Family Services Reviews.

1. Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)

The complete description of the New Worker Training is included in the Training Overview for 2008 and is provided in Attachments A and B. Depending on the area of specialization a trainee is in full-time training for seven to sixteen weeks prior to any assignment of case management responsibilities. Upon completion of the required core or specialty the trainee is promoted to probationary worker status and continues training on a part time basis through the remainder of their first year of employment.

Child Welfare and Juvenile Services New Worker Training (previously titled New Worker Employment Practicum)

The New Worker Training Curriculum has continuously and currently covered the following general content areas: child abuse and neglect issues, such as the impact of child abuse and neglect on the child, and general overview of the issues involved in child abuse and neglect investigations, not related to how to conduct an investigation of child abuse and neglect; case management and supervision; conducting assessments to determine whether a situation requires a child's removal from the home, not related to conducting a child abuse and neglect investigation; development of the case plan; referral to services; placement of the child; preparing for and conducting case reviews; preparation for and participation in judicial determinations; data collection and reporting related to IV-E; determination and re-determination of eligibility, adoption assistance agreements; home studies; post-placement management of subsidies; use of adoption exchanges. In addition, trainees and probationary workers also receive, as relevant to their ultimate assignment, specific training in recognizing and intervening in child abuse and neglect and information specific to work with juvenile offenders.

Additional training content areas include: family centered practice and social work methods including interviewing and assessment; cultural competency related to children and families; title IV-E policies and procedure; impact of child abuse on a child and general overviews of issues involved in child abuse investigations; permanency planning including kinship care; general substance abuse, domestic violence, and mental health issues

related to children and families (not related to providing treatment/services); effects of separation, grief and loss, child development, and visitation; communication skills required to work with children and families; preservation, strengthening and reunifying families (not related to treatment/services); ongoing safety assessments to determine whether a child's removal from the home is required (not directly related to child abuse and neglect investigations); N-FOCUS training (SACWIS); independent living and issues confronting adolescents preparing for independent living; foster care determinations and placement activities directed toward reasonable efforts, not related to providing a service.

The training pilot implemented in December 2007 was adopted and is currently the specialized training model and implementation statewide began in August, 2008. The model consists of a pre-service training period ranging from 25 to 52 days of classroom, lab and field training, followed by an additional 6.5 days of classroom training completed as a required in-service phase. The pre-service phase includes core and specialized training based on new workers' casework assignments (e.g. intake, initial safety intervention, ongoing safety intervention, adoption, or juvenile service officers).

Upon completion of the Core curriculum and required specialty training the CFS Trainee is promoted to CFS Specialist. The CFS Specialists continue employment in probationary status for the remainder of their first year of employment, during which they will continue skills building and required in-service training under the direction and guidance of the CFS Supervisor and their assigned Field Training Specialist (FTS). Probationary workers must demonstrate minimum competency levels on all identified performance dimensions to be promoted to permanent status. It should be noted that while CFS Supervisors who are new to the work are not automatically required to complete the Child Welfare and Juvenile Service New Worker Training, most are recommended to do so based on their prior professional experience. The report of the number of staff trained through New Worker Training is in Attachment C.

Evaluation of New Workers and Training:
Nebraska will continue to utilize the Competency Development Tool (CDT) to assess trainee's knowledge, skills, and abilities during the training period, to provide feedback to the employee on their performance, and to determine whether the employee is to be promoted from trainee to a worker under probationary status, and then later from probationary to permanent status. If employees do not meet minimum competency in each required performance dimension, they may be directed to attend additional training and development, or their employment may be terminated.

Recent trainees and their supervisors completed a post training survey designed to analyze the effectiveness of training. This is to supplement the evaluation trainees complete after training session. Its purpose is to assess broader perceptions both at the end of training and six months after training. The survey tool included questions related to the training content, delivery methods, the overall training quality, and the extent to which trainees are prepared for the job upon completion of the training. As of June 16, 2009, a total of 257 surveys have been completed for the specialized model: 126 mid-training surveys from trainees; 66 post-training surveys from trainees; 36 mid-training surveys from supervisors; 18 post-training surveys from supervisors; and 11 six month surveys from workers. An analysis of the survey data is in progress**.**

On-going Staff Training:
All Child Welfare Unit (CWU) and Office of Juvenile Services (OJS) staff are required to have a minimum of 24 hours of ongoing, supervisor-approved training annually (i.e., in-service training). The number of training hours and the training content provided fluctuates annually based on job performance needs identified by administrators, supervisors, and staff.

The list of in-service training sessions offered through the HRD training unit, CCFL training unit, the service area staff, or local and regional trainers is included in Attachment D.

In CY 2008 329 hours of in-service training were provided to staff. The delivery of those in-service hours involved 300 participants across all sessions, who received a total of 3,504.25 hours of training. 180 individuals received 3,007.50 hours of training on the Nebraska Safety Intervention System (NSIS) and 120 individuals received 496.75 hours of various other in-service topics.

We will continue to use the training venue through the DHHS Intranet for staff. New workers receive a brief introduction on how to use the repository and the resources it provides during new worker training. It is the responsibility of supervisors to ensure existing staff use and understand the materials posted on the DHHS Intranet thereafter.

Evaluation: Employees' competency, knowledge, and ability to transfer knowledge will continue to be evaluated annually through employee performance evaluations. Information related to deficiencies in knowledge, skills, or abilities are shared with training staff to ensure that those needs are addressed in training. Training is also developed based on Quality Assurance reports and recommendations, from both the statewide assessments and CFSR.

Supervisory Training:
Training on the administrative skills required for any supervisor in the Department of Health and Human Service is provided by the Human Resources and Development unit in the Operations of DHHS. A 3-day "Succeeding as a New Supervisor" course is mandatory for individuals newly hired into a supervisory position. An advanced supervisor certificate program and customized training (tailored to specific need) is offered for experienced supervisors. The training topics available for supervisors are reflected in Attachment D: "In-Service Training Plan".

CFS s in the process of applying for grant assistance through the Midwest Child Welfare Implementation Center to assist with activities that will build upon promising practices in recruitment and retention by utilizing evidence-based designs, innovative implementation techniques, and rigorous evaluation strategies. One part of the grant proposes a competency-based training program that will be required for CFS Supervisors.

If the grant is awarded, all new supervisors will be required to participate in a series of training units to develop their skills in educational, administrative and supportive supervision. All current (existing) supervisors and managers (their immediate supervisors) will participate in these units during the pilot stage of implementation. The content of the

training units will include: values and principles of family centered practice, personnel practices, case worker supervision, and enhancing supervisors' understanding of agency data systems and how to use them on a daily basis to achieve child and family outcomes. In addition, all supervisors will participate in a series of training units designed to enhance critical thinking and case consultation skills specific to Nebraska's new safety assessment and case management model (NSIS).

Also a needs assessment will be conducted to develop a clear description of desired supervisory behaviors and specify the knowledge, skills and abilities (KSAs) needed to produce these target behaviors. Supervisors will access the training units through a variety of innovative strategies for delivery of the curricula to best reach supervisors in rural and urban areas methods, as appropriate: videoconferencing, interactive online modules, peer mentoring and coaching, and traditional classroom learning.

BSW and MSW Programs: Financial support continues to be provided for DHHS staff to attain a Bachelor of Science in Social Work degree or Master in Social Work degree is available through DHHS' tuition assistance program. DHHS offices in individual service areas collaborate with local colleges and universities to provide opportunities for staff to participate in internship projects. There have been instances in which the new worker training curriculum has been approved to serve as a component to undergraduate or graduate study, although payment must be made at that institution's tuition rate.

Planning is underway to create a stipend program for bachelor's and master's level students enrolled in university and college social work programs in Nebraska. The contract for this partnership between DHHS and University of Nebraska at Kearney (UNK) is currently in negotiation. UNK will serve as the lead for participation from other social work programs e.g. Chadron State College, Creighton University. It is anticipated that this program will begin in January 2010. Students who complete the coursework and internship will be prepared to begin work as a CFS Specialist without attending pre-service training after hire.

Foster and Adoptive Parent Training: Foster and pre-adoptive families are required to participate in 21 hours of DHHS-approved pre-service PRIDE training prior to being licensed as a foster or adoptive home. Licensed parents are also required to obtain 12 hours of in-service training annually, within the effective dates of the license. The one exception to the required training applies only to relatives. If it is determined that training can be waived without endangering safety for the specific child to be placed, the training requirement can be waived. DHHS has specific criteria that serve as the basis for making this decision.

Training is available through various forums and may include DHHS-sponsored training and workshops, training sponsored by professional organizations or educational institutions, DHHS-approved self-study and/or videotape materials, and college courses. DHHS also cosponsors an annual Foster and Adoptive Parent Summer Conference with NFAPA, which provides caregivers with 12 hours of in-service training. This Conference has been offered in three sites, allowing greater participation from foster and adoptive parents statewide. In addition, DHHS has co-sponsored an annual conference geared

specifically to adoptive parents. This conference is offered in one site but is open to adoptive parents statewide.

Under the new contracts for Child Welfare and Juvenile Services Reform (refer to Section B), the contractors will be responsible for assuring that appropriate training, meeting the number required number of hours, is available for each foster and pre-adoptive parent.

Provider Training: Licensing approval of out-of-home care providers requires that each staff member, including direct care providers, obtain between 21 to 24 hours of DHHS-approved pre-service training prior to assuming his/her duties. In addition, providers must complete at least 12 to 15 hours of approved in-service training annually within the effective dates of the provider's license. Personnel in group home settings must achieve the lesser number of training hours (21 and 12 respectively), while personnel in child caring and child placing agencies must obtain the greater number (24 and 15 respectively).

A chartered training team has been established to work on the development of training for the contracted Service Coordinators as Nebraska reforms the Child Welfare and Juvenile Services delivery model, as described previously in Section B. DHHS-CFS, Human Resource Development training unit and CCFL are working collaboratively with the Contractors to develop and implement a training plan. The workgroup is comprised of representative DHHS staff and Contractors and is addressing the following tasks:

- Evaluate what training the Contractor and the Division of Children and Family Services staff will need to be offered in order to perform their roles and responsibilities as defined by the Roles and Responsibility Team.
- Evaluate the Pros and Cons of the alternatives proposed.
- Analysis of training needs, how training should operate, what should it look like.
- Identify additional supports and training to be offered to Service Coordinators, Child and Family Service Specialists, Child and Family Specialist Supervisors and Resource Development Workers to enable them to perform their roles and responsibilities.
- Identify issues related to other teams.
- Evaluate the training needs of the Youth and Rehabilitation staff in relation to the Out of Home reform.

The agreement is that DHHS CFS staff, HRD and CCFL trainers will provide initial training for contracted service coordinators upon signing of the contracts through December 31, 2010. A training plan consisting of 20-days of pre-service training has been developed. This training will include information related to such topics as: case management and supervision; conducting assessments to determine whether a situation requires a child's removal from the home, not related to conducting a child abuse and neglect investigation; development of the case plan; referral to services; placement of the child; preparing for and conducting case reviews; preparation for and participation in judicial determinations; data collection and reporting related to IV-E; determination and re-determination of eligibility, adoption assistance agreements; home studies; post-placement management of subsidies; use of adoption exchanges. In addition, service coordinators will also receive, as relevant to their ultimate assignment, information specific to work with juvenile offenders. (Refer to Attachment E)

DHHS plans to utilize IV-E training funds to the greatest extent possible for training of staff members of State-licensed child welfare agencies providing services to children receiving title IV-E assistance; staff members of child abuse and neglect courts personnel; agency attorneys, attorneys representing children or parent; guardians ad litem, or other court-appointed special advocates representing children in proceedings of such courts, in ways that increase the ability of such current or prospective parents, guardians, staff members, institutions, attorneys, and advocates to provide support and assistance to foster and adopted children and children living with relative guardians, whether incurred directly by the State or by contract. One way in which DHHS plans utilize these funds is to enter into agreements with CASA and the Court Administrator's Office. DHHS will be submitting revisions to the IV-E State Plan and cost allocation plan.

2. Indication of the specifically allowable Title IV-E administrative functions the training activity addresses: Refer to Attachments B and D.

3. Indication of the setting/venue for the training activity: Training sessions are conducted at various locations throughout the state to make the most effective use of staff time and program dollars. Refer to Attachments B and D.

4. Indication of the proposed provider of the training activity:
Training will continue to be provided to DHHS staff through a contract with the Center on Children, Families, and the Law at the University of Nebraska-Lincoln (CCFL). CCFL staff and Field Training Specialists (FTSs), along with internal Child and Family Services staff, DHHS HRD staff, and external presenters, will continue to collaborate providing continuous training throughout the state. Training is designed to support the cross-system coordination and consultation needed to effectively meet CFSR outcomes. Since courses are based on policy and programs, development and redevelopment of training content is an ongoing process. The list of in-service training sessions offered through the HRD training unit, CCFL training unit, the service area staff, or local and regional trainers is included in Attachment D.

5. Specification of the approximate number of days/hours of the training activity:
Refer to Attachments B and D

6. Indication of the audience to receive the training:
Refer to Attachments A and D

7. Description of estimated total cost:
The estimated total cost for the IV-E share of the training program is $1,619,500.

8. Cost allocation methodology:
The Children and Family Services section of the Public Assistance Cost Allocation plan includes the proposed cost allocation methodology of the training costs; refer to Attachment F, which was submitted to the federal Department of Health and Human Services with an effective date of January 1, 2009.

Evaluation and Technical Assistance

The technical assistance received from Resource Centers has been invaluable to Nebraska in meeting both the CFSP and CFSR goals. The following describes how this technical assistance impacted Nebraska's progress.

The National Resource Center for Organizational Improvement (NRCOI) was instrumental in Nebraska developing a cohesive Quality Assurance System for Child Welfare and Juvenile Services that is used to measure the quality of service provision and outcomes, ensuring practice and policy are being implemented, and that strengths and needs are identified. The Center continues to provide guidance and assistance as we refine our QA system to meet our current needs regarding the Child Welfare and Juvenile Services Reform. Refer to the Systemic Initiatives Section for further detail.

The NRCOI was also a valued partner in designing and participating in our 2nd CFSR kick-off event. Nebraska's CFSR kick-off event was very successful with over 100 stakeholders attending, including representatives from the National Child Welfare Resource Centers for Organizational Improvement and Data and Technology. This event set the foundation and generated great enthusiasm for 2nd CFSR round. Over 50 stakeholders committed to be involved in the CFSR process by the end of the day.

The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the state. Nebraska has been working with the Center since 2005. The center continues to provide Nebraska with assistance in refining the system. Refer to the Systemic Initiatives Section for further detail.

The Resource Centers also provided assistance to Nebraska in developing and strengthening thirty two policies and procedures as a requirement of the 1st round PIP. These clarifications provided the system with clear expectations that continue to provide the foundation and shape practice to improve outcomes for children and families. All policy and administrative memos that have been issued are incorporated into new worker training and on-going training for child welfare staff.

Nebraska may request assistance for our Program Improvement Plan from the following centers:

- National Child Welfare Resource Center for Family-Centered Practice
- National Resource Center for Foster Care and Permanency Planning
- National Child Welfare Resource Center on Legal and Judicial Issues
- National Resource Center for Organizational Improvement
- National Resource Center for Child Protective Services

Management of Information System

DHHS operates a Statewide Automated Child Welfare Information System (SACWIS) called the Nebraska Family Online Client User System (N-FOCUS). N-FOCUS is utilized by workers and supervisors to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Over the past 5 years the state has developed and implemented various policies and procedures to ensure that data is entered into N-FOCUS timely and accurately. N-FOCUS was built and is continually enhanced to support the implementation of the state's policies and procedures and to offer numerous data and reports for workers, supervisors, and administrators to use in their day-to-day work. Staff across the state has access to N-FOCUS and reports generated in N-FOCUS either at their desks or via a secure website.

Currently, N-FOCUS provides an array of functions that meet and in some areas exceed federal SACWIS requirements. The core objectives met by N-FOCUS include:

- Supports a consistent intake and assessment of child abuse/neglect function;
- Provides online safety and risk assessments;
- Provides a structured service planning and delivery process, incorporating case review and planning requirements;
- Assists workers in assessing children's needs or resource availability immediately, providing improved case management function;
- Supports a case tracking and control process to help meet case review and time requirements consistent with federal and state regulations and best practice concepts;
- Encourages a structured case review process;
- Supports provider management to reduce manual efforts required in performing such functions;
- Provides workload and financial management support;
- Improves management reporting;
- Supports the reuse of data and reduction of work redundancy;
- Supports DHHS policy and practice; and
- Encourages uniformity across the state and across programs.

DHHS upgrades N-FOCUS on a quarterly basis with interim updates in urgent situations, such as to support an immediate implementation of new legislation. Numerous changes were made to N-FOCUS as a result of new and revised policies emerging from the implementation of our PIP during round one of the CFSR. The following highlight some of the upgrades that have been incorporated into N-FOCUS since round one of the CFSR:

- All tools and documents related to the NSIS (most if not all information collected during the NSIS process is required to be entered in N-FOCUS; refer to B: Systemic Issues);
- Reviews of cases included under the Governor's initiatives (wards residing with parents for six or more months and wards ages zero through ten years of age who have spent 15 of the last 22 months in out-of-home care; refer to Item 8); and
- Documentation of worker contacts with children, specifically where these contacts occur.

Additionally, data from the Foster Care Review Board (FCRB) was incorporated into N-FOCUS in March 2006 and FCRB is now using the system to document data. The FCRB is a state agency with statutory oversight related to children in out-of-home care. The mission of the FCRB is to ensure the best interests of children in out-of-home care are being met through external citizen review, monitoring facilities that house children and youth, maintaining up-to-date data on a statewide tracking system, and disseminating data and recommendations.

Nebraska introduced Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) in July 2007 (refer to Section B). This is the first time Nebraska has been able to offer such accessibility to its performance in all of federal and state measures and outcomes.

DHHS has collaborated with the several organizations over the past 5 years that have a part in shaping the Nebraska Criminal Justice Information System (NCJIS). NCJIS is a data portal maintained and supported by the Nebraska Crime Commission. It allows member agencies to display data other agencies require to complete their work effectively, efficiently, and safely. Each agency maintains ownership of their respective data and determines which of their data items, if any, other organizations or individuals within organizations can access. This year DHHS intends to share data regarding the YLS/CMI (refer to Section B) and safety plans on the NCJIS portal.

DHHS collaborated with the Fostering Court Improvement (FCI) project to include NCANDS and AFCARS data on the FCI website as well (http://fosteringcourtimprovement.org/state_websites.php). Nebraska is one of five states that have allowed their data to be accessed by the public and is one of nine states to provide data to this valuable resource for the courts.

One of the greatest impacts we have seen with our efforts in regards to Nebraska's management of information system, N-FOCUS, is that Child Welfare and the Office of Juvenile Services is much more dedicated to making decisions using data when managing cases and is working to enhance the understanding of data at all levels. N-FOCUS offers numerous data and reports for workers, supervisors, and administrators to use in their day-to-day work. Most N-FOCUS reports are published as pivot charts, which allow users to "drill down" to detailed information that meets their specific purposes. Some reports, such as those related to state and federal outcomes, display data trends. Many of these reports are saved on a web-based site called Info-view, through which users are able to view the reports based on the security access for that user. Reports are also stored on a shared Lotus Notes database for easy access.

SECTION G: CHILD ABUSE PREVENTION AND TREATMENT ACT STATE PLAN

CAPTA grant funds have been used to support a number of initiatives over the past 5 years.

Commission for the Protection of Children: The Commission meets regularly to review activities of member organizations, review and offer recommendations on pending or needed legislation, and to hear presentations from community organizations working to further well being for Nebraska children.

Governor's Task Force on Children: The Governor's Task Force on Children was initiated in 2003 following a series of child deaths resulting from abuse or neglect. The Task Force made a number of recommendations which were monitored over the last 5 years. These recommendations are no longer a focus for the Commission. Final status is as follows:

- *Recommendation 1.1*: Implement voluntary universal home visitation services for new parents on a *statewide basis.* Home visitation programs have been established in the Central, Eastern, Southeast, and Northern Service areas. Efforts continue to develop a program in the less populated Western Service Area.

- *Recommendation 1.2: Conduct drug screening of newborns and services for follow-up, including treatment programs for mother*. Based on information provided by an expert in this field the Commission members voted not to recommend universal drug screening of newborns.

- *Recommendation 1.3: Encourage the State Department of Education to require child abuse prevention education to be integrated into public and private school curricula.* We are not aware of any activity underway to implement this recommendation.

- *Recommendation 1.4: Conduct public service announcements on various topics (e.g., shaken baby syndrome, co-dependency, the dangers of leaving children with a substance abusing adult, etc.)* Public education efforts involved television and radio spots, newspaper ads, posters and brochures. A partnership between DHHS, The Nebraska Child Abuse Prevention Fund Board, Prevent Child Abuse Nebraska, and a contract with the Nebraska Broadcasters Association sponsored these efforts. We recently learned that some of the materials developed are being used in other states.

- *Recommendation 1.5: Oversight of the State Child Death Review Team's review of child maltreatment related deaths should be assigned to an agency that does not have a potential conflict of interest in the outcome of the review.* The Nebraska CDRT is currently discussing potential changes to the review process, based on information about how other state teams are functioning. Efforts are being made to complete reviews more timely. There has also been discussion about the possibility of the CDRT becoming a Citizen Review Panel.

- *Recommendation 1.6: Mandatory training on child maltreatment for professionals who work with children and who are licensed to practice in the state of Nebraska.* Training

has been, and will continue to be, provided to groups who work with children. Training is funded through a contract with the Nebraska Alliance of Child Advocacy Centers. Under Nebraska law, everyone is a mandatory reporter.

- *Recommendation 1.7: Expand mental health treatment for children and youth to ensure early identification and treatment of problems.* In 2008, the Divisions of Medicaid and Long-Term Care, Behavioral Health and Children and Family Services entered into an Administrative Service Organization (ASO) contract to ensure the early identification of mental health/substance abuse problems and provide coordination of mental health/substance abuse treatment to individuals served by their agencies. The legislature passed a law this session requiring that a Hotline be established by the Division of Behavioral Health for parents who need guidance and direction in locating appropriate services for their children with mental health issues. The Hotline is to be operational by July 2009.

- *Recommendation 1.8: Drug courts which incorporate treatment in their program should be established locally and be funded by a combination of federal, state, and local funds.* The use of family drug courts to mandate treatment of all household members should be explored and the development of pilot programs encouraged. Two years ago, the Nebraska Supreme Court began "Through the Eyes of the Child" project. This project has provided statewide training, developed model court programs, and considered court impact on children who are involved in the judicial system. Drug courts are operating in four out of five service areas (Eastern, Southeast, Central and Western).

- *Recommendation 2.1: Child maltreatment reports involving children under the age of six years are given priority for a response.* DHHS has decided, in conjunction with our technical assistance advisor from the National Resource Center for Child Protective Services, that it is not appropriate to set response times based strictly on age. Rather, staff is trained to analyze the child's vulnerability in relationship to the circumstances in the family that are being reported. Vulnerability involves more than age, and may include developmental level, any medical or special conditions, maturity, physical size, etc. These factors will often result in more prompt response for younger children, but we believe that the concept encompasses more than age.

- *Recommendation 2.2: State law should be amended to require child protective services and law enforcement to investigate reports alleging children are in a home where they witness domestic violence or children are in a home where drugs are used, manufactured, or available to children*. Nebraska currently has a protocol for community response to situations involving children in homes where drugs are manufactured. Known as the CHEM-L protocol, this describes the expected response of law enforcement, DHHS staff, medical personnel and others. Training and collaboration between DHHS and the Domestic Violence Coalition is occurring with the goal of developing a mutual agreed upon protocol to address victim safety of the entire family (non offending parent and children).

- *Recommendation 3.1: Clarify the respective roles of child protective services and law enforcement in the investigation of child maltreatment reports with well delineated mechanisms for accountability and follow through on investigations.* Child Advocacy Center coordinators, funded in part with CAPTA money, continue to work to improve the working relationship between law enforcement and CFS staff. Each multi-disciplinary team has or is in the process of developing working protocols.

- *Recommendation 3.2: Expand the availability and utilization of child advocacy centers.* Child advocacy centers are available to serve all 93 Nebraska counties. Seven of the eight centers are accredited by the National Children's Alliance of Child Advocacy Centers. The centers continue to see an increasing number of children for both forensic interviews and medical exams.

- *Recommendation 3.3: Require coordinated investigations by child protective services and law enforcement.* The protocols developed by the multi-disciplinary teams address this issue.

- *Recommendation 3.4: Facilitate and enhance the exchange of information between law enforcement and child protective services through a shared data base that can be accessed by both parties, and through clearer statutory provisions for the mandated sharing of information relevant to child abuse and neglect investigations.* This information is available to both CPS and law enforcement staff through the Nebraska Criminal Justice Information System (NCJIS). Additionally, our CAN Hotline is staffed 24 hours a day 7 days a week so that law enforcement can receive after hours information and assistance.

- *Recommendation 3.5: Require a multi-disciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training, and operating expenses for teams.* CAPTA funds are currently used to support coordinator positions for the multi-disciplinary teams. Additional funding goes to the Nebraska Alliance of Child Advocacy Centers to fund trainings across the state.

- *Recommendation 3.6: Facilitate communications and coordination between child protective services and law enforcement agencies through co-location in urban areas and to the extent possible, in the rural areas of the state.* The Omaha and Grand Island CACs are currently co-located with law enforcement. The Lincoln center is in the process of fund raising for a new facility. Plans are to co-locate with law enforcement when the new facility is completed. The Scottsbluff CAC is moving to a new facility soon which is adjacent to law enforcement and DHHS offices.

- *Recommendation 3.7: Increase the capacity of law enforcement professionals to investigate child maltreatment reports through increased training.* The Nebraska Alliance of Child Advocacy Centers has supported or provided training to over 2,000 individuals each quarter, many of whom were law enforcement officers.

- *Recommendation 4.1: The legislature must restore the Crimes Against Children Fund as quickly as possible.* This has been done.

- *Recommendation 4.2: The office of the Attorney General should be given the responsibility for handling all juvenile court cases for abuse, neglect, and termination of parental rights cases in all jurisdictions where there is no established separate juvenile court. In jurisdictions having a separate juvenile court, such responsibility should be retained by the elected county attorney.* This issue was considered in the 2004 legislative session, but did not pass. It has not been raised again.

- *Recommendation 4.3: Guardians ad Litem should be trained, accredited, and required to certify to the court they have visited children they represent*. This recommendation has been addressed through the Supreme Court Commission on Children in the Court. Former Chief Justice Hendry identified this issue as one of the priority focus areas when he formed the Commission in January of 2005 by creating a subcommittee on guardians ad litem. Based on the recommendation of the subcommittee, the Supreme Court adopted a rule on June 28, 2006 (effective April 1, 2007), requiring an attorney appointed as a guardian ad litem for a juvenile proceeding to have completed six hours of specialized training and three hours of specialized training per year thereafter. Information about the rule can be reviewed on the Supreme Court website http://supremecourt.ne.gov/supreme-court

- *Recommendation 4.4: Court Appointed Special Advocate (CASA) programs should be coordinated by state funded coordinators*. In 2007, DHHS awarded $37,623 of the Children's Justice Act fund to Nebraska Court Appointed Special Advocates (CASA) to support training and technical assistance.

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

- *Recommendation 5.1: Increase the number of Protection and Safety Staff to bring caseloads within state standards.* In 2004, the Nebraska Legislature passed LB 1089, which appropriated funding for an additional 120 Protection and Safety staff. After the allocation of the additional positions, caseloads decreased to 119% per the Nebraska standards in 2004. Caseloads continued to decline to 114% in 2005 and to 96% in 2006, but remained steady at 97% per Nebraska standards and 103% per CWLA standards in 2007. In 2008, caseloads continued to decline once again to 90% per state standards and 85% per national standards.

- *Recommendation 5.2: The Department of Health and Human Services should expand the hours child protective services staff is available*. Each service area has on call staff available 24/7.

- *Recommendation 5.3: Take appropriate steps to hire and retain competent Protection and Safety (CFS) workers and supervisors.* The Department continues to work with Center for Children Families and the Law to develop interviewing protocols that will help in the selection of employees best suited for child and family services work. Retention strategies have been developed that include employee recognition activities, mentoring opportunities, career ladder, etc.

- *Recommendation 5.4: DHHS should move toward accreditation through the Council on Accreditation for Agencies serving Children and Families (COA*). This recommendation was made by proposed legislation in 2009 but did not receive committee approval.

- *Recommendation 6.1: Establish the Child Safety Fund*. This has been accomplished.

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

Citizen Review Panel

The Commission for Child Protection currently serves as the state's citizen review panel. Focus of this year's activities has continued to be on intake screening decisions and the relationship between the CFS staff and law enforcement in sharing reports and conducting joint investigations. Refer to Attachment G for recommendations and Department response.

Child Advocacy Centers

Nebraska has eight Child Advocacy Centers which are distributed statewide to serve all 93 Nebraska counties. Seven of the eight are accredited by the National Children's Alliance; the remaining center plans to apply for accreditation in 2010. The number of children and families served, forensic interviews conducted and medical exams completed continues to increase over time. In 2006, the statewide centers averaged 180 forensic interviews a month. That number increased to 779 interviews per month in early 2009. Medical exams have also increased significantly. In 2006, the monthly average was 79 exams. This has increased to 443 per month in 2009. The seven accredited centers have formed the Nebraska Alliance of Child Advocacy Centers. The state has contracted with the Alliance to provide training in child abuse and neglect issues across the state. In 2008, over eight thousand individuals from numerous disciplines received training. Refer to Attachment H.

Nebraska's multi-disciplinary teams are supported by coordinators at each child advocacy center. Although all counties do not participate in team meetings, most counties have found the meetings very helpful. In 2006, multi-disciplinary teams were held on average 42 times a month. This number has increased to 188 meetings per month for early 2009.

CAPTA referrals to Early Development Network

In December 2004, Nebraska began implementation of CAPTA referrals made by Children and Family Services staff to the Early Development Network. A number of cross-training

sessions between CFS staff and the local Early Development staff have taken place. Last year, enhanced N-FOCUS functionality was added to automate notification related to children that meet CAPTA criteria. Data from the last three years indicate that further training may be necessary to increase the referrals from DHHS to the Early Development Network, and to help workers be more effective in encouraging family participation. In 2008, 24% of the children screened were verified eligible for services. Refer to Attachment I for additional information.

Nebraska Child Abuse Prevention Fund Board

CAPTA funds were also used in part to provide staff support for the Nebraska Child Abuse Prevention Fund Board. The board awarded $166,608 to ten local agencies in fiscal year 2007 to 2008.

Nebraska Statewide Prevention Partnership: In 2006, the Nebraska Child Abuse Prevention Fund Board joined forces with Nebraska Children and Families Foundation to create the Nebraska Statewide Prevention Partnership. Public education efforts involved television and radio spots, newspaper ads, posters and brochures. A partnership between DHHS, The Nebraska Child Abuse Prevention Fund Board, Prevent Child Abuse Nebraska, and a contract with the Nebraska Broadcasters Association sponsored these efforts. We recently learned that some of the materials developed are being used in other states.

Annual Statewide Child Abuse Prevention Conference

The annual prevention conference was held September 23 and 24, 2008 in Kearney, Nebraska. Titled "Children Need Everyday Heroes, Rethinking our Reaction to Stress, Trauma, and Violence in the Home, Classroom, Clinic, and Community", the conference featured five national speakers and more than 20 Nebraska experts. Over 250 professionals from various disciplines participated in the conference.

Child Abuse Prevention and Treatment Act State Plan
Five Year Plan (FY2010 through 2014)

The Child Abuse Prevention and Treatment Act (CAPTA) was amended by Public Law 108-36, Keeping Children and Families Safe Act of 2003, requires States to develop a five year plan for improvement of their child protective services systems and consolidate that plan with their Child and Family Services Plan (CFSP).

Program areas selected for improvement from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA

The areas Nebraska has selected for improvement from the areas delineated under CAPTA are marked.

1			Improve the intake, assessment, screening, and investigation of reports of abuse and neglect	X
2	A		Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations	X

	B		improving legal preparation and representation, including -	
		(i)	procedures for appealing and responding to appeals of substantiated reports of abuse and neglect	
		(ii)	provisions for the appointment of an individual to represent a child in judicial proceedings	
b			case management and delivery of services provided to children and their families	
c			enhancing the general child protective system by improving risk and safety assessment tools and protocols, automation systems that support the program and track reports of child abuse and neglect from intake through final disposition and information referral systems	X
d			developing, strengthening, and facilitating training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system	
e			developing and facilitating training protocols for individuals mandated to report child abuse or neglect	X
f			developing, strengthening, and supporting child abuse and neglect prevention, treatment, and research programs in the public and private sectors	
g			developing, implementing, or operating--	
	A		information and education programs or training programs designed to improve the provision of services to disabled infants with life-threatening conditions for--	
		(i)	professional and paraprofessional personnel concerned with the welfare of disabled infants with life-threatening conditions, including personnel employed in child protective services programs and health-care facilities; and	
		(ii)	the parents of such infants; and	
	B		programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including--	
		(i)	existing social and health services;	
		(ii)	financial assistance; and	
		(iii)	services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; or	
h			developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.	X

Outline of activities that the State intends to carry out with its State Grant funds, including a statement of how these may differ from the activities described in the previous State plan and a description of the services and training to be provided under the State Grant as required by section 106(b)(2)(C) of CAPTA

Refer to the following corresponding number or letter delineated in the table above indicating the program areas selected for improvement and the outline of associated activities.

1. *Improve the intake, assessment, screening, and investigation of reports of abuse and neglect.*

Nebraska's primary program area selected is the improvement of the agency's ability to provide an effective and immediate response from the Division of Children and Family Services for children and families who are engaged in the child welfare system. One targeted objective is to conduct a systematic analysis of the present intake process with Emily Hutchinson from the National Resource Center for Child Protective Services. The systematic analysis will identify the strengths and weakness of the present intake system. Once the analysis has been completed, we will work with the National Resource Center for Child Protective Services to develop a detailed structured comprehensive intake system that ensures compliance with Nebraska statutes and regulations, and compliments the Nebraska Safety Intervention System (NSIS) model. We will research evidence-based or promising practice principles available to obtain comprehensive, observable and specific information from persons who contact the Nebraska Child Abuse and Neglect Hotline to report allegations of abuse and neglect, and document the allegations in a manner that allows for the appropriate screening, priority determination and responsiveness based on the severity of the allegations.

We plan to enhance and improve the structured decision making tool to increase consistency and accuracy in both the intake and screening processes. We will continue to check historical information screening will occur for prior reports of abuse/neglect on the child and/or family and provide notification to the licensing unit when the allegation involves a licensed individual or facility. We will develop a process to ensure reports classified as "not accepted for a safety assessment" have adequate documentation indicating why the criteria to accept for assessment are not met.

Additionally, we will revise screening criteria and definitions for referrals to the new Behavioral Health Helpline and Family Navigator System to ensure the best interest of children is served when the concerns relate to mental health/substance abuse issues of the child, rather than involve child abuse and neglect allegations. We will develop a protocol which provides a verbal response to mandated reporter on the disposition of every call and the reasons for action or inaction by the Division of Children and Family Services. We will develop and implement a hotline quality control system to ensure skill acquisition of the staff and fidelity to the selected intake screening model; reconcile the acceptance of a report to the completion of a safety assessment; establish a self review process for hotline staff to listen to and critique hotline calls that they have handled; and establish a peer review quality control system at the hotline to ensure compliance and adherence to statutes, regulations and protocols developed by the Division of Children and Family

Services. We will develop protocols for the retention of tape recordings of hotline calls in instances of death and/or serious physical injury for possible use in future criminal prosecutions.

2A. Multi-disciplinary Teams

Multi-disciplinary teams are well established in many Nebraska counties. Efforts will continue to involve those counties not currently participating. Policy now reflects that teams are to be used in situations involving child death from abuse or neglect. With increased emphasis on use of the child advocacy centers for situations involving serious physical injury, domestic violence and child death, it is anticipated that the multi-disciplinary teams will also be involved to discuss cases to a greater degree.

Court Appointed Special Advocates

CAPTA funding will be used to support the development of Court Appointed Special Advocates programs. The Nebraska Department of Health and Human Services contracts with the Nebraska Children and Families Foundation for a variety of services. The Nebraska Children and Families Foundation works with the Nebraska CASA Association to provide services to children and families. The Nebraska CASA Association works with the National CASA Association to support the development, growth, and continuation of local CASA programs which recruit and train CASA volunteers who speak in court for the best interests of abused and neglected children. CASA stands for Court Appointed Special Advocates - trained volunteers from the community who are appointed by a judge to advocate on a one-to-one basis for a child who has been a victim of abuse or neglect. 19 local CASA programs are currently serving 32 counties in Nebraska. As of December 2007, 425 CASA volunteers were advocating for 800 of Nebraska's abused and neglected children. Children represented by a CASA advocate generally had more services ordered and provided. Children with CASA support tended to have slightly fewer foster home placements. Children with CASA support appear to be less likely to reenter the foster-care system once their cases are dismissed. Children who had been assigned to CASA volunteers were approximately 50 percent less likely to reenter the dependency system.

c. Proficiency Development Project

In addition to planned improvements to the Intake process, the Department will facilitate the implementation of the Nebraska Safety Intervention System (NSIS) through a process to improve proficiency of CFS administrators, supervisors, specialists, trainers, and QA staff. This process, called the Proficiency Development Project, will enhance and verify staff skills in understanding and applying the NSIS model to actual cases. A variety of activities, including reading of articles, completion of exercises, and structured case review, will be used to improve and demonstrate mastery of the model. The project is designed to create local office experts who can continue to guide and mentor other staff as those staff develops their assessment skills. Additional assistance will be available for staff that does not initially achieve a mastery level of adequate or superior. Developed with the assistance of the NRC on Child Protective Services, this project will be a continuation of improvement the Department made to our child abuse and neglect assessment process with the establishment of NSIS during the last five year plan.

Training - Focus for Children and Family Specialist, Supervisors and Administrators skill acquisition, improvement and development training will be contained in the Proficiency Development Project. CAPTA funding may be used for additional training on specialized topics on a limited basis for selected staff.

c. Child Advocacy Centers

CAPTA funding will be used to assist the child advocacy centers**.** The child advocacy centers in Nebraska are well established. All but one center have satisfied requirements for accreditation with the National Children's Alliance. The accredited centers are part of the Nebraska Alliance of Child Advocacy Centers. DHHS has contracted with the Nebraska Alliance to provide training across the state in child abuse and neglect issues. In the last quarter of 2008, over 2,000 people received training in child abuse and neglect issues. The child advocacy centers have been utilized in most child sexual assault cases over the last five years, but have been used less often in situations of serious physical injury, domestic violence and child death situations. One focus of this five year plan will be to mandate that DHHS assessment staff involve the advocacy centers in serious injury, domestic violence and child death cases. Adjustments have been made to N-FOCUS, and Intake Specialists will identify when involvement of the advocacy center is necessary. This alert will remind the assessment specialist to access the expertise available at the centers.

c. Citizen Review Panel

CAPTA funding will continue to support the Nebraska Citizen Review Panel. Four representatives of the Citizen Review Panel attended the National Citizen Review Panel Conference this year. These representatives were inspired by the presentations to discuss with the larger group the need to refocus objectives for the panel. A meeting is planned in the near future to discuss expanded membership, perhaps to include adult consumers of protective services and former state wards that, it is believed, will bring a larger perspective to the Panel. The Panel devoted some time during the last year to issues around screening of reports of child abuse and neglect. Although useful information was obtained, the Panel would like to more clearly define future goals, and to identify activities to gather information that will be more helpful to DHHS. The DHHS liaison will be actively involved in these discussions.

In addition, Nebraska will add two additional Citizen Review Panels during this five (5) year plan. The first additional Citizen Review Panel would be the Child Death Review Team. The Child Death Review Team (CDRT) was created by the Nebraska Legislature in 1993. At that time, about 300 Nebraska children were dying each year but there was no process to understand why and how the deaths happened. The CDRT reviews the numbers and causes of deaths of children ages 0 to 17. CDRT members also try to identify cases where a person or community could reasonably have done something to prevent the death. All child deaths are reviewed, not just "suspicious" or violent ones. The goals of these reviews are to: identify patterns of preventable child death; recommend changes in health care and social services systems' responses to child deaths; refer any previously unsuspected cases of abuse, malpractice, or homicide to law enforcement; and, report to the public and state policy makers about child deaths. These reports include recommendations on changes that might prevent future deaths.

The second proposed Citizen Review Panel is the Nebraska Foster Youth Council. The Foster Youth Council is made up of current and/or former foster youth between the ages of 14 and 24. It provides current and former foster youth the opportunity to meet other youth and work together to change key issues in the child welfare system. FYC gives these youth access to stages that ensures their voices are heard. Examples of these opportunities include meeting with the Governor, foster parents, other state and national policy makers. The Foster Youth Council (FYC) is an entire network of people who know exactly what growing up in the foster system is all about. The FYC meets monthly and also attend national conferences.

e. Mandatory Reporter Training

We will focus on education of the public by developing and providing training modules for licensed professionals regarding abuse and neglect reporting statutes and regulations. We will work with our licensing unit to provide Continuing Educational Units (CEU) for completion of abuse and neglect reporting modules. We will improve the understanding of the child abuse and neglect system by all mandated reporters by improving the quality and quantity of detailed information easily available. We will develop public communications and presentations to increase efforts to explain what a person can expect when they contact the hotline. We will ensure that CFS Specialists located at the hotline unit tell mandated reporters what action can be expected based on the information provided.

h. Domestic Violence Collaboration

Nebraska will also place greater emphasis on appropriate responses to cases that involve domestic violence. Policy staff will continue to meet with members of the Nebraska Domestic Violence Coalition to improve collaboration, enhance understanding of each others roles and legal responsibilities, and share concerns. Joint training will be provided using trainers from both disciplines. Representatives from multiple agencies attended the National Summit on the Intersection of Domestic Violence and Child Maltreatment in early June. The group plans to continue to meet to address identified issues, explore conflicting views on the concept of “failure to protect”, and propose necessary legislative changes. Determining appropriate intervention criteria will be an important part of the Intake improvement process.

<u>Assurances form (Attachment E) that has been completed and signed by the Chief Executive Officer of the State. Note: Unless otherwise noted, States are expected to be in compliance with these requirements by June 25, 2004 (one year after the enactment of Public Law 108-36). If there is a specific reason why the State cannot be in compliance by June 25, 2004, the State should contact the ACF Regional Office –</u>

Refer to Attachment J

Notification regarding substantive changes, if any, in State law that could affect eligibility, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility; and -

There were no substantive changes in Nebraska State law during the 2009 101st Legislature, First Session that would affect CAPTA eligibility.

Any changes to the State's provisions and procedures for criminal background checks identified in the State's CFSP for prospective foster and adoption parents and other adult relatives and non-relative residing in the household (Section 106(b)(2)(A)(xxii) of CAPTA)

There have been no changes in the State's provisions for criminal background checks for prospective foster and adoptive parents or other adult relatives and non-relatives residing in the household. Although there have been no changes in those provisions, during the 2009 101st Legislature, First Session a law was passed requiring commercial transportation providers and private transportation providers transporting state wards to have the same criminal background checks completed as prospective foster and adoptive parents or other adult relatives and non-relatives residing in the household.

Request for FY 2004 funds in the CFS-101, Part I and an estimate of expenditures in the CFS-101, Part II.

Refer to Attachment K

SECTION H: CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

CFS has worked to inform staff about the different types of services offered to wards who fall into this particular category in an effort to increase service utilization and referrals. A memo was distributed to all staff outlining the responsibilities of independent living contractors and describing the differences in the programs and services offered to youth with a permanency goal of independent living. The Independent Living Guidebook was updated to provide more current information on the services as well, and the guidebook was distributed to staff in July 2005. Stakeholder comments on the impact of these efforts are mixed. Some stakeholders say that there has been an increase in the knowledge around independent living services, while others (both internal and external stakeholders) report that confusion on these services still exists.

The general consensus among stakeholders is that additional funding is needed to maintain existing independent living services and establish new services. DHHS has worked to develop new services to prepare youth for emancipation, especially in regard to educational attainment. Listed below are some of these service developments:

Educational Training Vouchers Program: In January 2004, DHHS received its first grant from the ACF to administer the Educational Training Vouchers (ETV) Program to provide monetary assistance to current and former foster care youth to help with post secondary expenses. In SFY2008, the following developments were made in the ETV Program statewide:

- Ongoing program staff visits to colleges throughout the state to identify contacts within each school with whom they could work to coordinate educational services for wards;
- The hiring of an additional staff member to serve as an education mentor to Omaha youth and assist them in registering for classes, applying for financial aid, problem solving around barriers concerning transportation, jobs, daycare, or study habits;
- The implementation of a structured contact and support process in which staff make monthly contact with each participating youth to check in on the youth's progress and provide any needed support;
- The development of an ETV database that captures all identifying information of each youth, contacts to youth, case updates, etc.;
- The sponsoring of ETV "celebrations" or gatherings for youth to connect with one another, celebrate their academic accomplishments, and receive additional support and information on the program;
- The development of an ETV brochure, complete with quotes, graphics, and design provided by ETV Program participants; and
- The distribution of orientation packets to all new ETV applicants, which include a welcome letter, staff contact information, calling cards, and other educational resource materials.

In addition to these developments, the agency with which DHHS contracts to administer the ETV Program (Central Plains Center for Services) has been working with Nebraska's Coordinating Commission for Postsecondary Education to outline how they can best assist youth in pursuing and succeeding in postsecondary education. Central Plains' staff has

also networked and collaborated with EduationQuest, a Nebraska nonprofit organization with a mission to improve access to higher education in Nebraska. In June 2007, EducationQuest hosted five college access trainings throughout the state with attendees including representatives from Vocational Rehabilitation, DHHS staff, personnel from public schools and postsecondary institutions, and General Education Development (GED) coordinators. Central Plains' staff was invited to present information on the programs they offer to wards at this event.

As a result of these efforts, Central Plains established a working relationship with all Nebraska colleges, universities, and specialized schools. There has also been a significant increase in youth seeking additional educational funding. All participating youth have applied to receive federal Pell Grants and any scholarships for which they may be eligible. Other sources of funding for which staff assist participants in applying include the federal Supplemental Education Opportunity Grant, the Nebraska State Education Grant, and the Tuition Assistance Program offered through the University of Nebraska.

Central Plains is now measuring, monitoring, and evaluating the ETV Program using the newly developed ETV database. Staff members assess participants' educational needs, program of studies, and retention rates to inform their efforts in assisting program participants. Central Plains has seen a gradual increase in program retention rates, particularly in the Omaha area with their newly hired education mentor. The number of youth who were awarded ETVs has increased from 215 youth in FFY2006 to 311 youth in FFY2007. The retention rate of youth participating in the ETV Program was 77% in FFY2007, a gradual increase from prior years. Since the inception of this program, 515 youth have participated with an overall retention rate of 46%.

Preparation for Adult Living Services Program: Additional educational services and supports are provided to wards via the PALS Program. The PALS Program is designed to provide support and guidance for youth who are transitioning to independent living. One unique aspect in the PALS Program is the provision of monetary incentives for youth to use in their efforts towards meeting their identified program goals. The program allocated a total of $20,000 per year for youth incentives. Incentives are most commonly used to secure one-on-one mentoring with PALS Specialists, often to include elements of education planning.

In SFY2007, the following developments were made in the PALS Program:

- The use of the Chaffee Assessment to assess the needs of youth, including educational needs;
- The distribution of the "Preparing to Move On" curriculum for foster and adoptive parents, designed to assist parents and providers in learning how to incorporate independent living assessments, education, planning, and practice into their everyday lives with the children in their home;
- The distribution of the "Making It on Your Own" curriculum, a basic core self-sufficiency skills manual designed for caretakers of youth who are maturing in care; and
- The Nebraska Independent Living Conference for youth, parents, and providers, with sessions addressing financial self-sufficiency, educational attainment, positive connections with adults and peers, reduced homelessness, high-risk behaviors, and gaining access to health insurance.

In FFY2005, 521 youth participated in the PALS Program. This increased to 566 youth in FFY2006 and 590 youth in FFY2007.

To gauge client satisfaction with the program, three wards from across the state who recently participated in the program are selected each month and invited to complete a PALS Program survey. Feedback from youth, caregivers, families, and workers is collected in each selected case. The questions on the surveys differ according to the intended respondent (youth versus some other respondent). All survey responses are based on a five point Likert Scale (with a rating of 1 being poor and a rating of 5 indicating excellence). From October 2006 through March 2007, surveys were completed by 33 youth and 36 caregivers, family members, and workers.

In 2007, over 70% of youth rated as excellent the assistance they received through the program in dealing more effectively with their situation, establishing a good working relationship with a PALS Specialist, and identifying realistic and achievable goals. Only 52% of youth rated their own involvement in the planning process as excellent, although 30% rated their involvement as falling between good and excellent (4). When asked how the PALS Program was most helpful to them, youth reported that the program was "good with help for college and scholarships," "helped get back into school and will now graduate, I would not have done this without PALS help," "helped me get into GED and went to orientation with me," "they were there to talk to, helped setup with school, helped getting an apartment, and making sure I pay my bills."

The majority of caregivers, family members, and workers also rated as excellent the achievability of the goals established in the youths' plans, the ability of the PALS Specialist to help the youth deal with their situations more effectively, in addition to the open communication between the respondent and the PALS Specialist, and the information provided to the respondent on the youth's progress. This group of respondents also identified educational assistance as one of the areas in which the PALS Program was most helpful, reporting that the program "helped with college, budgeting, and makes the youth feel comfortable," "benefits include college help, also with follow up," and the program was "very helpful in finding employment, registering for school, and helping caseworkers." Overall, 89% of caregivers, family members, and workers felt that without the PALS Program the youths' situations would have become worse. Just over three-fourths (76%) of youth reported the same.

In an effort to increase the development of independent living plans (a common barrier identified by internal and external stakeholders), DHHS worked with the Nebraska Foster and Adoptive Parent Association (NFAPA) in writing an article to include in the NFAPA newsletter on the expectations of foster parents to help in assessing and developing these plans. To support the assessment and development of independent living plans specifically for Tribal youth, DHHS developed a contract with Central Plains Center for Services through which Tribes began receiving funds to provide services to Tribal youth age 16 years and older. In 2004, DHHS contracted with Nebraska Children and Families Foundation (NCFF) to sponsor an Annual Tribal Youth Counsel Conference using funds from the Positive Youth Development State and Local Collaboration Demonstration Project Grant, awarded to the state by the ACF's Family and Youth Services Bureau in 2003.

In June 2005, a memo was sent to all staff to remind them that a plan for independent living must be included in case plans for wards age 16 and older per state law and policy. Reports on the number of eligible youth without independent living plans are generated monthly and shared with supervisors, who are then expected to take appropriate actions as outlined in the Performance Accountability Plan (refer to Section B). However, according to N-FOCUS data, the percent of youth age 16 years and older who have a written independent living plan was only 48.8% for the twelve month period ending March 31, 2007. There was not one service area that was performing particularly well in this area. The percent of youth with plans ranged from 37.9% in the Eastern Service Area and 66.3% in the Northern Service Area.

Recent stakeholder comments suggest that there may not be enough PALS Specialists to work with youth one-on-one in developing independent living plans. Workers have also reported that they are not receiving independent living plans from the Central Plains Center for Services, the agency with which DHHS contracts to provide services to youth involved in the PALS Program. Stakeholders reported that the way in which independent services are provided vary from among different areas of the state and that there is an overall lack of documentation on the actual provision of these services.

Another change that has occurred in this area since round one of the CFSR is that DHHS issued contracts with residential providers that contain specific service requirements in July 2006. Per contract, all residential providers must administer on an annual basis the Ansell Casey Life Skills Assessment on any youth in care who is 16 years of age and older, and ensure that all youth in care who are 18 years of age take the online Chafee Assessment. Providers must also develop a written plan for each youth and provide age-appropriate adult living preparation and life skills training utilizing online curricula or other life skill curricula. It should be noted that workers report that they do not always receive assessment and plans from providers to include a case files. As mentioned in Item 5, providers report that DHHS contracts are not structured in a way that allows them to truly support the transition of youth to living independently.

The Nebraska Foster Youth Initiative continued to focus efforts on youth transitioning out of the foster care system by empowering youth to lead efforts in improving the system. The Initiative focused on expanding the Nebraska Foster Youth Council from one Statewide Council to one state council plus multiple Local Foster Youth Councils. The Local councils continue the great work of the NFYC but are imbedded in and focused on communities. The Nebraska Foster Youth Councils have reached out to the new out of home contractors and have begun creating partnerships to increase sustainability, youth voice and inclusion in out-of- home programming.

In 2008, the Omaha Foster Youth Council with their partners created the Omaha Independent Living Plan. The Omaha Independent Living Plan is collaboration between youth who are current or former state wards, Department of Health and Human Services, the Nebraska Children and Families Foundation, the Sherwood Foundation and the William and Ruth Scott Family Foundation to create a supportive community which helps youth establish connections to supports and lifelong relationships to successfully transition to adulthood.

Development of the Omaha Independent Living Plan occurred over 10 months and has been informed by Omaha area Youth working with over 100 individuals from numerous community organizations.

In August of 2008, as a result of the above mentioned planning process, Nebraska Children and Families Foundation entered into a co-investment partnership with the Jim Casey Youth Opportunities Initiative. Nebraska is now one of only two States that were invited to join the Initiative's 9 other sites in the nation to gain insights and access to resources/tools from the national leader in helping youth successfully transition into adulthood. Specifically, this Omaha IL Plan will now have access to the Initiatives' tools, resources and TA, a dedicated consultant, connections to other Initiative sites, involvement in a Peer Learning Network and two Convening conferences per year.

Youth engagement is the heart of the Omaha IL Plan and one of the reasons why the Jim Casey Youth Opportunities Initiative chose Nebraska as site to invest in. The Planning Committee and the Initiative believe that in order to create better outcomes young people need to be engaged in planning for their futures. Thus, the primary strategies for engaging young people to create a supportive system for young people leaving of foster care include:

1. The Community Youth Partnership Board focuses on the young people's needs and implementation of the strategies to reach the intended outcomes of the Plan (Listed below)
    - **Personal and Community Engagement** - Youth have supportive relationships, are able to access services in the community to achieve their personal goals, have a voice and connections to their community.
    - **Education** - Youth receive sufficient education and training to enable them to obtain and retain employment
    - **Employment -** Youth generate a sufficient income to support themselves by obtaining and retaining steady employment.
    - **Daily Living and Housing** - Youth have access to safe, stable, affordable housing in the community that is near public transportation, work and/or school
    - **Physical and Behavioral Health -** Youth have sufficient and affordable health insurance and services for both physical and behavioral health.
    - **Training, Education and Policies -** All Independent Living supports have the capacity to address the needs of youth in transition.
2. The Opportunity Passport™ is being implemented to organize resources and create opportunities for young people leaving foster care. The Opportunity Passport™ has undergone rigorous studies and proven to highly effective in promoting the independence of foster youth.
3. The Foster Youth Council and the Community Youth Partnership Board serve as vehicles for local leadership, information gathering, identification of priorities, and implementation of the Omaha IL Plan strategies to positively impact youth transitioning in to adulthood. As a result, the following outcomes will be achieved.

Due to this initiative, foster youth will learn financial management; obtain experience with the banking system; save money for education, housing, health care, and other specified

expenses; and gain streamlined access to educational, training, and vocational opportunities. Youth will be provided with life changing connections, relationships and financial support to successfully transition into adulthood.

In addition, the community, state and youth partnerships will work together to change the system of care for foster youth in the Omaha area. This work will serve as a vehicle to improving lives of foster youth across Nebraska as the Foster Youth Initiative begins work with the new DHHS Child Welfare and Juvenile Service Contractors to replicate the process, strategies, and outcomes statewide.

Help youth transition to self-sufficiency:

Currently youth are supported in a variety of ways in their transition to self-sufficiency. Through a statewide contract youth 17 up to age 21 (or 16 and older with Administrative approval) can be assigned a Preparation for Adult Living Specialist (PALS Specialist) to work one-on-one with them as they prepare and transition to independence. This work includes:

- *Life Skills Assessment:* Staff continues to use the computer based Ansell-Casey Life Skills Assessment with youth involved in PALS program. Staff were trained on the many advantages of this assessment including using it as a basis for a plan for transition. The PALS staff and the youth they work with also participated in testing Ansell-Casey's pilot versions of their assessments.
- *Transition Plan:* The PALS Specialists continue to have the flexibility of choosing a transition plan format that best suits the youth with whom they are working. The choices include an agency generated transition plan which is designed to assist the youth and the PALS Specialist in developing a roadmap that prioritizes the goals that are determined to be most important to the youth's transition to independence at this time in the youth's life. The categories reflect those in the Ansell-Casey assessment. The plan includes priority areas to be addressed, steps to be taken for achievement, target dates, accomplishments, as well as obstacles & possible solutions. The other option is a plan generated by the Ansell-Casey Assessment. This plan offers a plan of action that includes practical experiences to assist the youth in becoming more self sufficient in the areas of the greatest need.
- *Services & Activities:* Each of the PALS Specialists provides education and guidance to the youth they serve in the youth's areas of need. They are continuing to use the curriculum, "The New Making It On Your Own" which has units that include most of the skills that youth need to be successfully independent. In addition, an agency guidebook entitled "Stepping to Independence" is sometimes useful in helping the PALS Specialists with those youth that find it difficult to envision a future. As before, PALS work has included guiding youth to pursue educational goals, vocational goals, and appropriate, relationship, as well as housing options.
- *Chafee Assessment:* The PALS program is using the Chafee Assessment developed by the Casey Family Programs. This assessment captures all the Chafee data outcomes identified by the National Youth in Transition Database data elements and Administration for Children and Families. We complete the assessment twice per year in November and May on all PALS cases that have been open 6 months or more. Aggregate summary data and raw data for youth and reporters is now available. Goals they are striving to gather through the assessment include:

1. To know which youth stay in foster care until their 18th birthday;
2. To provide youth with tools that could help them develop better education, vocation and life skills;
3. To prepare these youth for education after high school;
4. To support their personal and emotional needs;
5. To support former foster youth ages 18-21 with a variety of supports; and
6. To help youth access funds for education and training.

- *Support and Encouragement:* The youth have stated over and over that the support they receive from the PALS staff is one of the most beneficial aspects of the PALS program. They have also stated that the encouragement that the staff provides really helps them stay focused and committed to being successful. Being able to problem solve with someone with experience on the many issues they face is what helps them stay focused.
- *Incentives:* The PALS program continues to include financial or other incentives to the youth as they demonstrate competencies in life skills and progress toward self-sufficiency. Incentive spending is very flexible. PALS Specialists sometimes focus on practical items, such as cooking utensils, bedding, etc., to enhance the youth's "life on their own". They have also used the money to help a youth pay a bill or buy a part for a car.

Besides the PALS program the state also utilizes 4 Transitional Living Programs located throughout the State (Omaha, Lincoln, Kearney and North Platte). Each of the programs offers life skills training, housing, educational assistance, social development, parenting, medical, transportation as needed and vocational training and support. All of the contractors are using the Ansell Casey Life Skills assessment, followed by the development of an Individual Transitional Living Plan. All five of the TLP programs are now using the Chafee Assessment developed by the Casey Family Programs. This assessment captures all the Chafee data outcomes identified by the National Youth in Transition Database and Administration for Children and Families. The TLP programs complete the assessment based on their own program structure.

Youth not in the PALS or TLP programs may receive transition assistance from their care providers. Care providers have several services/resources available to them to assist the youth. **Independent Living Foster Parent Curriculum -** Even though we are not offering the *Preparing to Move On* training classes on a regular schedule we continue to mail this curriculum to foster and adoptive parents across the state. The curriculum is focused on the skills and activities that youth age 17 – 19 need to be addressing for successful transition. They can use this curriculum on a one-on-one basis with their youth.

<u>Help youth receive the education, training and services necessary to obtain employment:</u>

Central Plains Center for Services PALS program dedicated $30,000.00 of the PALS budget to vocational needs. Partnerships with Workforce Development have been secured throughout the State guaranteeing youth attendance at vocational classes and in job placement programs. This funding is also used to pay for job shadowing; job mentors, incentive to employers as well as any activity that will enhance a youth's opportunity to secure and maintain employment.

The Omaha Home for Boys TLP has an intense vocational component of their TLP program. The first 12 weeks of this program is dedicated to vocational training. The vocational trainer facilitates 6 weeks of life skills classes ranging from time management, resume writing, how to interview, to understanding community agencies, and money management to name a few. The individuals must also complete a minimum of 30 hours of community service to understand how to help others in need and giving to the community. Each participant has a case manager who assists them in learning to overcome other obstacles they may have. The second 6 weeks of the program begins seeking employment. The Job Developer works with the youth and potential employers, providing necessary support to both. In this program extensive work is done to see that employment provides a living wage with potential for growth. In their last group of participants 11 out of 12 youth gained fulltime employment of $8.00 per hour or more. This program is committed to making sure youth are able to transition to independence being financially self-sufficient.

CEDARS Youth Services TLP also offers a structured vocational program. They have incorporated a structured job-hunting group that meets twice a week. Participants have the opportunity to learn job hunting and maintenance skills, as well as meet with staff to develop a job search plan. TLP hosts in-service training for all TLP participants twice a month. Turning Points TLP also has a part-time vocational instructor working with the youth and employers similar to the CEDARS and OHB programs. Turning Point Family Services also provides a part-time vocational staff member to work exclusively on education, training and support of employment.

To further ensure that services are available for this population, the Director of Central Plains Center for Services, Nancy Ferguson, serves on the Greater Nebraska Workforce Investment Board through the Nebraska Department of Labor. As well she is a member of the Greater Nebraska Workforce Investment Board Youth Council. The Greater Nebraska Workforce Investment Board provides oversight of the Workforce Investment Act (WIA). The Youth Council acts as a special subcommittee to the Board. It has been extremely valuable to have the connection between Central Plains Center for Services and the youth and programs they serve and the Workforce Investment Board.

Help youth prepare for and enter postsecondary training and educational institutions:
Both staff in the TLP and PALS programs work one-on-one with the youth in their programs to assist them in their pursuits of postsecondary education. Tremendous effort went into the development of this ETV program. Stakeholder meetings were held with attendance by foster and former foster youth, care providers, post-secondary educational personnel, Nebraska Department of Health and Human Services staff, Department of Education staff, Central Plains Center for Services staff, and group home and transitional living program providers. All of their input was extremely valuable in interpreting federal guidelines, developing Nebraska's ETV process and designing the necessary forms. Upon the finalization of these steps significant outreach of the program was initiated. Mass mailings, group presentations and one-on-one contacts were made. A web site was also developed allowing ETV information and applications to be made on-line. This outreach and education of the program to all parties is ongoing. Since the program was implemented we have put into place a variety of supports and services to assist the youth in achieving their educational goals. We have educated and informed many in the state on

the importance of preparing youth for postsecondary education and training and the benefits it can provide to the youth of Nebraska. Following are some of the many additional connections we have made.

1. In Omaha, training has been provided to the Goodwill Partnership Program staff. This training included information on the ETV program, as well as general independent living topics.
2. In Omaha, training has also been provided to youth and staff at the Nova Therapeutic Community.
3. Across the state staff have provided training to the Department of Health and Human Services staff and have attended many “all staff” meetings, as well as numerous protection & safety and ICCU staff meetings.
4. There have also been presentations at the Annual Nebraska Investment and Finance Authority (NIFA) conference-“housing unique populations”.
5. Staff in two locations in the state (Omaha and Columbus) serves as ad hoc community members for the Nebraska Homeless Assistance committees. These committees provide recommendations for on-going improvement of State’s policy regarding homeless individuals.
6. In Omaha, staff participates as a team member of the Integrated Care Coordination Unit’s Try Team. This team, which includes representatives from several Omaha service providers, provides suggestions on difficulty youth cases and provides needed services when appropriate. Cases staffed involve youth at/near discharge from the State’s custody.
7. ETV staff serves on the Omaha Independent Living steering committee which created and presented strategic goals for youth aging out of the foster care system.
8. ETV staff attended and presented ETV information at the Teen Parent Conference hosted by Metro Community College.
9. ETV staff attended the “Challenges and Innovations in Mental Health for the College Student” conference hosted by the University of Nebr. Medical Center.
10. ETV staff coordinated and facilitated panel of youth discussion on independent living and ETV for the NDHSS supervisors and administrators conference in Grand Island.
11. Staff served on the steering committee and presented ETV sessions for the Nebraska Independent Living conferences in Norfolk, Scottsbluff and North Platte
12. Staff continues to work with the Nebraska Commission for Post-Secondary Education on data collection, retention rates, graduation rates, etc.
13. Staff also continues to serve on the youth committee of the Greater Nebraska Workforce Development Board.
14. In June 2008, ETV staff in Scottsbluff met with the Transitional/Independent Living Team (TILT) to help establish the goals and direction the TILT team will take in Western Nebraska.
15. In July 2008, Central Plains Center for Services trained staff at the Alliance Boys Ranch on preparation and transitional services as well as the ETV program
16. In July 2008, the Director of Central Plains Center for Services and Supervisor Jane Kasik met with the federal staff conducting the federal Children and Family Services Review.
17. In June 2008, ETV staff presented to the Region III ICCU staff in Kearney.
18. In June 2008, ETV staff attended the Partnering for the Education of Students in Out-of-Home Placement.

19. In Omaha, staff recently provided an educational training for staff at Boys Town. This training assisted staff working with Juniors and Seniors plan for college.
20. PALS/ETV supervisor presented to foster parents, youth and Independent College personnel at the Nebraska Children and Family Foundation's Unlocking Your Potential for Success conference.
21. PALS/ETV supervisor presented a session to the Douglas County Juvenile Court Judges, attorney, CASA, and Protection and Safety staff. This event was sponsored by Douglas County Court and Project Harmony.
22. Collaboration also occurred with the following State and private agencies.
    - Youth Build Omaha – an academic job readiness program operated by Goodwill Industries, Inc.
    - EduationQuest – is a Nebraska nonprofit organization with a mission to improve access to higher education in Nebraska. In 2007, EducationQuest hosted 5 college access trainings throughout Nebraska for community agencies. Representatives attending the sessions included Vocational Rehabilitation, Health and Human Services, public school personnel, postsecondary institutions, GED coordinators, to name a few. Education Quest asked Central Plains Center for Services staff to present at each session on the programs they administer and how working together we can strengthen the opportunities for the youth we serve.
    - Education Service Units/Local Schools- staff work with many of their local school and ESUs in helping youth complete their education and transition from school to work/college.
    - Vocational Rehabilitation Services –staff continue to work with the Vocational Rehabilitation services to guarantee that youth receive the support services they provide.
    - ETV staff coordinate services for youth with the Transitional Living programs in Nebraska which include Omaha Home for Boys; Cedars Youth Services, Christian Heritage and Turning Point Family Services.
    - Staff has also collaborated with Alliance Boys Ranch, NDHHS ICCU Teams, Goodwill Partnership Program, NOVA Therapeutic Community, Nebraska Investment and Finance Authority, Omaha Independent Living Steering Committee, and Greater Nebraska Workforce Board.

<u>Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.</u>

Through PALS, no youth is dismissed from the program until he or she has an adequate identified support system. Workers assist youth in identifying an adequate support system and guarantee that the youth has met with the individuals identified to discuss with them possible supports needed. All of the information provided in the first 3 sections also applies here.

Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and them making the transition into adulthood.

Of the 615 PALS youth served last year and the 113 TLP youth and the 387 ETV youth served last year approximately 65% are between 18 and 21. All of the services and programs listed above in the previous sections are available to them.

PALS has identified several funded areas that directly impacted and assisted youth 18-21 in making the transition from foster care to self-sufficiency. They included staff one-on-one time, mileage dollars, incentive payments and indirectly training costs. In their reports to the State, they list the number of youth that were 18-21 at the time of referral, however it is important to note that many of the youth that they worked with entered this age during the time in which they were working with them.

The most important and obvious use of funds assisting the 18-21 populations is the direct staff support. Each of the PALS staff work one-on-one with the youth in the following areas: life skills training; locating and securing affordable housing; education planning; securing employment; development of a support system; securing transportation; and crisis planning. The intensity of their work is dictated by the needs of each individual youth. To assist them in this work, the PALS staff use *the Ansell Casey Life Skills Assessment* as well as "*The New Making It On Your Own*" workbook. In addition, mileage dollars also support the 18-21 year olds in their transition. Often, until transportation can be secured, staff provides transportation for youth to look for employment or housing, to get back and forth to work, to keep medical or case manager appointments and to meet their independent living needs.

The use of incentive dollars is also an important funded area that assists this population. As we all know incentives play a part in all of our lives- in our work, our family and our community. Wherever we are in life and whatever our goal, we know from our experience that with encouragement we are more likely to reach that goal. Receiving incentives along the way makes the travel toward a goal more rewarding and more attainable. Because of this belief, $20,000.00 per year of funding is allocated for youth incentives. The youth, with the help of the PALS worker, identifies their most needed and/or wanted goal and then determines the nature of the attending incentive. This can be done at the time of the PALS plan or at a later date. The youth and worker monitor the goal achievement and when it has been met the incentive is provided. Like all youth those involved in the PALS program have a wide range of interests and are at different stages of their transition to independence. Because of this we have seen a variety of incentives such as car parts, cash, household items such as dishes, furniture, college fees, and many more.

A final area of funding that impacts the 18-21 population's transition to independence is the training allocation. We have two separate curriculums our Agency has developed. The first, a *Basic Core Self Sufficiency Skills* manual is designed for caretakers of youth maturing in care and can be used as a "self study" experience. This curriculum was distributed to foster parents at the 3 statewide conferences held last summer. A supply of the curriculums has also been provided to each of the resource staff in each service areas.

The second curriculum is titled *Preparing to Move On* and is designed to help those providers working with youth who are very near moving to independent living. These young people need more focused and intensive work on specific skills.

Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care and provide service to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

ETV Program funding is available for youth to use to attend private or public four-year colleges or universities, two-year community colleges, vocational-technical schools or specialized non-profit trade schools as defined in the Higher Education Services Act of 1965. The ETV funds can be used for tuition, books and supplies, as well as, college application fees, tutoring expenses and medical insurance through the college. The ETV voucher provided for an individual shall not exceed the lesser of $5000 per year or the total cost of attendance.

Those eligible include:

- State of Tribal wards who are age 17 or older;
- Youth who were in the State or Tribe's custody on their 17th birthday and are now between the ages of 17 and 21;
- Youth who were in the State or Tribe's custody and received guardianship status at the age of 16 or older and have yet to reach age 21;
- Youth who were in the State or Tribe's custody and were adopted at age 16 or older and have yet to reach age 21;

Youth participating in the ETV Program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion go that program.

The Education and Training Voucher (ETV) Program contract was first awarded to Central Plains Center for Services in January 2004.

Tremendous effort went into the development of this unique program. Stakeholder meetings were held with attendance by foster and former foster youth, care providers, post-secondary educational personnel, Nebraska Department of Health and Human Services staff, Department of Education staff, Central Plains Center for Services staff, and group home and transitional living program providers. All of their input was extremely valuable in interpreting federal guidelines, developing Nebraska's ETV process and designing the necessary forms. Upon the finalization of these steps significant outreach of the program was initiated. Mass mailings, group presentations and one-on-one contacts were made. A web site was also developed allowing ETV information and applications to be made on-line. This outreach and education of the program to all parties is ongoing.

The youth have stated over and over that the support they receive from the ETV staff is one of the most beneficial aspects of the ETV program. They have also stated that the encouragement that the staff provides really helps them stay focused and committed to school. Being able to problem solve with someone with experience on the many issues they face, both personally and within the education system they are attending, is what helps them stay in school. It has helped tremendously by having an Education Mentor on

campus at the Metro Community College campuses in Omaha. Even though this is a very part-time (2/5 position), it has increased retention rates with Omaha youth tremendously. Nebraska's ETV program is linked to all of the college's campus support services and work hard to make sure all of the ETV youth have a support system in place through the college they are attending. Many of the youth referred to the ETV program have never thought about going to college. Nebraska's ETV program has worked closely with the youth encouraging them to create a vision for their future. Once they start believing they can create a future for themselves they really start progressing. They become more involved with campus activities, broaden their connections and engage in planning their life course.

Central Plains Center for Services Board of Directors made the decision to invest in the ETV program and authorized the hiring of a contractor to work developing corporate partnerships. This commitment is funded by Central Plains Center for Services, not ETV funds. This partnership could be in the form of internships for youth, college mentors, financial tuition payments, care packages, etc. The goal of this endeavor is to partner with those corporations that believe in the value of the youth and their desire for an education. This is not a fundraising effort but a partnership where corporations can define their level of involvement. Currently, Wells Fargo has indicated an interest and Central Plains is in the process of working with their corporate giving division.

Central Plains' use of other funds for the ETV youth college expenses has significantly increased. Examples of this include:

1. Pell Grant – Since the program started every youth has applied for this federal needs based grant. For a fulltime youth the payment is $4730.00 per year. This amount is prorated based on the number of hours being taken. Starting 9/1/2009 the pell amount increases to $5350.00.
2. SEOG – This Supplemental Education Opportunity Grant is also a federally funded needs based grant and is on a first come first served basis. As the year progresses available funds become less and the later a youth applies the less money may be available.
3. Nebraska State Grant – This is a state funded needs based grant. This is available through all colleges.
4. TAP – The Tuition Assistance Program is University funded and is needs based. This program is available through the Nebraska Universities. If a youth is Pell Grant eligible and has applied for their Pell Grant and applied to the University of their choice before March of the current academic year their tuition and fees, above the Pell Grant amount, are paid through this program.
5. Scholarships – We work with all the youth on applying for as many identified scholarships are possible. More and more of the ETV youth are receiving scholarships for their academic success.

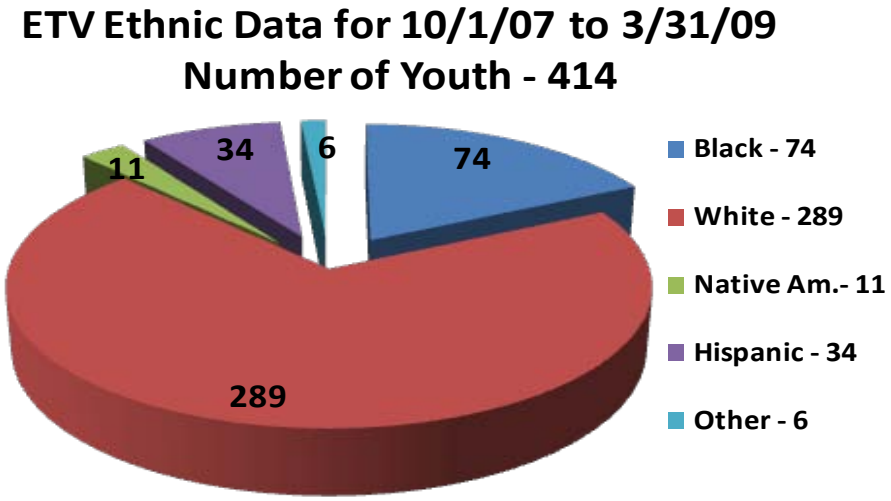
Central Plains continues to have annual ETV celebrations in Omaha, Lincoln, Kearney, Norfolk, North Platte and Scottsbluff. The purpose of these gatherings is to meet the ETV youth, celebrate their academic accomplishments, provide additional support to the youth and to share additional information regarding the *Education and Training Voucher Program* with the participating youth. It has been extremely pleasing to see the connections between youth that occurred at the celebrations. Everyone attending commented how they enjoyed meeting and sharing with the other youth in the ETV program.

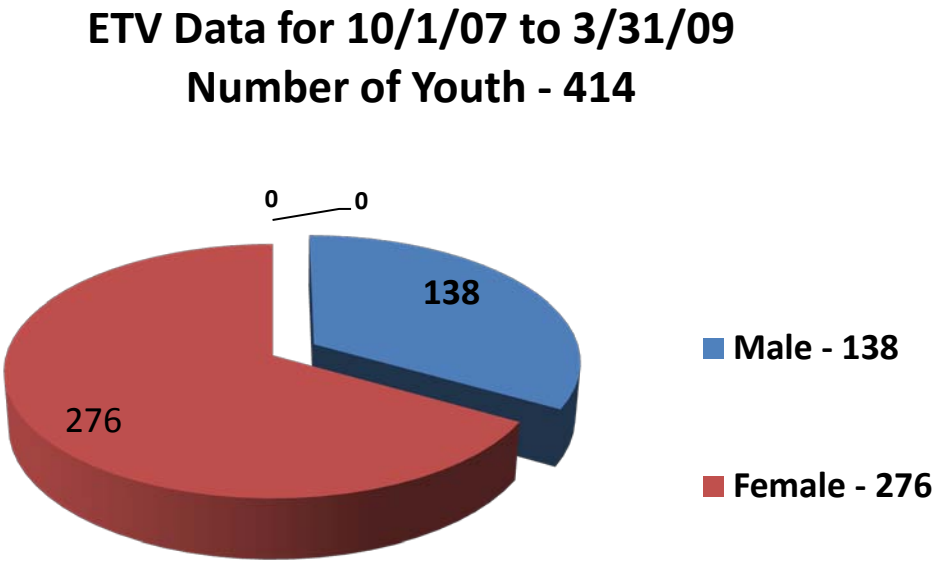
ETV GRADUATES

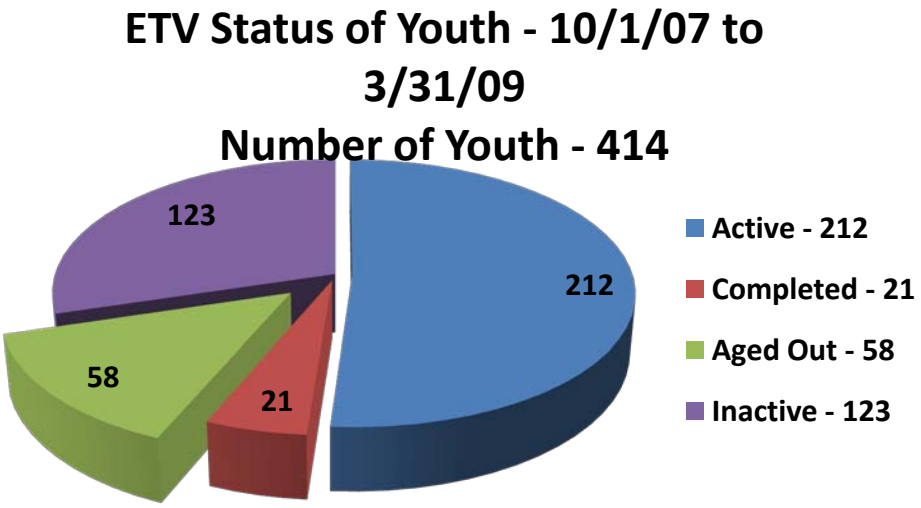
There have been 57 youth that have completed their program of study from 10-1-07 to 3-31-09. The breakdown by program is as follows:

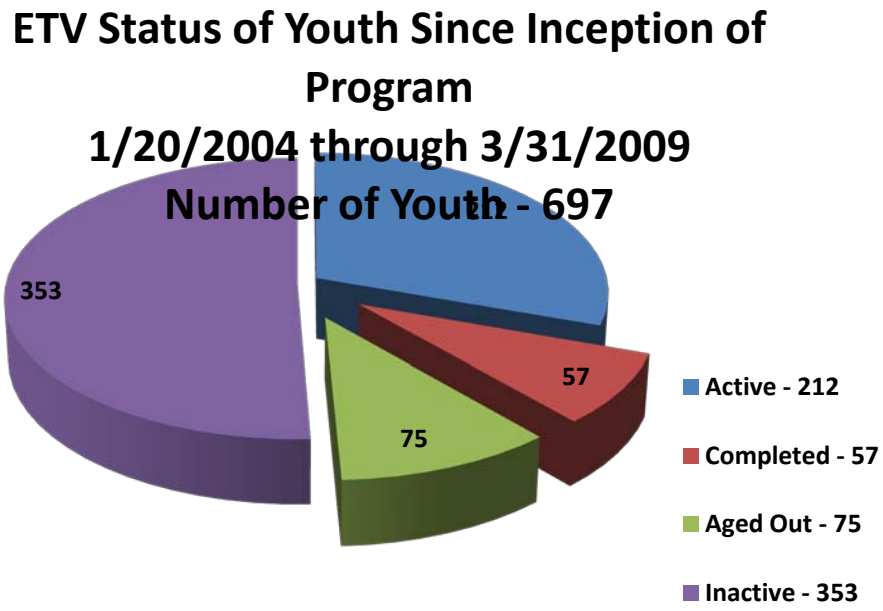
- 11 completed a 4 year program
- 25 completed a 2 year program
- 18 completed a specialized program (normally 12 months)
- 3 completed an 18 month program

ETV DATA FOR 18 MONTH PERIOD
10/1/2007 through 3/31/2009






ETV Status of Youth - 10/1/07 to 3/31/09
Number of Youth - 414
123
212
58
21
Active - 212
Completed - 21
Aged Out - 58
Inactive - 123


ETV Status of Youth Since Inception of Program
1/20/2004 through 3/31/2009
Number of Youth - 697
353
57
75
Active - 212
Completed - 57
Aged Out - 75
Inactive - 353

CURRENT AND CUMULATIVE STATISTICS

Reporting Period 10/1/07-9/30/2008

	Active Cases as Of 10/1/07	*New 10/07--3/08*	*New 4/08-09/08*	*TOTAL*
Cumulative Total	238	49	87	**374**
Gender				
Male	73	14	26	**113**
Female	165	35	61	**261**
			Total	**374**
Race				
African American	39	5	21	**65**
Caucasian	170	36	57	**263**
Native American	6	2	2	**10**
Hispanic	17	6	7	**30**
Other	6	0	0	**6**
			Total	**374**
Program of Study				
2 Yr College	160	39	60	**259**
4 Yr College	56	3	19	**78**
18 Months	14	0	0	**14**
Specialized Programs	8	7	8	**23**
			Total	**374**

ETV PROGRAM STATUS STATISTICS

Status	*Active*	*Completed Program of Study*	*Aged Out During Reporting Period*	*Inactive During Reporting Period*	*Total*	*Retention Rate*
Current Youth*	230	14	26	104	**374**	**72%**
Overall Youth**	230	50	43	334	**657**	**49%**

*Current Youth Status is for the reporting period of 10/1/07 to 9/30/07

**Overall Youth accounts for all youth participants since the beginning of the ETV in January 2004

Consultation and Collaboration

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

Involvement of youth: Youth are actively involved throughout the development, implementation and delivery of the PALS, TLP and ETV programs. As well in the PALS and ETV work youth are given the opportunity to provide input through anonymous surveys. A sample of the survey and results is attached. We have daily contact with the youth for input and partnership.

Below are a couple of youth's stories that give a "glimpse" into the lives of the youth in the ETV program.

James' Story

James entered the Education and Training Voucher Program in the fall of 2007 when he began his freshman year at Chadron State College. He has just completed his sophomore year at Chadron and maintains a 3.0 GPA. In addition to himself, James has twin siblings that also attend Chadron State College and are very actively involved with the Education and Training Voucher Program. The siblings were also involved with the PALS program. They have just completed their freshman year. James is majoring in education and the twins are still deciding on a career path, but expressing interest in art, business, and education. Each of them works off campus and maintains excellent grades.

The road to college hasn't been an easy one for James and his siblings. They lived in many different foster homes before moving to their own apartments while still in high school. James drove his siblings to and from high school each day. They balanced high school, work, and all the details of living independently. It was clear that education was always important to them, but the logistics of how to get there was not so clear. However, with the help of the PALS Program and the ETV Program they were able to successfully transition to college. They are the first in their family to attend college!

James and his siblings have contact with their mother, but understand she is not in a position to provide guidance and support. They see her struggle with drugs and alcohol and have chosen to go down a different path. They are taking on college as a team, sticking together, and providing support and encouragement to each other along the way.

James and his siblings all live in the dorms at Chadron. This provides them with stable housing and the chance to focus on school. All three are taking summer classes, with one studying abroad in London this summer. Both he and his siblings are committed to their education and are well on their way to earning their degrees and overcoming the difficulties of their past.

Ashley's Story

Ashley became a participant in the *Education and Training Voucher Program* in September of 2007 at the age of 18. Throughout the two years in the program she has maintained approximately a 3.0 GPA at Southeast Community College in Lincoln, NE. When Ashley first entered the *ETV Program* she was a meek, intimidated youth who was unsure about her abilities to pursue college successfully. However, to date she has gained tremendous confidence in her academic abilities, as well as, in her communication and social skills. Ashley has overcome many obstacles while pursuing her educational goals at SECC. Early in her academic career Ashley gave birth to a daughter who she passionately cares for. The father of the child has been on again off again and less than supportive of her goals and future plans. Thus Ashley made the choice to raise her daughter on her own all while maintaining full-time employment and full-time academic status at SECC.

After a recent conversation with Ashley she has chosen to move back in with her biological mother to care for her as she has a terminal disease. Her mother is no longer able to get out of a chair or bed by herself, cook for herself, bath herself etc. Thus Ashley and her daughter moved in with her to care for her. Therefore, Ashley now is a full-time care provider to her mother, daughter, as well as, maintaining employment and full-time status at SECC. Ashley made the choice to take on-line classes her last two quarters at SECC in order to be available more to her daughter and mother.

Amongst all of Ashley's hurdles she will graduate from Southeast Community College in October of 2009 and will transfer to Bellevue University to obtain her Bachelor's Degree in Social Work.

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS
Five Year Plan (FY2010 through 2014)

The Nebraska Department of Health and Human Services-Division of Children and Family Services administers the Chafee and ETV Programs and will cooperate in national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Description of Program Design and Delivery:

1. States should discuss how they will design, conduct and/or strengthen their programs to achieve the purposes of section 477(b)(2)(A) and section 477(a)(1-6) of the Act to:\

   a. Help youth transition to self-sufficiency

   Through a collaborative planning process, Nebraska has identified three key phases of transitioning youth toward self-sufficiency. Those phases including the approximate ages of youth served are:

   1. Preparation: concentrating on enhanced preparation activities primarily focusing on youth ages 16-18;
   2. Transition: working on transitioning activities primarily focusing on youth ages 17-18; and
   3. Independence: practicing actual independence focusing on youth primarily ages 18-21.

   The following are general definitions for the stages or service components:
   Preparation: a process to assess and assist the youth in preparing for self-sufficient adulthood. This is obtainable through formal and informal modeling and teaching of skills, recognizing values and establishing achievable goals.
   Transitional: the process to assess, support, practice and monitor the youth's ability to successfully apply learned skills in a semi-supervised scattered site or congregate living arrangement.

   Independence: the act of applying learned skills and demonstrating self-sufficiency living within the community and having connection to a natural support network.
   Stakeholders involved in the development of the Statewide Assessment identified that in any transitional living service one needs an adequate assessment and community involvement in solutions. Nebraska intends to assist youths in making this transition to self–sufficiency through the following strategies:

   1. Nebraska will review the outcomes and the feasibility of expanding the Omaha Independent Living Program which is designed to provide additional opportunities for the development of independent living skills in other Service Areas.
   2. Nebraska will ensure that youth participate in the Youth Development Initiative Focus Groups regarding permanency priorities of which they will:
      Define permanency as local councils by:
      - Identifying barriers in achieving permanency for youth in their area,
      - Identifying current services and resources for achieving permanence in their area,

- Identifying gaps in services and resources for achieving permanence in their area,
- Include information on Permanence at all presentations and events.

3. Nebraska will require all Out of Home contractors to provide the PALS program components to all youth in their care 16 and older. Such services will include:
   - life skills assessments
   - transitional living plan for youths
   - life skills training
   - referral to other resources or on-going supportive services
4. Collaboration between Medicaid/Medicaid Managed Care service providers and Child Welfare will continue to ensure that assessments and plan regarding the youths transitioning from Residential Treatment, Treatment Group Homes, and Treatment Foster Homes are completed.
5. Collaboration with the Youth Residential Treatment Centers for Juvenile Offenders, who also must include components of preparing a youth for independent living, will continue.
6. Collaboration with the Youth Development Initiative, the Youth Rehabilitation Treatment Centers will provide opportunities for youth to become members on the Youth Council.
7. Nebraska will collaborate with the American Bar Association's Legal Center for Foster Care and Education and the Nebraska Department of Education to implement selected benchmarks in the "BLUEPRINT FOR CHANGE: EDUCATION SUCCESS FOR CHILDREN IN FOSTER CARE". The target audience for the *Blueprint for Change* is anyone who touches the life a child in out-of-home care, and anyone who can help with the child's education goals and pursuits. This includes judges, attorneys and GALs, biological and foster parents, youth, child welfare and juvenile service administrators and caseworkers, educators, and legislators. The Blueprint provides information for direct case advocates enhancing educational opportunity and achievement for children in out-of-home care. The Blueprint is also designed to guide system reform efforts by agency and court administrators or other community leaders. The Ad Hoc Committee on the Education of Children and Youth in Out-of-Home Placements includes Nebraska's Child Welfare Unit Administrator, Department of Education representatives and others. This group adopted the *Blueprint for Change* goals and they will implement selected benchmarks to better serve children involved with both systems.
8. Nebraska has identified several approaches to address educational issues beginning with collaboration with the Casey Family's Program and the Nebraska Foster Youth Initiative to implement the Endless Dreams Training Curriculum. This curriculum is designed to improve educational outcomes for youth in care. The curriculum includes practice-oriented tools designed to support education advocates, specialists, liaisons, CASA volunteers, child welfare and juvenile service professionals, and others to assist youth in care with their educational needs. The curriculum provides solid, practical advice for educators on implementing policies and procedures to improve outcomes related to child welfare and juvenile service, educational, judicial and mental health. Optimally,

each school that completes the training takes steps to address the particular needs of youth in out-of-home care in its annual school building plan.

9. Nebraska will continue to involve youth in the planning, development, implementation, and evaluation of youth services on an on-going basis. Youth will continue to be involved in youth development opportunities through various and ongoing state and community partnerships. Some examples of this include: three Foster Youth Councils, one in each geographic area of the State and participation in stakeholders planning meetings. The Department will continue to support the Governor's Youth Advisory Council that has foster youth in its membership. The Council advises the Governor and the Legislature on potential legislation affecting youth.
10. Nebraska will collaborate with the Division of Behavioral Health, Medicaid and other agencies regarding youth with persistent mental health, substance abuse and specialized issues such as developmental disabilities and their families to identify barriers and implement practices that will lead to the achievement of permanency.
11. Engage youth in their concurrent planning through training and assistance of the Nebraska Youth Council
12. Ongoing collaboration with Nebraska's four recognized tribes has begun and will continue so that we may better reach the needs of our Native American youth who are being served by their respective tribe or through our state programming. A two-day Tribal Independent Living was recently conducted with members from each of the four Tribes present. Nebraska plans to continue meeting on a regular basis with the Tribes collectively for training and policy revision purposes.

b. <u>Help youth receive the education, training and services necessary to obtain employment</u>

1. Key agencies or initiatives which Nebraska will continue to connect with include: the local housing authorities, workforce development, economic development, Job Corps, Community Actions, School-to-Work, Juvenile Probation Services, and Vocational Rehabilitation. We will also partner with grantees of the Comprehensive Community Mental Health Services for Children and their Families (2 in our state), grantees and service providers for Transitional Living, Homeless Youth Coalitions, Americorps, youth development initiatives, and programs focusing on reduction of risk behaviors in youth, etc.
2. Nebraska will also continue to support the Employment Opportunities for Youth in Care in Nebraska with the Nebraska Children and Families Foundation, Annie E Casey Foundation, Casey Family Programs and the Jim Casey Youth Opportunities Initiative.
3. Nebraska will continue to emphasize job attainment and career planning and establishment as essentials to living successfully independently.
4. All Out of Home contractors will be responsible for ensuring that the youth receives vocational services. These services will include, but are not limited to job preparation, job readiness, job coaching and monitoring.

c. Help youth prepare for and enter postsecondary training and educational institutions
   1. The Department will continue to work within the framework of the program developed by Central Plains Center for Services.
   2. Central Plains will continue to assist youth enrolled in post secondary education by providing one on one support.
   3. Nebraska will continue to offer room and board payments for youth enrolled and successfully completing post secondary coursework. Youth must attend at least one class and maintain a passing grade point average in order to receive benefits. Benefits include a monthly stipend based need (maximum of $352.00/mo. room and board), and Medicaid until the age of 21. Nebraska will explore the possibilities of expanding eligibility for this program.

d. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults

   Nebraska will include mentoring or connecting as a major part of the youths Discharge Planning.

e. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age

   Nebraska will continue to support youth that have aged out of the system through the Former Ward Program. This program is designed to provide assistance, including maintenance payments and medical assistance to former wards of the Department who are age 18 through 20 and are regularly attending a school, college, or a course of vocational or technical training designed to prepare the youth for gainful employment.

f. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care

   Nebraska will continue to reach this specific population through newsletters, direct mailings and training of Department staff.

g. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

   Serving Youth across the State:

   Nebraska will continue to provide support through the Education Training Voucher Program to youth who:
   1. Have received guardianship status after the age of 16;
   2. Were adopted at age 16 or older;
   3. Are now 17 to 23 years of age.

Serving Youth of Various Ages and Stages Achieving Independence

Youth under age 16:

1. Nebraska will continue to encourage youth under the age of 16 to access age appropriate services and youth development opportunities offered in their communities. These include school-based learning and extra curricular activities; community based 4-H, county extension youth programs, scouts, faith-based groups, etc. Additionally, some communities in Nebraska also offer scholarships to attend camps to our youth.

2. Nebraska will pursue identification of other resources available to families, foster families, and other out of home service providers. Some such resources include fosterclub.com and the Ansell-Casey Life Skills Assessment (ACLSA) and Guidebook, which is created for youth ages 14 to young adults. This will take further research, planning, and exploration on the implementation of such resources.

3. Nebraska will continue to explore what is happening in communities and regions throughout the state and methods of communicating what those resources are so that others benefit. This will include utilizing networks already established in the state such as: Nebraska Association of Homes and Services for Children, Nebraska Association for Family Based Services, Nebraska Foster Family Treatment Association, Tribal Contacts, community-based service centers, HHS newsletters and e-mail lists, etc.

Youth ages 16-18

1. Nebraska will continue provide Preparation for Adult Living Services to this age group by ensuring that contractor provide one-to-one, individualized services to youth. Nebraska will continue to explore how preparation for adult living through assessment and training strategies can extend beyond what has been traditionally provided.
2. Nebraska plans to ensure independent living skills are addressed for youth in Youth Treatment and Rehabilitation Centers

Youth 18-20

1. Nebraska will continue to provide support through the Nebraska's Former Ward Program and the Education and Training Vouchers Program.

Youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption

Nebraska will continue to provide support through the Education Training Voucher Program to youth who:

1. Have received guardianship status after the age of 16;
2. Were adopted at age 16 or older;
3. Are now 17 to 23 years of age.

Room and Board: Room and board funds will provide assistance to youth who are/were emancipated from the system, 18 and older, and up to their 21st birthday. Funds for room and board may be spent on the following: rent, utilities and food. Qualified youth include those who: lack a support system, are struggling financially, are underemployed or unemployed but actively searching for employment, and have exhausted all other resources. Independent Living services could include money for room and board expenses with our guidelines of not more than 30% of our total funds allocated.

Room and Board funds are also provided through the Former Ward Program. Through the Former Ward Program, the youth may receive a monthly payment to assist in meeting living expenses up to a maximum of $352.00 per month. If the youth is living in a dormitory, the CFS pays the dorm fees except for the single room fee, including a deposit directly to the institution. The youth may receive a grant of $100.00 for other expenses, as well as medical assistance. The program is open to former wards of the Department who are age 18 through 20 and are regularly attending a school, college, or a course of vocational or technical training designed to prepare the youth for gainful employment. In order to be eligible for the program, the youth must attend at least one class and maintain a passing grade point average in order to receive benefits. The youth must also:

1. Be Single,
2. Be a former court ward of the Department or ward through relinquishment who is in out of home care,
3. Attend and successfully participate in a secondary education program, university, vocational school or technical training program,
4. Provide verification of successful participation in an educational program,
5. Agree to and comply with a written plan,
6. Provide current information regarding address, income, resources and health benefits and
7. Be within resource limits.

Medicaid Coverage**:** Nebraska provides Medicaid services to youth that are in the system through age 19. Services are further provided to youth up until age 21 for the youth that participates in the Former Ward Program.

Consultation and Coordination

Discuss how the State involves the public and private sectors in helping adolescents in foster care achieve self-sufficient independence.

Nebraska intends to continue its collaboration with the public and private sectors to co-sponsor events and programs, such as the Omaha Independent Living Plan. This plan is supported by the Nebraska Children and Families Foundation, the Sherwood Foundation, the Ruth and William Scott Foundation and the Department. Each member of the partnership has contributed financially to the Plan. There is also some in-kind support. The Department, Nebraska Children and Families Foundation, Jim Casey Foundation, the Out-of-Home Contractors and Private donors will work together to expand the Omaha Independent Living Plan into other regions of the State. This work will begin with the development of community supported Foster Youth Councils. In October of 2009, NCFF staff will work with each of the Out-of-Home Contractors to determine the structure and partners for the successful development of community Foster Youth Councils. Once local

Foster Youth Councils are in place, the community partners along with the Council members will begin the Independent Living Plan process.

States should describe in detail how public and private organizations representing a wide range of stakeholders and consumers, in particular Indian Tribes, were consulted, and are involved in, the development of this part of the CFSP.

Stakeholder assessment team members included: service providers; court and legal community representatives; Tribal leaders; legislators and legislative staff; child advocates; and DHHS workers, supervisors, and administrators. Members met for three non-consecutive days to provide input and feedback to include in the statewide assessment, and then provided additional feedback on assessment drafts via subsequent emails. Regional focus groups were conducted with: 51 youth in five locations throughout the state; 80 biological family members in each of the five service areas; 66 adoptive and foster parents from seven locations across the state; and stakeholders from the child welfare and juvenile justice court systems in all 12 judicial districts. A focus group was conducted with seven Tribal representatives from across the state as well (with invitations extended to 45 representatives). Additionally, online surveys were conducted with a total of 480 internal and external stakeholders, and 17 current or former foster care youth.

States should discuss their efforts: (1) to coordinate with "other Federal and State programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs…", and; (2) to consult with and coordinate with "each Indian tribe in the State" and ensure "that benefits and services under the program will be available to Indian children in the State on the same basis as to other children in the State" (certifications F and G, section 477(b)(3)). Also, States are encouraged to coordinate services with other relevant programs, including, but not limited to, the Court Improvement Program, Community Action Agencies, and Medicaid.

Nebraska will continue efforts of collaboration with local housing programs and school-to-work programs, such as HUD, Job Corps, and Youth Build and Cedars Youth Services, who has a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974. Nebraska will also continue to participate in the Statewide Individual Development Account (IDA) meetings.

Determining eligibility for benefits and services

Independent Living

Youth eligible for the program include youth who:

1. Are in the custody of DHHS;
2. Are a minimum age of 16: Youth may participate up to the age 21;
3. Are within six months of transitioning to an independent living arrangement;
4. Are not actively involved in working on their independent living or transition plan with a family support worker or foster parents;
5. Are living in a group care facility or agency based foster home;
6. Are within 60 calendar days of moving to an independent living arrangement; or

7. Were dismissed from custody after their 18th birthday (includes pregnant and/or parenting youth).

Education and Training Vouchers Program (ETV)

Youth in all 93 Nebraska counties and 4 recognized Tribes may apply for assistance through the ETV program. Eligibility for the ETV Program includes youth who:

- Are aging out of foster care,
- Received guardianship or adoptive status after the age of 16,
- Were adopted at age 16 or older,
- Are in out-of-home placement,
- Were formerly in out-of-home care and are now 18 to 23 years of age.

All youth will be required to submit an application directly to Central Plains Center for Services. Central Plains will coordinate efforts with the youth to maximize all potential funding resources available to support the youth's educational plan while at the same time avoiding duplication of benefits under this program and any other Federal assistance program.

Discuss how the State ensures fair and equitable treatment of benefit recipients.

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

Preparation to Implement National Youth in Transition Database

Nebraska has taken the following steps to prepare to implement National Youth in Transition Database (NYTD), including efforts to inform, engage and prepare youth to participate in the outcome survey portion of NYTD.

Nebraska sent a Program Analyst to attended the NYTD Technical Assistance Meeting in July 23-25, 2008 conference. After the conference the Nebraska people got together as a team and developed the following goals:

Capturing Services provided by Contracted Providers:

- The state will develop a more comprehensive Independent Living Plan in N-FOCUS
- The Independent Living Plan to be built in N-FOCUS will support the reporting requirements for NYTD
- Screen Prints have been developed; detailed discussion with the technical team is pending
- Working with Out of Home Providers and integrating them into N-FOCUS as users to enter data/information

Identify Base Population and administer Survey:

- Met with the N-FOCUS and Web Team on April 14, 2009 to discuss using the same process as we do in identifying children in the Child Review Process
- Batch Team will create reports based upon data to determine status of surveys completed versus not completed
- Reports will be built off line using the data entered in N-FOCUS
- Users will be able to see on line youth that need to be surveyed or who have not completed the survey

Follow-up Population administering the Survey:

- Conference call with Central Plains identified some methods and a possible source
- Meeting was held with Nebraska Children and Families Foundation on 5/28/2009 to discuss their role
- Policy is being updated with the responsibilities of the PALS Specialist and tracking responsibilities
- Met with Web Team to discuss the requirements and making the Survey Public and accessible through links from External Partners Web Sites.

Identify Actions the Department can take to make follow-up contact

No action taken to date still needs to submit a request to the Legal Department for guidance

Recruiting Stakeholder Organizations and other contract providers

- Contact has been made with Central Plains and the Nebraska Children and Families Foundation
- Coordination continues

Identify incentives for Follow-up Population

No discussion has occurred

Nebraska has accomplished several milestones since last year's NYTD Technical Assistance Meeting including the recruitment of stakeholder and organizations to help develop methods in completing NYTD requirements; we have determined how the base population will be identified; we have also identified and continue to enhance some base methods on how the survey will or can be administered and identified information currently captured in the States SACWIS System and developed how the additional reporting requirements will be integrated into the SACWIS System.

While Nebraska has achieved several milestones, we have also encountered barriers in implementing each of these goals such as: determining how the data is to be transmitted and the definitions of the fields are still in draft making it difficult to plan or finalize proposed plans; methods of collecting surveys on the web and associating the person completing the survey and the youth identified in the SACWIS System; the legal authority the state has to contact youth that have aged out; the limitation of not being able to use other Department program cases to track youth that have aged out and keeping the youth engaged for the duration of the Survey follow up period.

Nebraska is considering requesting the National Resource Center for Child Welfare Data and Technology to assist in the following areas:

- Review of Services and method of determining what services to be included for reporting
- To gather ideas on how to follow-up with youth after they exit the state's custody
- Discussion of method's to link a survey completed on the web to a youth identified in the SACWIS System as truly the same person
- Is there a National Database or a consideration of a National collection point for surveys that the State's can use?

A Program Analyst, the Program Specialist and an IT person from Nebraska attended the NYTD Technical Assistance Meeting in Bethesda, Maryland in June 2009.

SECTION I: DISASTER PLAN

In response to the requirements in the Child and Family Services Improvement Act of 2006, which requires states to have disaster procedures and plans in place to address ongoing services to children who are displaced or adversely affected by a disaster, the CFS developed a Child Welfare Disaster/ Continuity of Operations Planning (COOP) Plan (Refer to Attachment L for the entire plan) and:

- Met with Service Area Administration staff at quarterly director meetings to inform them of the child welfare disaster planning requirements;
- Child and Family Service Operations staff participated in a Department of Health and Human Services Continuity of Operations Table Top Exercise on March 6, 2009; and
- Will participate in the Nebraska Disaster Behavioral Health conference, July 17, 2009, as sponsored by the Nebraska Department of Health and Human Services and the University of Nebraska.

DISASTER PLAN
Five Year Plan (FY2010 through 2014)

CFS plans on continuing to refine and update the Disaster Plan, particularly with the new Child Welfare and Juvenile Services Reform Initiative. The responsibility for responding in the event of a Disaster Plan will be shared with Contracted entities. The following outlines the continued improvements designed to address ongoing services to children who are displaced or adversely affected by a disaster:

1. Improve mechanisms for emergency communication in the event of a disaster.
    a. Identify essential personnel and establish NFUSE/CITRIX access to allow these individuals to work at home or an alternative location in the event of a disaster or pandemic event;
    b. Set up an automated notification (telephone/cell phone/e-mail) system for the division such as MIR3; and
    c. Place the Disaster/ COOP Plan on the internet.

2. Finalize and approve Human Resources Policies and Procedures.
    a. Work with Human Resources to establish policies on infection control, payroll, leave policies and temporary staff issues.

3. Establish a Quality Assurance Protocol to annually assess Contractor compliance with Disaster/ COOP protocols.
    a. Establish and implement protocols to test emergency communication systems;
    b. Establish a procedure annually re-evaluate Service Area and Child Welfare Contractor Disaster / COOP Plans.

4. Review and Update CFS Disaster / COOP Plan to delineate Disaster Response Activities between the Department and Contracted entities.
    a. CFS contracts with Service Providers for the Out-of-Home Initiative will define expectations and responsibilities for responding to Section 422(b)(16) of the Act.

SECTION J: STATISTICAL AND SUPPORTING INFORMATION

Inter County Adoptions

Identify the number of children who were adopted from other countries and entered into State custody in FY 2008 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

There were no children who were adopted from other countries that entered into State custody in FY 2008.

Explain the permanency plans and the reasons for disruption or dissolution

Not applicable.

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

Not applicable.

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

Although Nebraska has had very few children that have entered DHHS custody who were adopted from another country during the past 5 years, we do have services that are provided to adoptive parents prior to placement, post-placement, and post-finalization. Initial services include arranging and coordinating the sharing of information with the adoptive family, planning the transition for the child to the pre-adoptive family, completing necessary forms, etc. Post-placement services include payment services based on special needs, if applicable, six month post-placement supervision, assistance with integrating the child into the family, and preparing the family for finalization. Finalization services include an informative adoptive packet (including the child's birth certificate, documentation on the termination or relinquishment of parental rights, information on the child and family's medical history, etc.) for the adoptive family and the completion of any forms indicating subsidized adoption.

Juvenile Justice Transfers

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

Not applicable.

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

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

Monthly Caseworker Visit data and State Plan Requirements

Nebraska policy requires workers to conduct monthly in-person visits with children. Initially, visits were to occur where the child resided at that time at least every other month.

However, in February 2008, updated policy and procedure relating to worker visits with child were issued to comply with IV-B requirements. Monthly visits must now take place at the child's residence. A "child's residence" is defined as the home in which the child is residing, whether in or out of state, and can include a foster home, a child care institution, or the home from which the child was removed if the child is on a trial home visit. Additional visits can take place in an alternative setting such as court, school, a parent's home, etc., but such visits do not meet the monthly in-home visit requirement. Some portion of the visit must allow for the worker and child to meet and discuss issues privately. Visits must be documented in N-FOCUS and include in the narrative the following information: date and location of visit; who was present during the visit; worker observations; issues addressed or discussed during the visit; and any actions needed as follow-up to the visit.

To capture DHHS compliance with the federal requirement of visits needing to occur in the child's residence, a quality assurance review of a random sample of both traditional and ICCU cases was conducted. The review revealed that approximately 58% of the youth had monthly contact in the residence of the child. The review confirmed that approximately 70% of the youth are being seen monthly by their worker and that the quality of the visits that are occurring falls in the 80% range. We need to continue to emphasize that visits need to be private and in the child's residence. Worker and supervisor stakeholders report that private visits are taking place and that if the documentation were improved or interviews with the youth and/or their family would be conducted, that percentage would increase. The more challenging issue is monthly visits with youth in their residence. Particularly when school is in session, it can be difficult to find a time to visit the youth in their home. Workers are given the flexibility to adjust their schedules in order to work evenings and weekends to try to address this issue.

Effective July 1, 2008 N-FOCUS is able to produce reports regarding the IV-B plan requirement that reflects our entire state ward population both youth placed at home and out-of-home. Refer to the Visitation Plan Attachment M for FY 2008 data. Nebraska will provide the FY 2009 Casework Visit Data by December 15, 2009.

Steps for the future include the Child Welfare and Juvenile Justice Service Reform Contractors having the responsibility for ensuring visitation is occurring when the contracts are fully implemented. Contractors will be required to ensure that 90% of foster children will have face-to-face monthly individual visits with the child (in their residence), as well as parents and care takers. As stated in the Systemic Initiatives Section, these contracts are tied directly to performance in meeting safety, permanency and well-being, which includes visitation with foster children. When these outcomes are not achieved, DHHS will work collaboratively with the contractor to develop and implement a corrective action plan (CAP). Failure of the contractor to successfully meet the CAP requirements may result in termination of the contract and/or may also be tied to financial penalties and incentives. All outcomes will be posted on the DHHS Website for public viewing.

Licensing Waivers

P.L. 110-351 amended section 471(a)(10) of the Act to explicitly permit the title IV/B- IV-E agency to waive on a case-by-case basis a non-safety licensing standard for a relative foster family home. It also requires the Department of Health and Human Services to

submit a Report to Congress, two years after enactment, on children placed in relative foster family homes and the use of licensing waivers.

To enable the Department to prepare this report, States must provide to the extent practicable the following information for FY 2009 by **December 15, 2009.**

Nebraska will submit the available FY2009 data by December 15, 2009.

The following information is for CY 2008:

<u>The number and percentage of children in foster care placed in licensed relative foster family homes</u>
There were 52 children placed in licensed relative foster family homes. That is 1.2% of children in out of home care.

<u>The number and percentage of children in foster care placed in unlicensed relative foster family homes</u>
There were 831 children placed in unlicensed relative foster family homes. That is 19% of children in out of home care.

<u>The frequency of case-by-case waivers of non-safety licensing standards for relative foster family homes</u>
There were 54 waivers of non-safety licensing standards for relative foster family homes.

<u>The types of non-safety licensing standards waived</u>
Nebraska waives pre-license and ongoing training.

<u>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</u>
DHHS has been able to place children with relatives as a result of the non-safety licensing standards which have been positive for those children. There is no evidence that there has been a negative impact on the permanency or well-being of those children in out of home care.

<u>Reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards</u>
1. Foster parents may not be licensed because they do not intend to foster parent any other child(ren);
2. Foster parents may not be licensed because they only intend to foster parent very short term due to reunification;
3. Foster parents may not be licensed because they do not understand the advantage of licensure;
4. Foster parents may not be licensed because no one has approached them about licensure;

Actions the State plans to take or is considering taking in order 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
CFS's plan with the Child Welfare and Juvenile Services Reform is to require the contractors to increase the number of licensed foster care homes and to actively seek out relatives for children who may be entering out of home care.

Suggestions the State has for administrative and or legislative actions to increase licensed relative care. (See 45 CFR 1355.20 for definitions)
One suggestion would be to offer incentives to become licensed.

Timely Home Studies Reporting and Data
The federal Department of Health and Human Services is required to submit a report to Congress on how frequently States used the extended 75-day period. To enable the federal Department of Health and Human Services to complete this report, Nebraska is providing with their CFSP submission the following information for FYs 2007 and 2008:

The frequency with which the State needed the extended 75-day period for an interstate home study begun on or before September 30, 2008 (Section 471(a)(26)(A)(ii) of the Act);
During the FY's of 2007 and 2008 an extension beyond the 75 day time frame was needed approximately 35% of the time.

The reasons why the extended compliance period was needed; The reasons for the extensions were 60% National Criminal History checks were not returned in a timely manner. 35% was due to lack of timely compliance in completing finger prints, paper work, meetings, etc, on the part of the proposed placement resource. 5% was due to staffing issues.

The extent to which the extended compliance period resulted in the resolution of the circumstances that necessitated the extension. 95% of the time the situation was resolved. The other 5% of the time the requesting state chose to withdraw the request.

The actions taken by the State and any relevant Federal agency to resolve the need for an extended compliance period. Efforts have been made by CFS to process the request for a home study as quickly as possible. These efforts include immediate contact with the proposed placement resource in an attempt to facilitate timely completion of the National Criminal History Checks, necessary paper work, and face to face meetings. CFS continues to work with the NE State Patrol in an effort to obtain timely turnaround on finger print results.

Child Welfare Waiver Demonstration Activities
This section is not applicable to the State of Nebraska as we do not conduct child welfare waiver demonstration activities.

Assurances
Please refer to Attachment J.

SECTION K: FINANCIAL INFORMATION

Adoption Incentive Payments

The plan at this time is to continue to use any Adoption Incentive funds for the purposes of supporting families considering adoption or who already have adopted. Services provided will continue to include provision of national fingerprint checks, funding for adoption month, payment for the Answers for Families website, purchase of laptops and possible funding of adoption services by the Child Welfare and Juvenile Services Reform Contractors.

Adoption incentive money funds a collaborative project with the courts and communities for the celebration of National Adoption Day in November throughout the state. In 2008, Chief Justice Michael G. Heavican and other members of the Supreme Court signed a Resolution, which declared November 15 as Nebraska Adoption Day. The purpose of Adoption Day is to create awareness about adoption and to call attention to the needs of children who are not adopted. On this special day in 2008, a record 152 Nebraska adoptions were finalized or celebrated after having been finalized during the year. Not only do these events increase the number of adoptions finalized that particular month and in the last few years, but they have also boosted public support.

Funding provided to the Answer for Families website maintains a resource for foster and adoptive parents, as well as other Nebraskans needing connection to others caring for people with special needs. This website includes:

- A discussion group to connect with others, share information, resources and support with other foster and adoptive parents across the state via email. The website allows others to easily join the Foster & Adoptive email discussion group or visit the discussion groups section that provides the opportunity for foster and adoptive parents to network and support each other in their care of children;
- Provides a host of links to useful information including articles, legal and financial issues, adoption information and resources, related health and medical issues, community resources, educational resources, etc.,
- A listing of event, trainings and conferences, and
- Provides a 1-800 number for individuals to call with questions.

To view this website please visit: http://www.answers4families.org/family/foster-adoptive

Last year laptops were purchased and piloted in the Northern Service Area to determine their feasibility to assist caseworkers in their timely documentation of visits with children. Caseworkers reported that these laptops were a useful tool in assisting them in documenting visits in a timelier manner. Based on this pilot, additional laptops are being purchased.

CFS-101, Parts I and II for FY 2009, CFS-101, Parts I and II for FY 2010; CFS-101 Part III for FY 2007

Refer to Attachment K