

# Child and Family Services Plan 2020-2024

Submitted To:  
Children's Bureau  
Administration for Children and Families  
July 1, 2019

## Table of Contents

	<b>Page Number</b>
<b>Collaboration and Vision (CFSP Section 1)</b>	1-6
<b>Assessment of Performance (CFSP Section 2)</b>	6-103
<b>Plan for Enacting the State's Vision (CFSP Section 3)</b>	103-105
<b>Services (CFSP Section 4)</b>	106-136
<b>Consultation and Coordination Between States and Tribes (CFSP Section 5)</b>	136-150
<b>The Chafee Program (CFSP Section 6)</b>	150-174
<b>Targeted Plan Updates (CFSP Section 7)</b>	See attachments
<b>Finance Information (CFSP Section E)</b>	See attachments
<b>State Contact</b>	176

**State of Nebraska Department of Health and  
Human Services Division of Children & Family**

**Services:**

**Section D. 2020-2024 Child and Family Services**

**Plan:**

**1. Collaboration and Vision:**

*State Agency Administering the Programs:*

This Child and Family Services Plan (CFSP) for Federal Fiscal Years (FFY) for 2020-2024 submitted by the State of Nebraska details the shared vision across the broader child welfare system of the State to support prevention and better outcomes for children and families.

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. The mission of DHHS is to “help people live better lives.” DHHS is led by a Chief Executive Officer (CEO), appointed by the Governor. The CEO leads five divisions: the Division of Children and Family Services (DCFS); the Division of Behavioral Health; the Division of Developmental Disabilities; the Division of Medicaid and Long-Term Care; the Division of Public Health. The Director of each division reports directly to the CEO.<sup>1</sup>

DCFS is comprised of three units—the Office of Juvenile Services, Economic Assistance and Protection and Safety. The Director’s leadership team includes the Deputy Directors for each unit; a Fiscal Administrator; a Research, Planning and Evaluation Administrator; Service Area Administrators; and a Prevention Administrator. This organizational structure allows DCFS to focus attention on and support the priorities identified by the division.

The DCFS Office of Juvenile Services (OJS) oversees the operation of the Youth Rehabilitation and Treatment Centers (YRTC). The YRTC’s, located in Kearney and Geneva, serve youth between 14 and 18 years of age that have been adjudicated as a juvenile offender and committed to the Office of Juvenile Services.

The DCFS Economic Assistance Unit is responsible for the administration of the Supplemental Nutrition Assistance Program (SNAP), Aid to Dependent Children, refugee resettlement, energy assistance, child care subsidy and child support enforcement.

The DCFS Protection and Safety Unit, is responsible for Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and

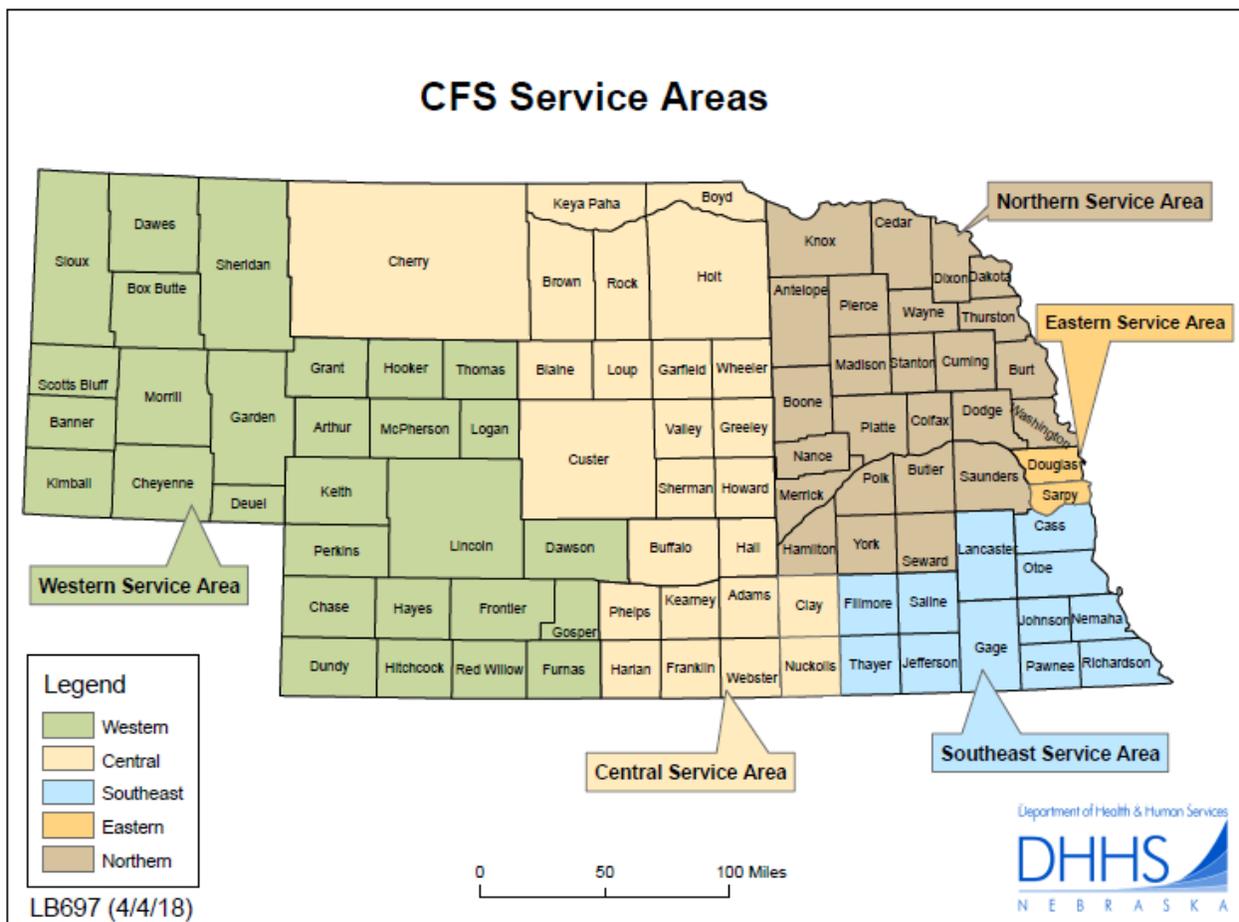
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<sup>1</sup> See, *Nebraska DHHS Organizational Chart*.

Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP), and Chafee Education and Training Vouchers (ETV).

In addition, the unit operates the statewide Child/Adult Abuse and Neglect Hotline and is responsible for conducting all initial safety assessments. Services are primarily delivered through the five, state-administered, local Service Areas and through tribal-administered child welfare programs.

Case management functions are state-administered in the Western Service Area (WSA), Central Service Area (CSA), Northern Service Area (NSA) and Southeast Services Area (SESA). DCFS contracts for case management and service coordination in the state's largest service area, the Eastern Service Area (ESA), with Promiseship.<sup>2</sup>



<sup>2</sup> <https://www.promiseship.org/>

### *Collaboration:*

Nebraska is committed to aligning the Child and Family Services Plan (CFSP) goals with Program Improvement Plan (PIP) initiatives and other strategic planning and monitoring processes to improve practice and establish a shared vision for the child welfare system. DHHS participated in the 2018 and 2019 State Planning Team meetings with partners from the Community-Based Child Abuse Prevention agency; the Court Improvement Project and legal parties. This team has held several subsequent meetings to review and provided feedback on the CFSP and is committed to providing a shared vision for the child welfare system. The state planning team will continue to meet in order to ensure that the proposed CFSP continues to meet the needs of the State. Further, slide decks will be created in consultation with this team in order to communicate the goals and purpose of the CFSP to child welfare and public stakeholders.

For specific information on how DCFS has collaborated with all system partners, see the Agency Responsiveness to the Community Section of the CFSP.

### *Vision Statement:*

The DHHS mission is to “Help people live better lives.”

The Vision of the DCFS Protection and Safety Unit is that “CFS will utilize the Family First Prevention Services Act (FFPSA) to improve prevention services and remove fewer youth from the parental home, while providing more comprehensive, evidence based services to children in their own homes, with their family, with reduced levels of secondary trauma. Families will progress more efficiently and more timely within CFS. CFS will have a reduction in the turnover rate of CFSS staff and will ensure staff feel supported and satisfied, while continuing to be proficient at their work, engage with the family so their voice and choice is heard and understood, and that families will have the same case worker through the life of the case as often as possible. To achieve this vision, CFS will have improved collaboration, information sharing, continuity and performance within CFS, with the families we work with, and all parties within the Nebraska child welfare system.”

The Nebraska Division of Children and Family Services Commitments include:

1. Children are our #1 priority
  - We respect the individuality of each child we serve
  - We advocate for each child’s safety, permanency and well-being
  - We respect each child’s family and culture
  - We promote permanency for all children including the promotion of self-sufficiency and independent living for youth emancipating from the foster care system.
  - We will utilize services, including evidence based services, to help keep children in their home, when it is safe to do so

## 2. We respect and value parents and families

- We seek to identify family strengths and well being
- We believe parents want to keep their children safe
- We believe that parents want to provide for and have their children placed with them whenever possible
- We believe children grow best in families, which are the cornerstone of our society
- We recognize the importance of family connections
- We believe every family has the right to have their voice and choice being a part of change
- We understand families are the experts of their own experience
- A family or individual does not need to be in crisis in order to receive services

## 3. We value partnerships

- We are all accountable to achieve positive results for children and families
- Families have the right to be a part of the decision-making team
- Casework is the most important function of the agency team
- Families, communities and government share the responsibility to keep children safe
- We support children and family services that are community based
- CFS will collaborate with all parties within the Nebraska child welfare system

## 4. We are child welfare professionals

- We use a continuous quality improvement framework to achieve measurable outcomes
- We recognize the importance of providing accessible, flexible, effective, timely and evidence based services
- We recognize the importance of preventing a child from being removed from the home by providing evidence based services to address in home parenting skills, substance abuse and mental health
- We recognize the importance of using strategies to enhance safety, engagement and critical thinking
- We value, respect and support each other
- We are proud that we improve the quality of life for families in our community
- We are fiscally responsible
- We aspire to be culturally competent and build upon strengths of community and cultural groups

## 2. Assessment of Current Performance in Improving Outcomes

*Child and Family Outcomes: Safety Outcomes 1 and 2 (1355.34 (b)(1)(i))*

The Division of Children and Family Services works in partnership with parents, relatives and community partners to make sure children are safe from harm. Nebraska has strong practice guidance and uses an evidence based assessment tool, Structured Decision Making (SDM), to assess the safety and risk for children involved in the child welfare system. SDM provides case

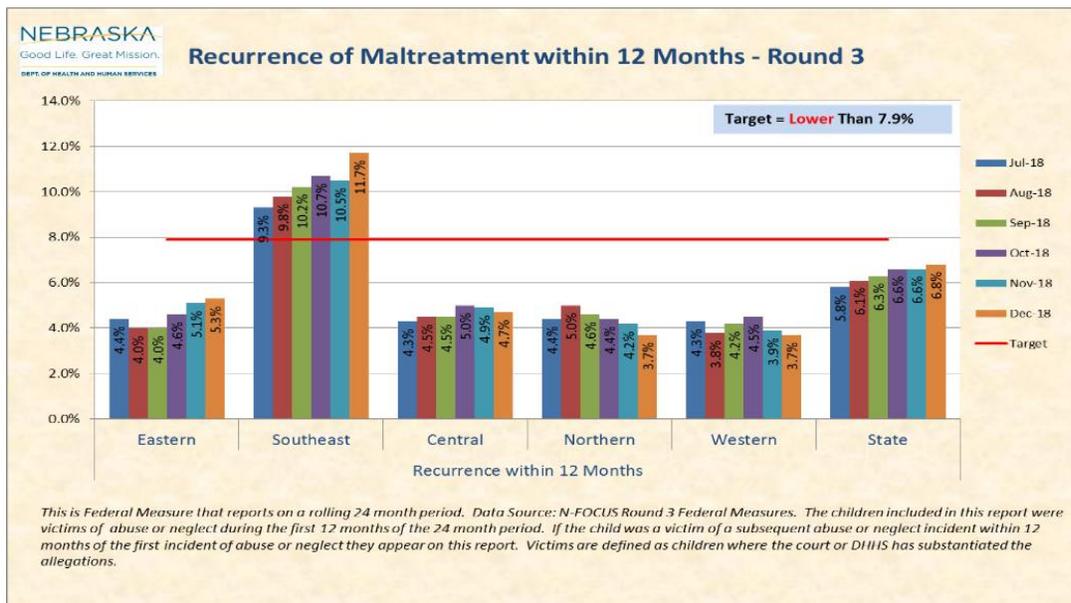
managers with a structure for assessing current and future harm to a child. Nebraska believes in continually strengthening safety and risk assessment practice expectations and improving the effectiveness of SDM by making sure it is directly connected to prevention, service planning and monitoring of ongoing case progress

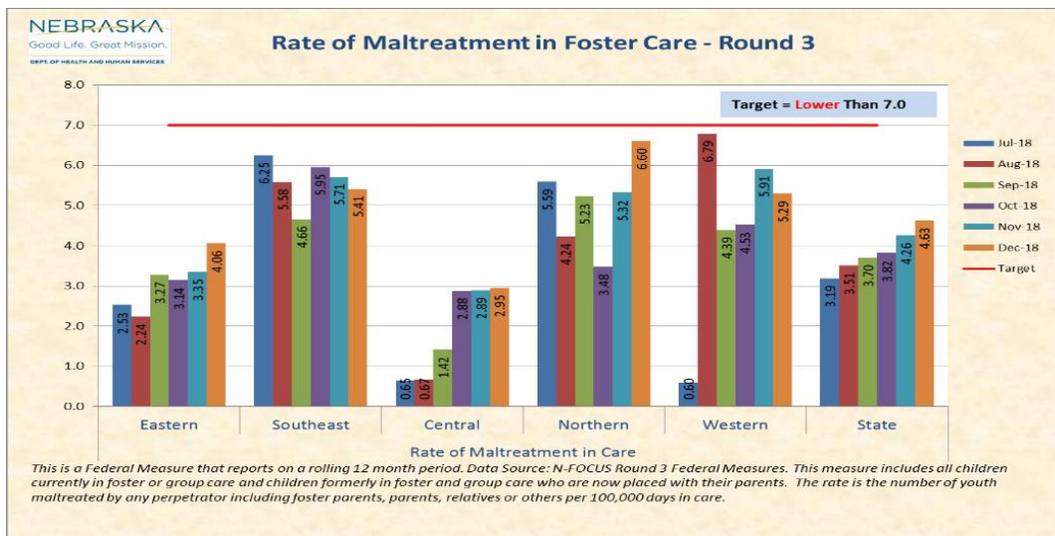
Nebraska continues to exceed target goals established in the federal performance measures of 1) *Maltreatment in Care* and 2) *Recurrence of Maltreatment*.

The January 2019 Data Profile from Children’s Bureau confirms that Nebraska is exceeding the federal targets in these safety measures.

<b>January 2019 Data Profile</b>			
<b>Measure</b>	<b>Nebraska</b>	<b>Federal Target</b>	<b>Target Achieved</b>
Maltreatment in Care	7.14%	9.67% ▼	Yes
Recurrence of Maltreatment	7.0%	9.5% ▼	Yes

The two charts below show Nebraska has historically achieved the federal target in these measures. The information demonstrates that one service area, Southeast Service Area, is not passing the recurrence of maltreatment measures. This specific issue is identified in Nebraska’s Program Improvement Plan and there are targeted steps to address this concern.

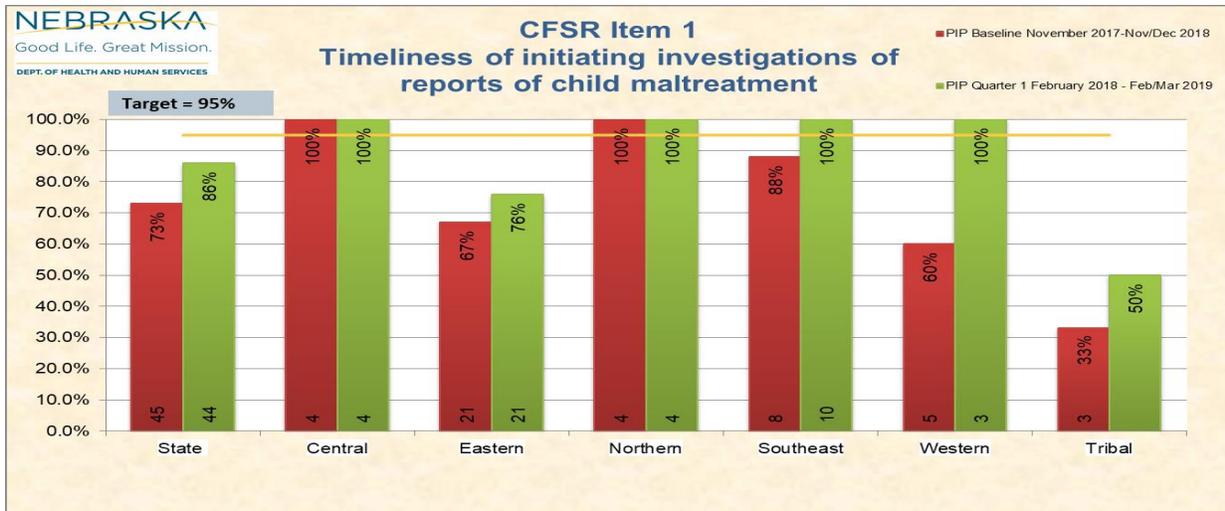




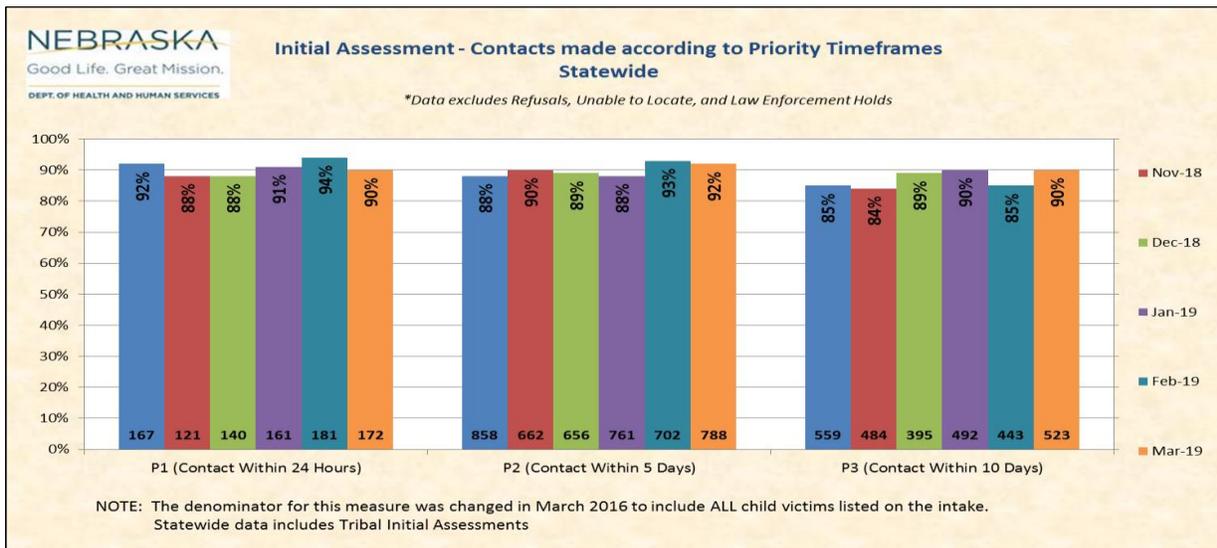
Information provided on Safety Outcome #1 “**Children are, first and foremost, protected from abuse and neglect**”, shows that Nebraska needs to make improvements related to Item 1 “Agency Response. The 2017 Federal CFRSR Finding identified that the timeliness of face-to-face contacts with the child victim(s) in Priority 2 and Priority 3 Intakes were not meeting the threshold.

Current policy for response timeframes are: 24 hours for Priority 1 (P1) cases; 5 calendar days for Priority 2 (P2) cases; and 10 calendar days for Priority 3 (P3) cases. The priority response timeframes are based on the severity of the allegation and the time the call (“intake”) is accepted by the centralized Child Abuse and Neglect Hotline (“CFS Hotline”). For example, P1 cases have an expected response time to contact the alleged victim 0-24 hours from the time the intake was accepted for assessment. These are intakes that may be life threatening and require immediate response. Contact is defined as face-to-face contact.

The following chart outlines the most recent Onsite Review Instrument (OSRI) CFSR results for February/March 2019 Reviews. The targeted goal is to be at 95%. During the most recent review, CFS responded timely to reports of abuse/neglect according to CFS policy timeframes in 38 of 44 (86%) applicable. This is an improvement of 13% since the PIP baseline was established. Four of Nebraska’s Service Areas exceeded 95% and the other 2 are below the target. An analysis of this information indicates two issues: 1) CFS staff are not appropriately utilizing the “exceptions” to response times and 2) staff are not meeting the time frames for responding.



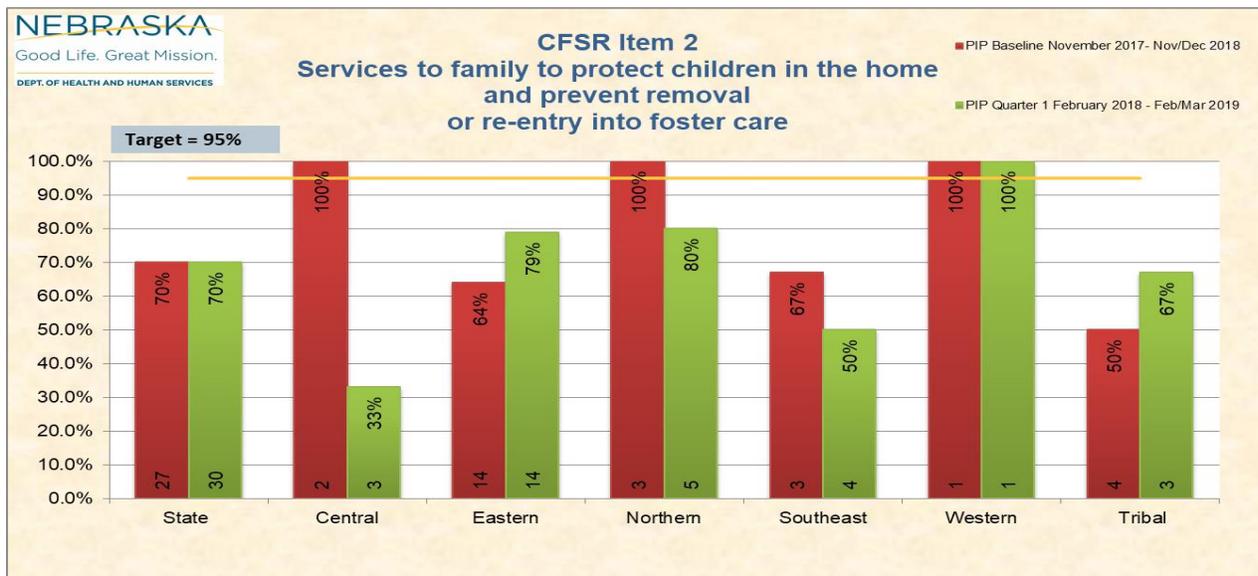
The chart below demonstrates “Contacts Made According to Priority Time Frames”.



The Table below (*Reason for Missed Contact*), provides high level information as to why Nebraska is not meeting the 95% target. The majority of these issues can be rectified by a more thorough review of data entered into the system; improved supervisory oversight; and clearly articulated direction to supervisors and staff that there are no exceptions to not making contact with the child outside of a law enforcement request, unable to locate or parent refusal for DCFS to see the child.

Reason for Missed Contacts	
Assessment Not Completed and/or Contact Not Made Timely	70
Not All Child victims were contacted/assessed timely	7
Documentation Error or Not Timely	13
<b>Total</b>	<b>90</b>

Information on Safety Outcome #2 “*Children are Maintained in their Homes Whenever Possible*” shows that Nebraska has areas that can be improved. Information on preventing removal or re-entry into foster care for February 2018 through February 2019 shows Nebraska at 70% compliance. CFS made concerted efforts to provide services to safely maintain children in the home or prevent re-entry into foster care in 21 of 30 (70%) applicable cases. The two largest Service Areas in Nebraska were unable to meet this measure.

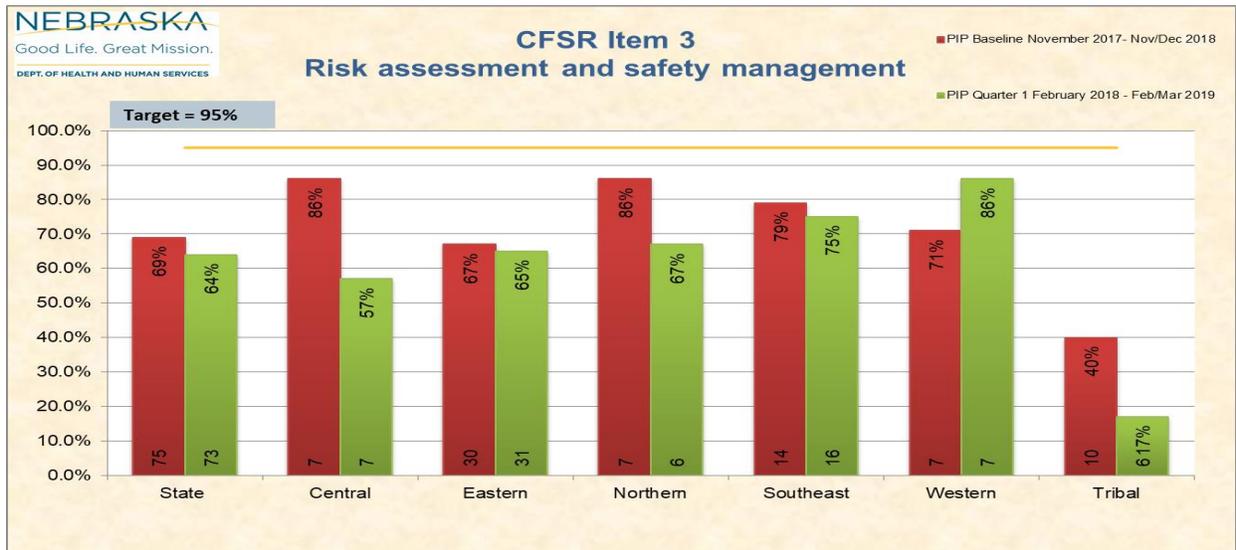


The table below shows that CFS made concerted efforts to assess for safety and risk in 47 of 73 (64%) applicable cases. Assessment and management of safety and risk increased in the Western Service Area. Data monitoring since December 2018, shows a decline in meeting this CFSR Item for all other Service Areas.

A review of the specific data from the two most recent review periods indicates the following which will assist CFS in implementing strategies for improvement while reviewing the areas of strength that can be built upon.

- **96.21%** There were no maltreatment allegations about the family that were never formally reported or formally investigated/assessed.
- **95.45%** There were no maltreatment allegations that were not substantiated despite evidence that would support substantiation.
- **79.03%** The agency conducted an initial assessment that accurately assessed all risk and safety concerns.
- **81.82%** The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.
- **70.45%** When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services.

- **82.35** There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the family.
- **95.77%** There were no concerns related to the safety of the target child in foster care during visitation with parent(s)/caretaker(s) or other family members that were not adequately or appropriately addressed by the agency.
- **95.06%** There were no concerns for the target child’s safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency.



The State of Nebraska collaborated with numerous stakeholders including, CFS staff, the courts, youth, and families to help understand the core issues underlying our underperformance in Safety Outcomes 1 & 2 in the CFSSR. The state performed numerous brainstorming sessions to drill deeper into factors related to safety outcomes and identify the most appropriate corrective actions and strategies.

While improvements were made in the last five years to address Safety Outcomes, the State believes in continually making improvements to the child welfare system. The State continues to conduct analysis and case reviews to help understand current challenges and barriers impacting safety of children and positive outcomes. The State utilizes a Continuous Quality Improvement (CQI) process to identify current and ongoing areas needing improvement and developing strategies to address those areas.

Below is a summary of actions CFS implemented based on the areas needing improvement outlined in the 2014-2019 CFSP.

- The policy team provided clarification and updated procedure regarding contacts with all victims.
- Conducted an in depth analysis and case reviews for youth in care to determine barriers and/or trends related to recurrence of maltreatment and re-entry into foster care resulting in 1) training to ensure staff were following statute requirements when making a

determination regarding allegation findings; and 2) training and support ensuring relative foster parents had adequate support to meet the child's safety, placement stability and well-being needs.

- Clarifications were provided regarding safety plan monitoring and documentation expectations. Safety planning refresher trainings were provided to field staff.
- SDM Desk Aide/Manual was updated in 2015 to include guided prompts, narrative requirements and example narratives to further support case manager's understanding and utilization of the SDM assessment tools.
- Guides were developed with prompts or key topic areas to discuss with case participants during worker face to face contacts and family team meetings. Guides were laminated and distributed to all staff.
- A flow chart was developed and distributed to CFS Staff with clear direction on where to document informal discussions and assessment of safety for non-ward siblings remaining in the home.
- CFS utilized statewide and local CQI meetings to discuss barriers to safety related outcomes.
- CFS Research Plan Evaluate (RPE) team implemented N-FOCUS enhancements to ensure more efficient documentation of SDM assessments.

While Nebraska is pleased to achieve both Safety Round 3 Observed Measures for Maltreatment in Care and Recurrence of Maltreatment, the Department has identified areas Nebraska can improve related to *Response Times; Prevention of Entry into Foster Care and Risk and Safety Management*.

Planned activities for 2020 and 2021 are identified in the Program Improvement Plan.

- *Strategy 1: Ensure safety for children through improved initial and ongoing risk and safety assessments throughout the life of the case, particularly regarding in-home cases.*
- *Strategy 2: Improve timeliness of initial assessment contacts.*
- *Strategy 3: Establishing a workplace environment that reduces employee turnover and retains staff who can better achieve ongoing safety for children and families.*

Based on ongoing review of these strategies and continued monitoring of the data, Nebraska will assess future improvements needed. Nebraska is also implementing the Families First Prevention and Services Act (FFPSA) and has submitted a plan for approval. Based on the FFPSA plan, child safety and services will be continually assessed in relation to the implementation of evidence based services. Strategies related to child safety will be identified throughout the 5 year CFSP and the FFPSA plans to ensure Nebraska is not compromising the safety of children and continues to achieve successful outcomes for children and families.

*Child and Family Outcomes: Permanency Outcomes 1 and 2 (1355.34 (b)(1)(ii):*

Achieving permanency in a timely manner and maintaining a stable placement is both critical and an effective predictor of long-term outcomes for youth that have been removed from their home. National data indicates the longer a youth is placed out-of-home away from their parent or guardian, or the more placement instability a youth experiences, the less likely they are to

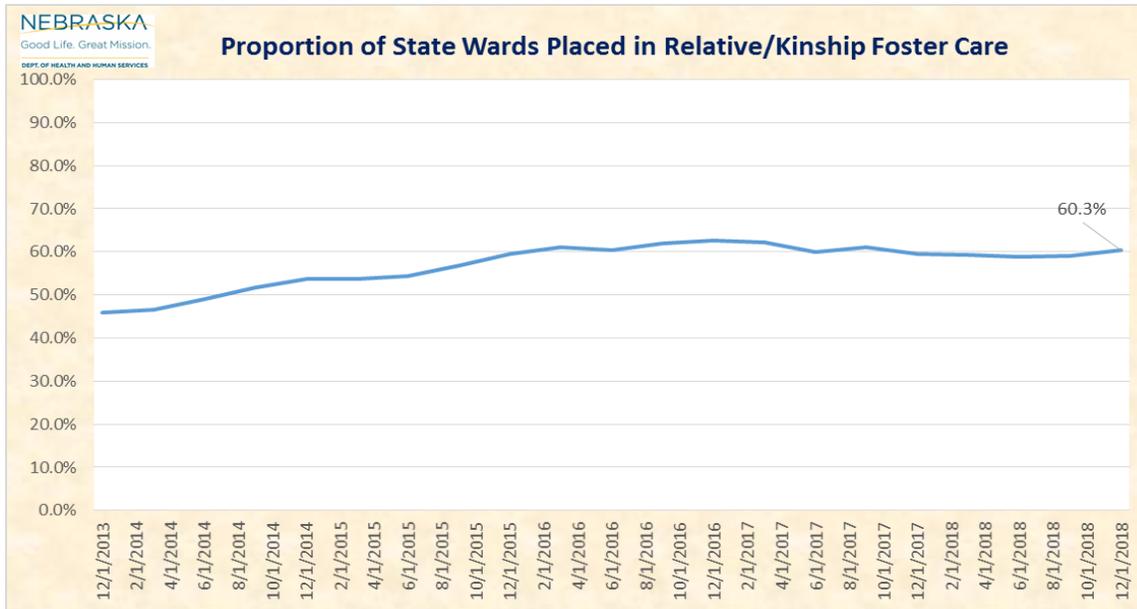
have positive long-term outcomes. Accordingly, Nebraska developed internal SACWIS measures based on the CFSR Round 3 Data Indicators, to closely monitor our permanency and stability results based upon the timeliness of permanency and re-entry data results. Of the four Round 2 timeliness & permanency composite measures, Nebraska is pleased that we are consistently achieving the Federal standard on three of the measures. Nebraska however continues to struggle to achieve the Federal target for the timeliness of reunification in 12 months measure. Of the five Round 3 observed measures, we are pleased to be achieving four of the measures. However, similar to round 2 we continue to struggle to achieve the Federal target for Permanency in 12 months measure. (See the tables hereunder for current and historical permanency scores). It is evident CFS is not achieving Federal targets for permanency in 12 months. Another factor that supports this data is “CFSR Item 6” from the Federal Review and internal CQI reviews. Both continue to show the need to improve the timeliness of permanency for youth to reunification, adoption, guardianship and OPPLA. While Nebraska will primarily focus on the youth achieving permanency in 12 months outcomes, the State continues to pursue steps further improving all four permanency and placement stability outcome measures.

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Target
Round 3 Permanency in 12 Months	40.3%	39.7%	40.6%	40.4%	39.8%	40.5%	40.1%	40.3%	40.1%	40.0%	38.3%	43.8%
Round 2 Timeliness & Permanency	120.2	119.2	118.0	117.1	119.5	119.9	118.4	116.9	115.5	114.1	113.6	122.6

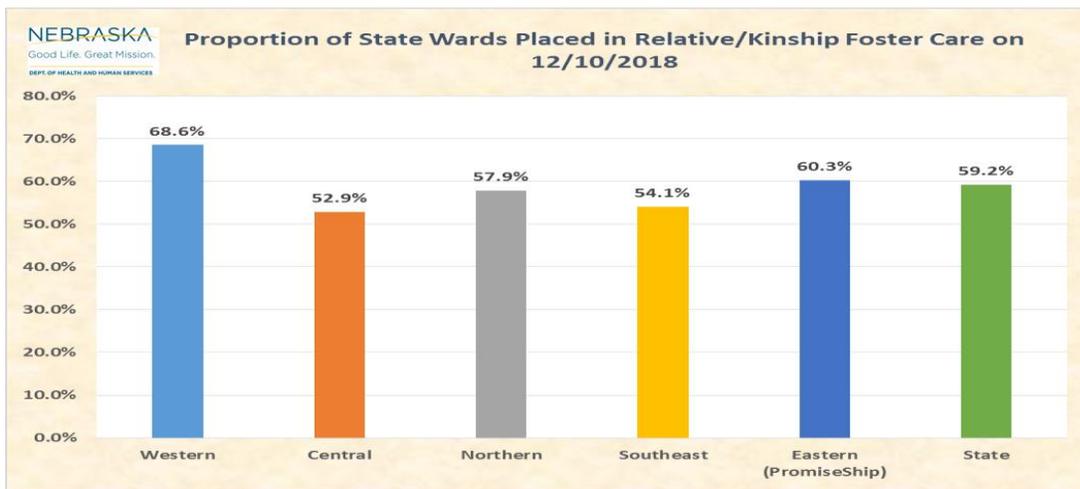
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Target	
Round 2 Reunification in 12 months	32.5%	31.7%	32.2%	33.1%	34.9%	35.0%	34.8%	36.9%	36.5%	34.0%	34.4%	48.4%	Statewide

The State of Nebraska continues to prioritize increasing the number of placements with relative or kinship homes when possible, placing siblings together, collaborating with the contracted child placing agencies to recruit foster families that reflect the needs of the youth in foster care, and ensuring the foster parents are supported and prepared to meet the needs of the youth.

In the past five years, Nebraska implemented strategies that led to an increase in the number of children placed with a relative or kin.



As of December 10th, 2018, approximately 60% of Nebraska children in Foster Care were placed with a relative/kin and many of these foster parents have similar race/ethnicities as the youth (Chart #3: Proportion of State Wards Placed in Relative/Kinship Foster Care).

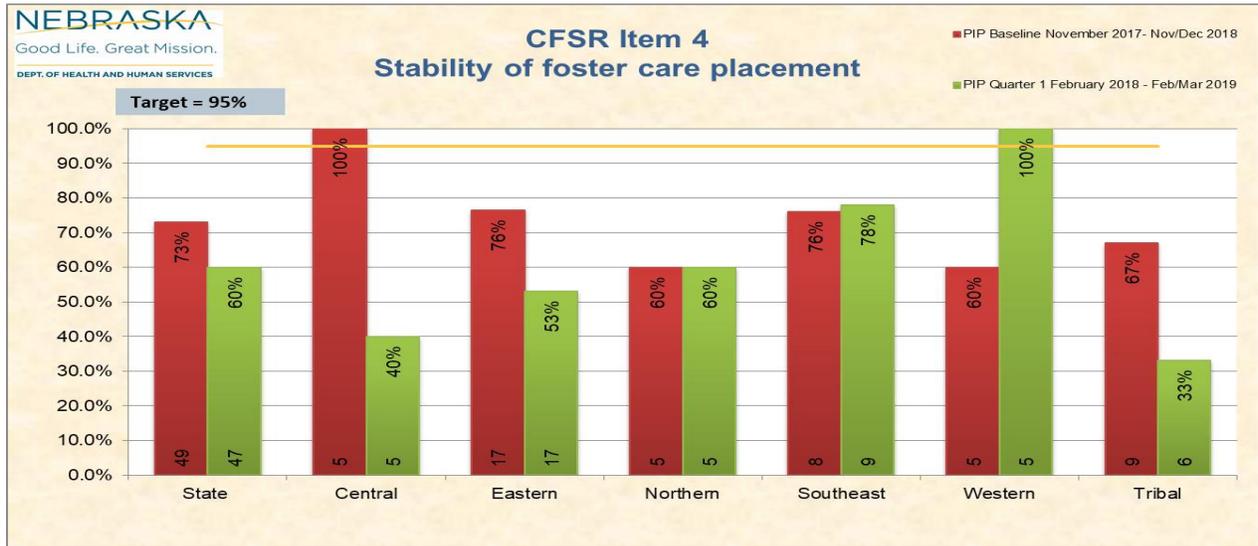


Nebraska continues to prioritize placing children, when removed, with relative or kinship homes when possible. However, there are situations where there is not a relative/kinship home available at the time of removal for a child. When this occurs, CFS coordinates with contracted Child Placing Agencies to place youth in a licensed foster home.

The following chart outlines the most recent Onsite Review Instrument (OSRI) CFSR results for February/March 2019 Reviews. The targeted goal is to be at 95%. During the most recent CFSR review, CFS achieved stability of foster care placement in 28 of 47 (60%) applicable cases. Additional data from the Children and Family Services Review Online Monitoring System (OMS) were reviewed to analyze the lack of stability in foster care placements during. The data indicates placement changes for the child in foster care were planned and in an effort to achieve

the child’s case goals or to meet the needs of the child occurred in 11 of 35 (31%) during the Baseline and Quarter 1 reviews. Additionally, the data notes the current or most recent placement setting at the time the review was completed, was stable in 83% (80 of 96) of the cases.

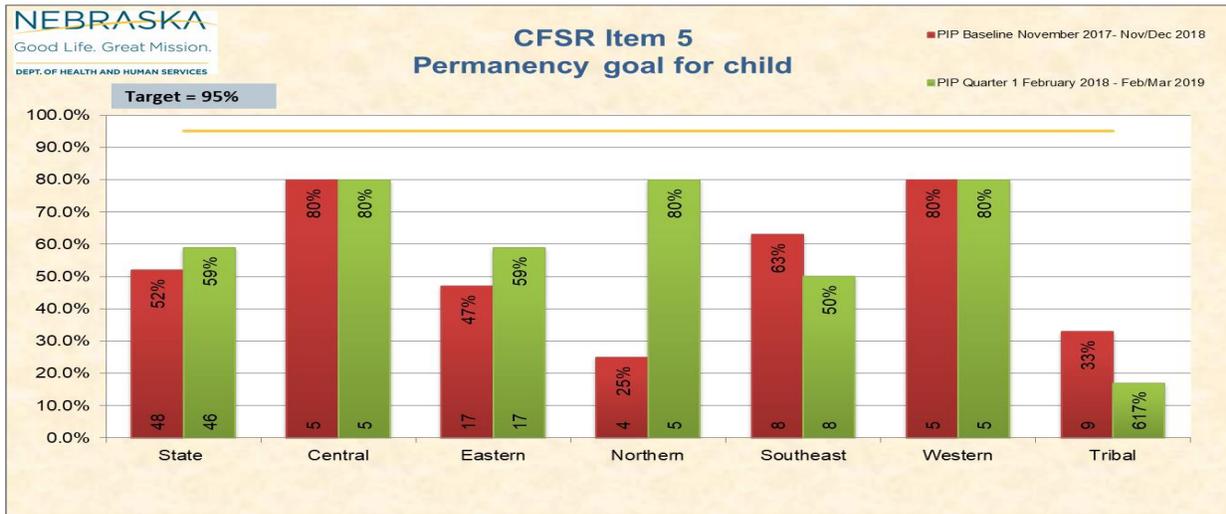
**CFSR OSRI Case Review Data:**



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent CFSR review, CFS established timely and appropriate permanency goals for the child in 27 out of 46 (59%) applicable cases. CFS staff from each Service Area report having conversations with the family about the child’s permanency objective, however, those discussions are not always documented on N-FOCUS. Whether or not the agency filed or joined a termination of parental rights petition (TPR) on a timely manner or an exception applied impacts this item. OMS data indicates the agency filed a TPR timely in 26 of 41 (63%) of cases reviewed for the Baseline and Quarter 1. Additional factors include permanency goals not being established within 60 days of the child entering out of home care, the agency not making concerted efforts to complete a termination of parent’s rights when no exception is applied to the case, and permanency goals were not appropriate for the circumstances of the case.

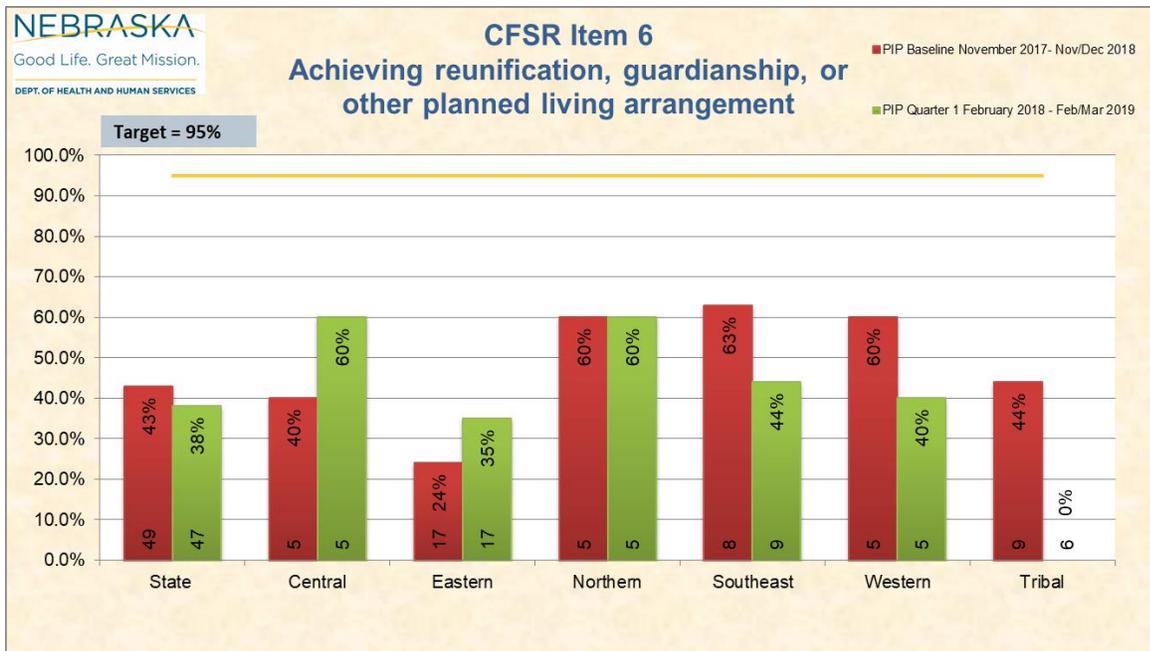
**CFSR OSRI Case Review Data:**



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent CFSR review, CFS achieved permanency for youth in a timely manner in 18 of 47 (38%) applicable cases. The Central Service Area increased by 20% when comparing the Baseline data to Quarter 1 Reviews.

**CFSR OSRI Case Review Data:**



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

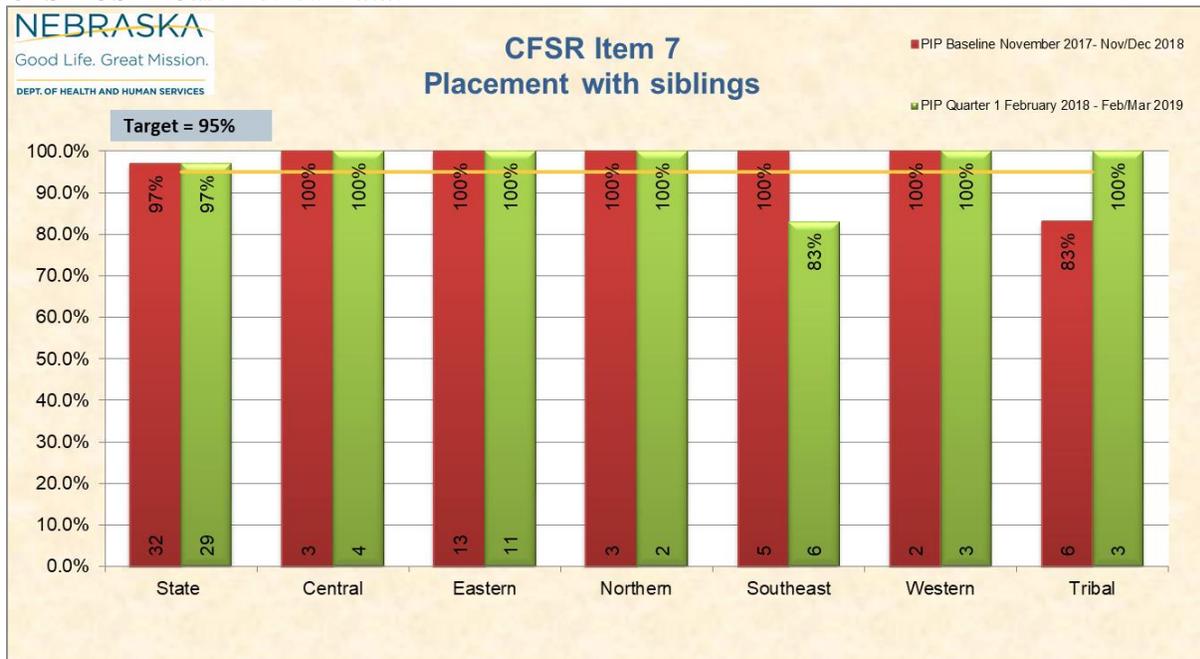
The two most recent reviews found reunification, guardianship, adoption and “Other Planned Permanent Living Arrangement” results were well below target of 95%. Timeframes for

achieving reunification is 12 months, guardianship 18 months, and adoption 24 months. Reasons for a delay in permanency included lack of efforts to transition the child to parental home, not assisting the foster parents in understanding a child’s behaviors in order for adoption to occur, and courts delaying guardianship due to advocating for the child to be adopted.

The agency ensured that he agency and court made concerted efforts to achieve reunification ina timely manner.	47.54% (29) of 61
The agency and court made concerted efforts to achieve guardianshipin	16% (4) of 25
The agency and court made concerted efforts to achieve adoption in atimely manner.	29.41% (10) of 34
The agency and court made concerted efforts to place a child with agoal of Other Planned Permanent Living Arrangement in a livingarrangement that can be considered permanent until discharge fromfoster care.	0% (0) of 1

During the most recent review, CFS ensured siblings were placed together or justified the need to place siblings separately in 28 of 29 (97%) applicable cases. Six Service Areas surpassed the Target Goal of 95% for the most recent review. Throughout the State, caseworkers strive to ensure siblings are placed together.

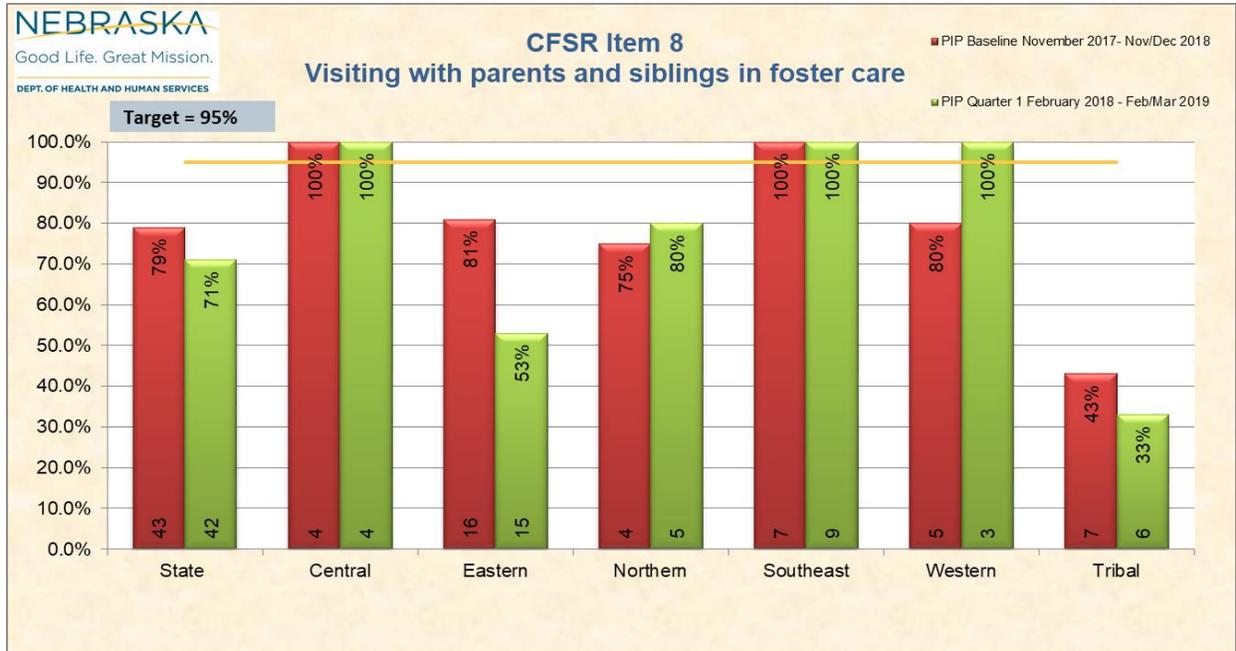
**CFSR OSRI Case Review Data:**



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent review, CFS ensured youth placed in foster care continued to have visits with their parents and siblings in 30 of 42 (71%) applicable cases. Service Area performance ranges from 33%-100% for this item.

**CFSR OSRI Case Review Data:**



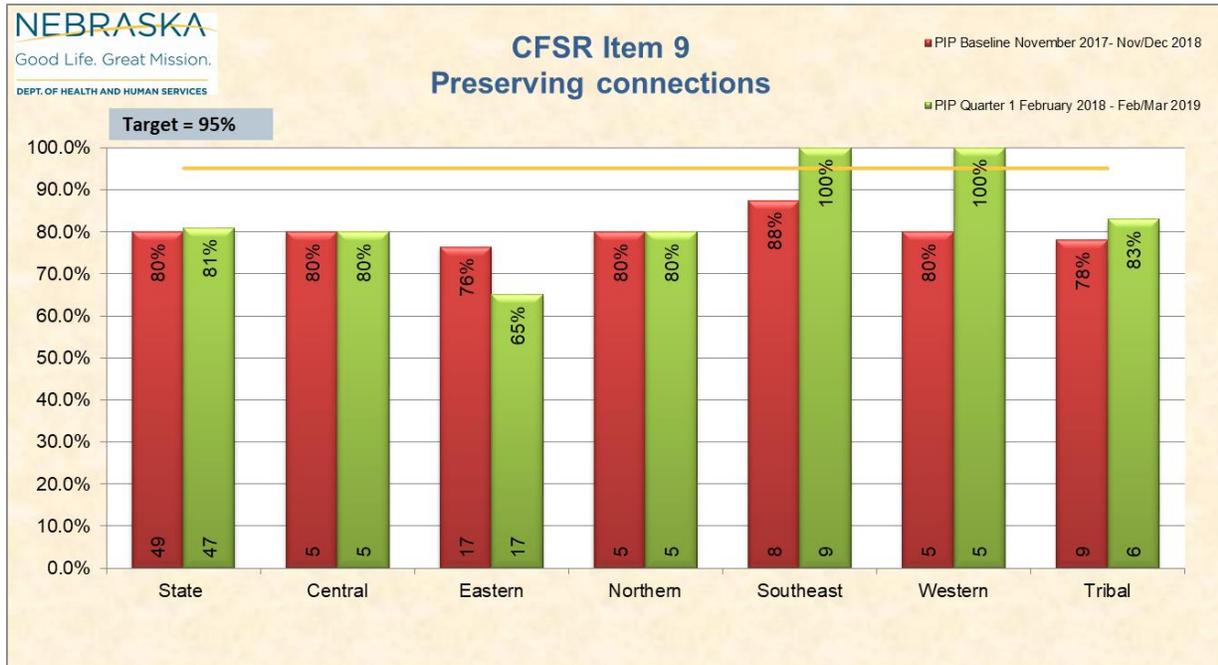
The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

The table below demonstrates, caseworkers ensured the frequency and quality of visits between the child and the mother and father was above 83%. The frequency and quality of visits between the child and sibling fell significantly below the target goal during the two most recent reviews.

<b>The frequency and quality of visitation with siblings was sufficient to maintain and promote the continuity of the relationship.</b>	<b>57.89% (11) of 19</b>
<b>The frequency and quality of visitation with mother was sufficient to maintain and promote the continuity of the relationship.</b>	<b>84.72% (61) of 72</b>
<b>The frequency and quality of visitation with father was sufficient to maintain and promote the continuity of the relationship.</b>	<b>83.72% (36) of 43</b>

During the most recent CFSR review, CFS made efforts to preserve important connections for children in care in 38 of 47 (81%) applicable cases. The Service Areas often report making efforts to preserve the child’s important connections, however the case managers struggle with documenting information on N-FOCUS regarding those efforts. According to the most recent review, preserving connections is strength for the Southeast and Western Service Areas.

## CFSR OSRI Case Review Data:



\*The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

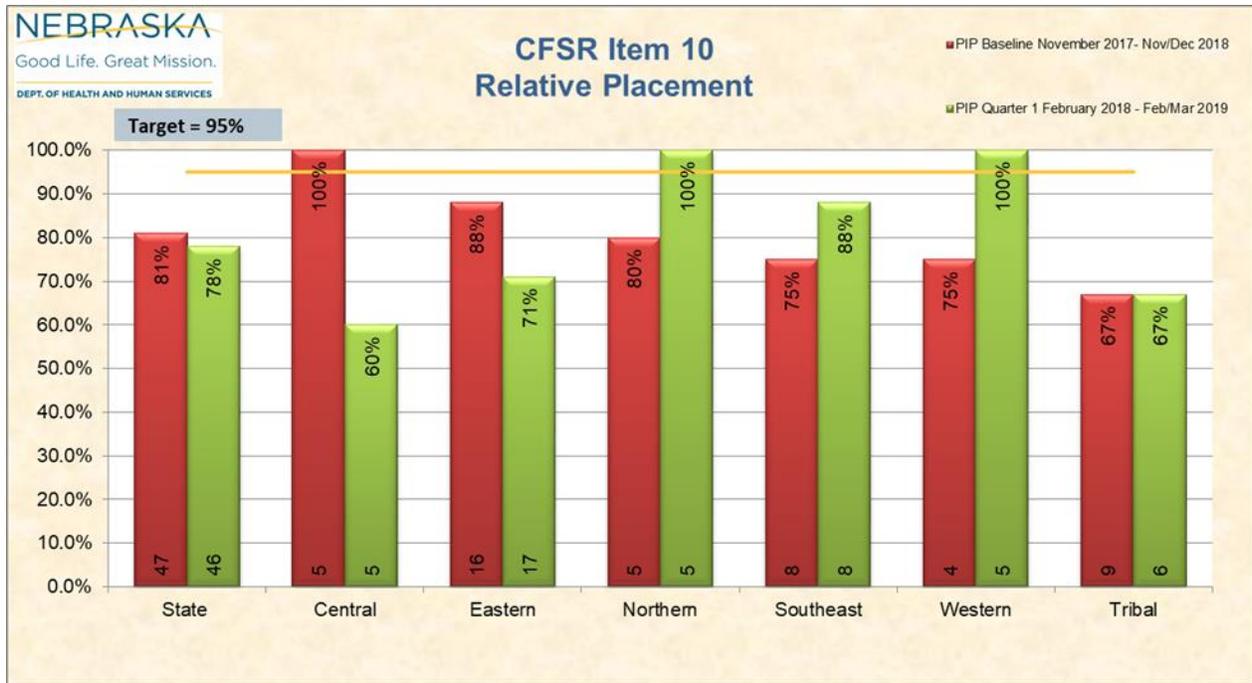
A review of the relative placement data from the two most recent review periods indicates the following which will assist CFS in implementing strategies for improvement while addressing the areas of concern.

- **69%** Cases in which concerns existed due to a lack of concerted efforts to identify maternal relatives.
- **75%** Cases in which concerns existed due to a lack of concerted efforts to locate maternal relatives.
- **81%** Cases in which concerns existed due to a lack of concerted efforts to inform maternal relatives.
- **88%** Cases in which concerns existed due to a lack of concerted efforts to evaluate maternal relatives.
- **93%** Cases in which concerns existed due to a lack of concerted efforts to identify paternal relatives.
- **86%** Cases in which concerns existed due to a lack of concerted efforts to locate paternal relatives.
- **79%** Cases in which concerns existed due to a lack of concerted efforts to inform paternal relatives.

- **79%** Cases in which concerns existed due to a lack of concerted efforts to evaluate paternal relatives.

During the most recent CFSR review, CFS strove to place children with their relatives in 36 of 46 (78%) applicable cases. During the most recent reviews, two Service areas reached the target goal, while all other service areas fall below the goal.

**CFSR OSRI Case Review Data:**

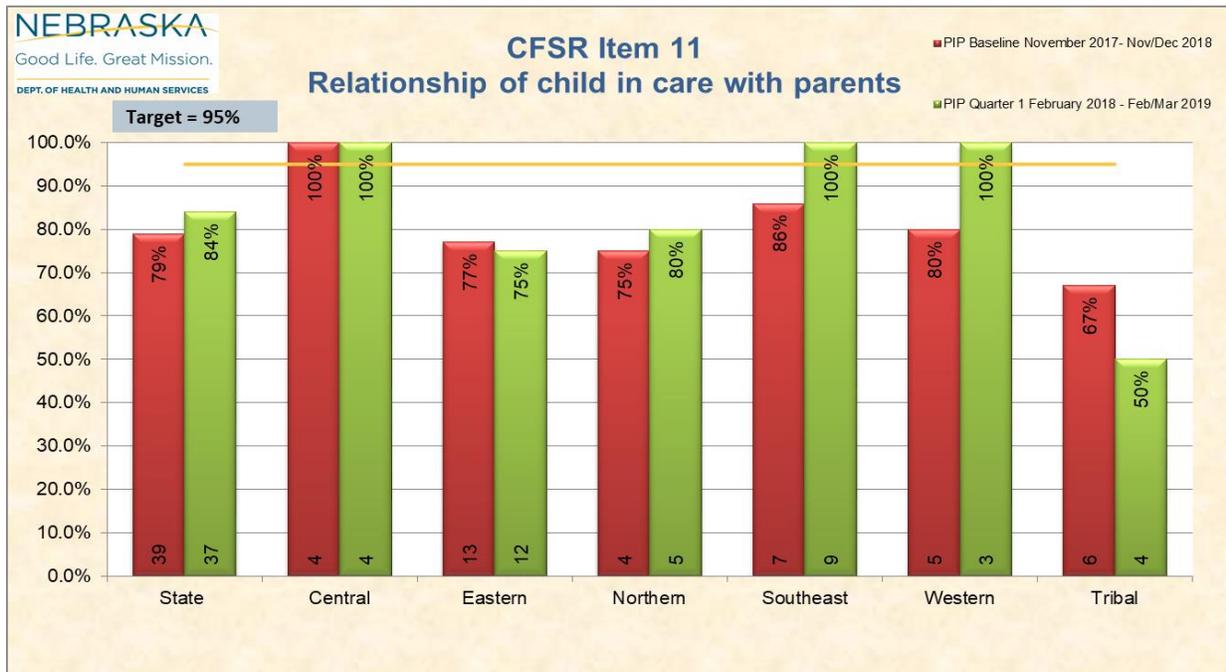


The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent review, CFS worked to preserve the relationship between the child in foster care and their parents in 31 of 37 (84%) applicable cases. Central, Southeast and Western Service areas are performing well in this area, while Eastern and Tribal Service Areas continue to struggle with efforts to engage non-custodial parents and documenting efforts made to preserve the relationship between the child and their parents.

Strengths from reviews included the foster parents mentoring the biological parents, the father participating in the child’s medical appointments, school activities, and family therapy, and the mother was invited to attend school conferences.

## CFSR OSRI Case Review Data:



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

CFS is preparing to implement the National Adoption Competency Mental Health Training Initiative (NTI). The Behavioral Health Division is also implanting a training plan. In collaboration, CFS and Behavioral Health will use this training to further educate staff and continue building upon education and training needed to better serve children and families.

CFS has a goal for a training implementation plan to begin January 2020 for staff and contracted providers who work with families planning to adopt or enter guardianships. NTI provides strategies and tools to enhance the skills of professionals who in turn will be able to best support the unique needs of foster, adoptive, and guardianship families. In pilot sites throughout the nation, this training has improved many areas within the child welfare system. To name a few, improved assessments, increased collaboration with mental health professionals, improved engagement of youth and family connections, and have a better understanding of trauma, and improved preparation of resource, adoptive and foster parents. NTI has the goal to provide states a comprehensive training that was informed by extensive research. NTI offers strategies for supporting children, youth and families involved in the foster care system.

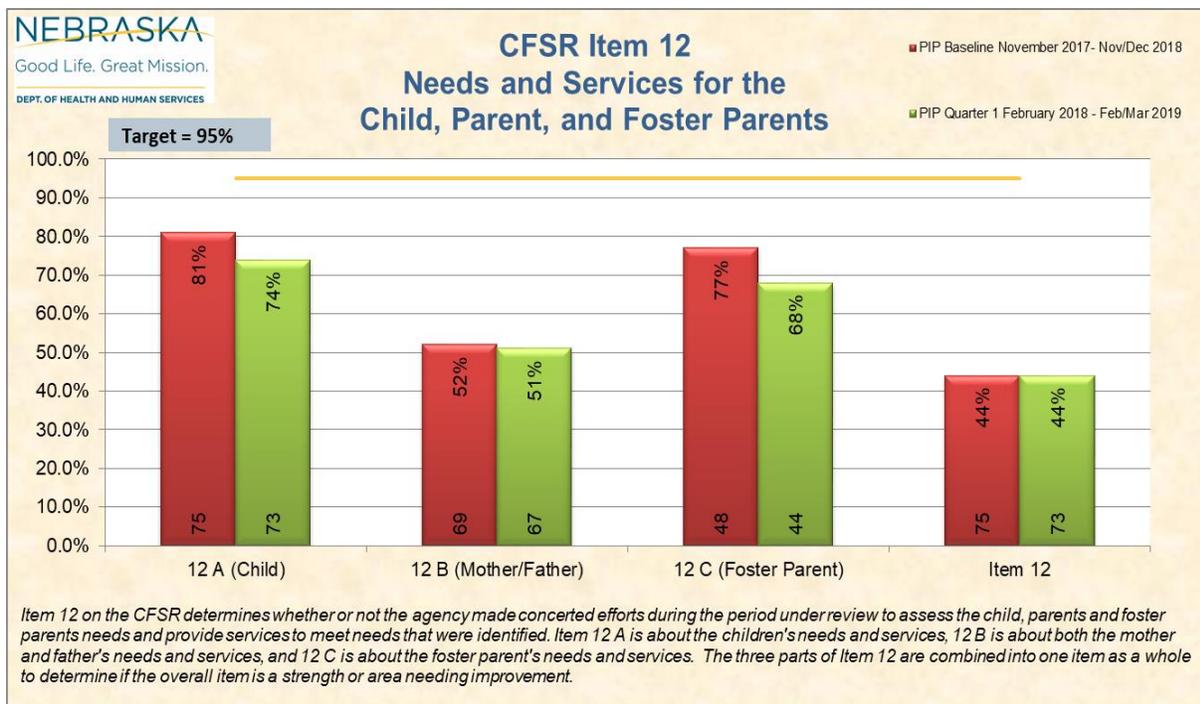
### *Well-being Outcomes 1, 2 and 3 (1355.34(b)(1)(iii))*

One area of impacting Nebraska's CFSR safety, permanency and well-being outcomes is a failure to engage families. Nebraska's analysis of case reviews and quantitative information indicate one of the factors effecting overall achievement of well-being includes the lack of non-

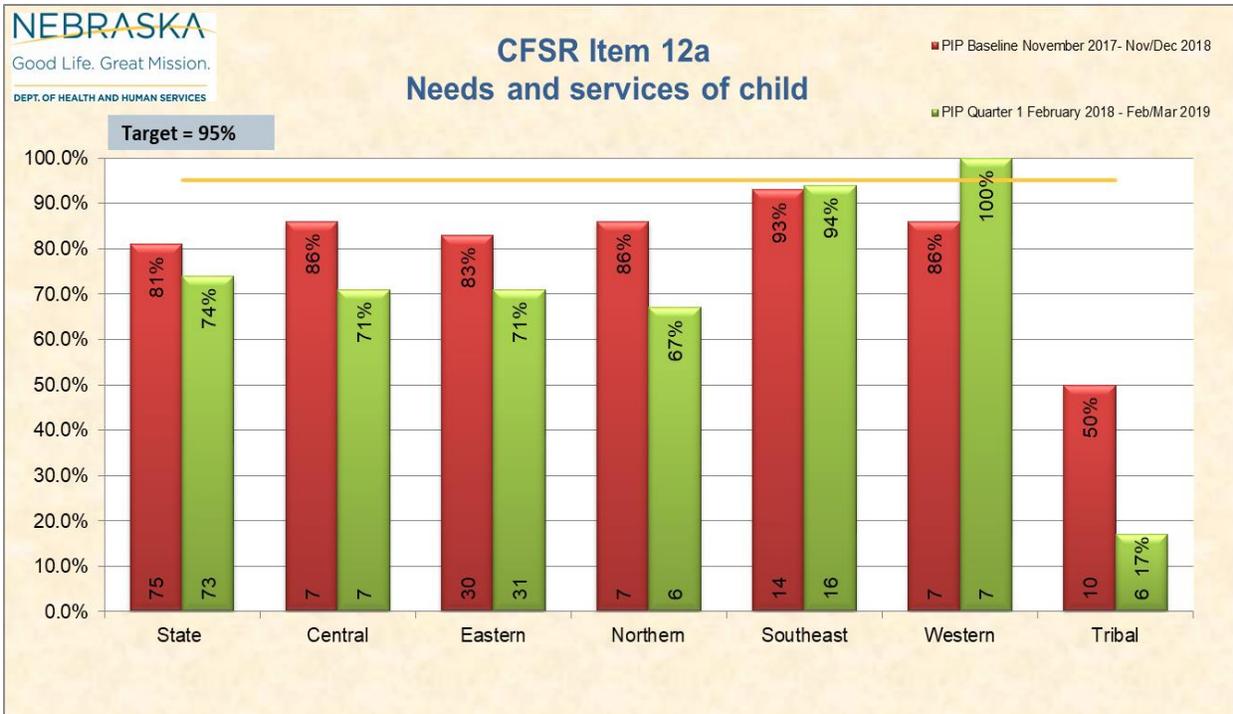
custodial parental engagement throughout the life of the case particularly with in-home cases. Upon evaluation, the lack of non-custodial parental engagement could be due to some staff lacking an understanding on the importance of a non-custodial parent’s involvement and efforts to build positive working relationships with children, youth and parents. Data from the state’s information system and case reviews support that the lack of engagement with non-custodial parents. This information emphasizes the need for CFS to help foster positive relationships with children, youth and their parents in all of Nebraska

During the most recent CFSR review, CFS made concerted efforts to assess the needs and provide appropriate services for children, parents, and foster parents in 33 of 73 (44%) applicable cases. The Service Areas do well in assessing and addressing the needs of children.

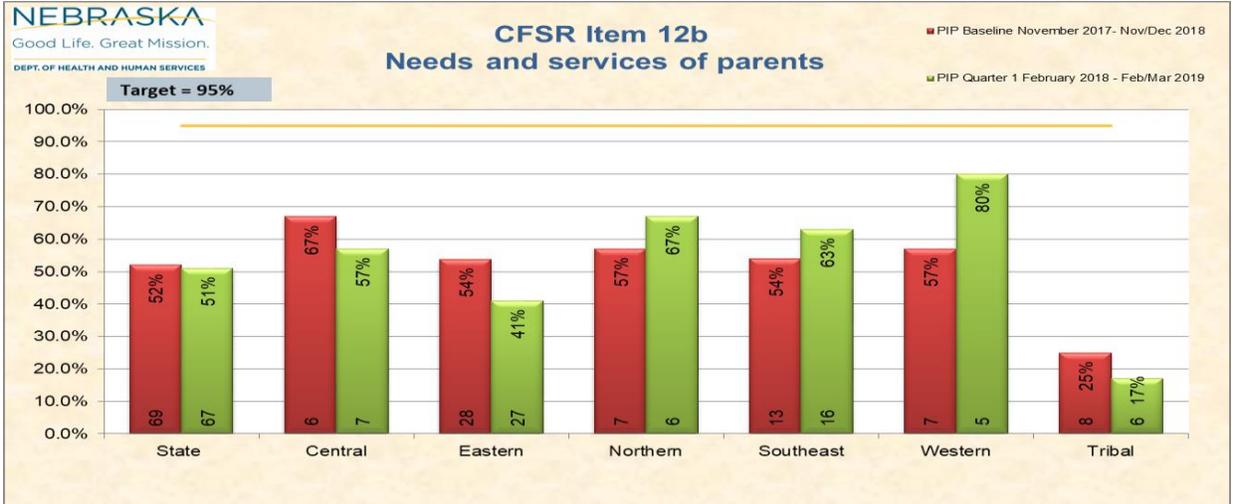
**CFSR OSRI Case Review Data:**



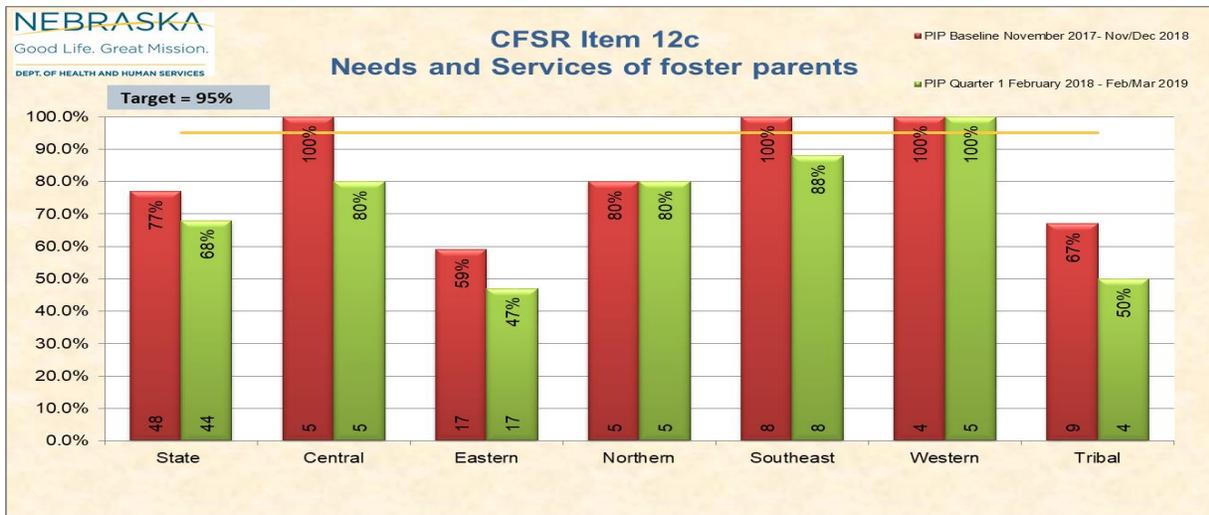
\* The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.



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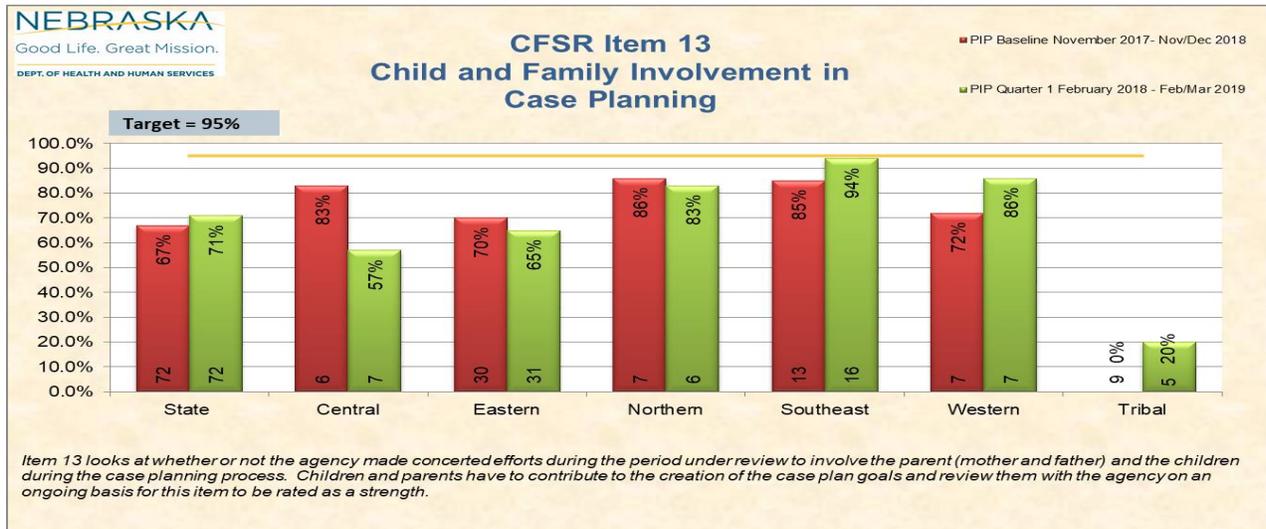
The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

A review of the specific data from the two most recent review periods indicates the following which will assist CFS in implementing strategies for improvement while reviewing the areas of strength that can be built upon.

- **85.42%** The agency conducted formal or informal initial and/ongoing comprehensive assessments that accurately assessed the child's needs while in foster care.
- **80.56%** The agency conducted formal or informal initial and/ongoing comprehensive assessments that accurately assessed the child's needs while in-home services were provided.
- **93.75%** The agency conducted formal or informal initial and/ongoing comprehensive assessments that accurately assessed the child's needs while in Alternative Response (AR) cases.
- **80.43%** The agency conducted formal or informal initial and/ongoing comprehensive assessments that accurately assessed the foster parent's needs for children in foster care, in-home and AR cases.
- **77.69%** The agency conducted formal or informal initial and/ongoing comprehensive assessments that accurately assessed the father's needs for children in foster care, in-home and AR cases.

During the most recent review, CFS worked to actively involve children and parents in case planning in 51 of 72 (71%) applicable cases.

## CFSR OSRI Case Review Data:



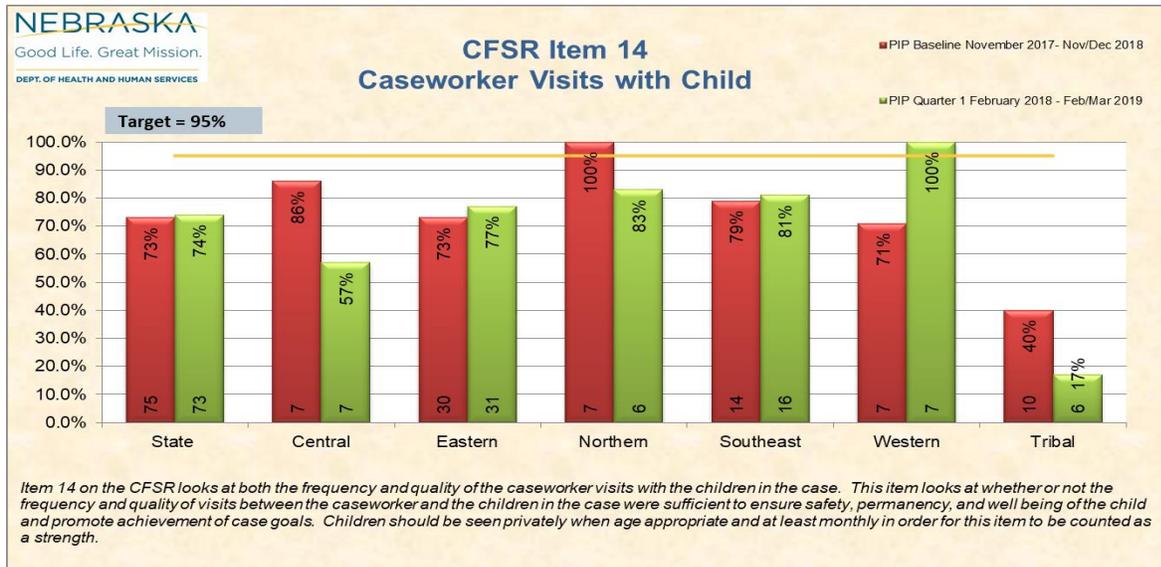
The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

Data below from the two most recent review periods indicate the caseworker's involve the child, mother and father more often for Alternative Response cases. In-Home services cases indicates the least family involvement in case planning process.

	Foster Care	In-HomeServices	In-HomeServices - DR/AR
The Child actively involved in the case planning process	84.13% (53) of 63	69.57% (16) of 23	84.62% (11) of 13
The Mother actively involved in the case planning process	77.92% (60) of 77	77.78% (28) of 36	93.33% (14) of 15
The Father actively involved in the case planning process	67.8% (40) of 59	54.55% (12) of 22	100% (8) of 8

During the most recent review, CFS maintained visits with children that were of sufficient frequency and quality in 54 of 73 (74%) applicable cases. The Western Service Area has seen an increase in performance for this measure.

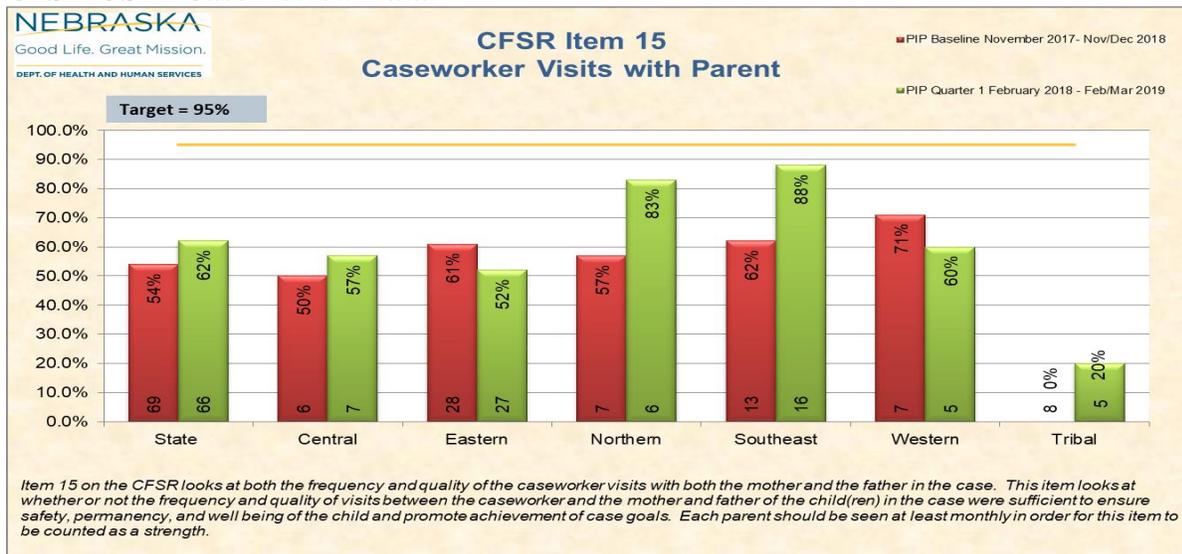
## CF SR OSRI Case Review Data:



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent review, CFS maintained visits with parents that were of sufficient frequency and quality in 41 of 66 (62%) applicable cases. Overall, the State improved caseworker visits during the Quarter 1 Review.

## CF SR OSRI Case Review Data:



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

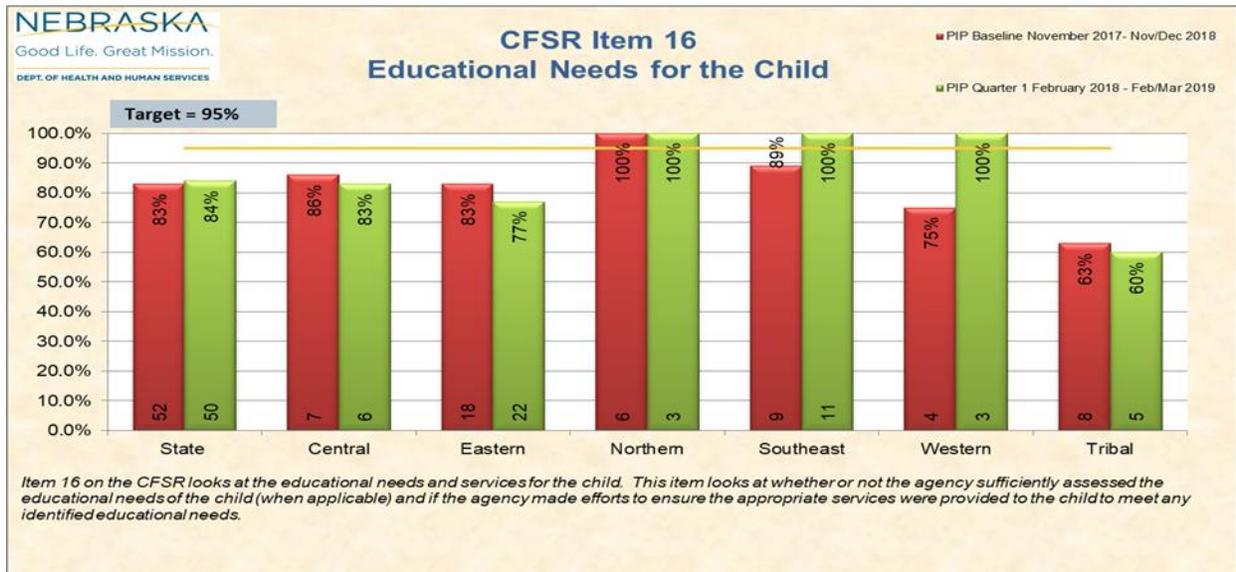
Specific data from the two reviews below indicates caseworker's visits with the mother were of more frequent and sufficient quality than visits with the father. Results throughout the reviews

indicate improvements are needed to meet with the father on a regular basis and involve the father in case planning. Nebraska does well in frequency and quality of visits with the mother in foster care and AR cases.

	Foster Care	In-Home Services	In-Home Services - DR/AR
Both frequency and quality of visits with the Mother were sufficient	90.36% (75) of 83	75% (6) of 8	90.91% (10) of 11
Both frequency and quality of visits with the Father were sufficient	78.26% (36) of 46	42.86% (3) of 7	87.5% (7) of 8

During the most recent review, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 42 of 50 (84%) applicable cases

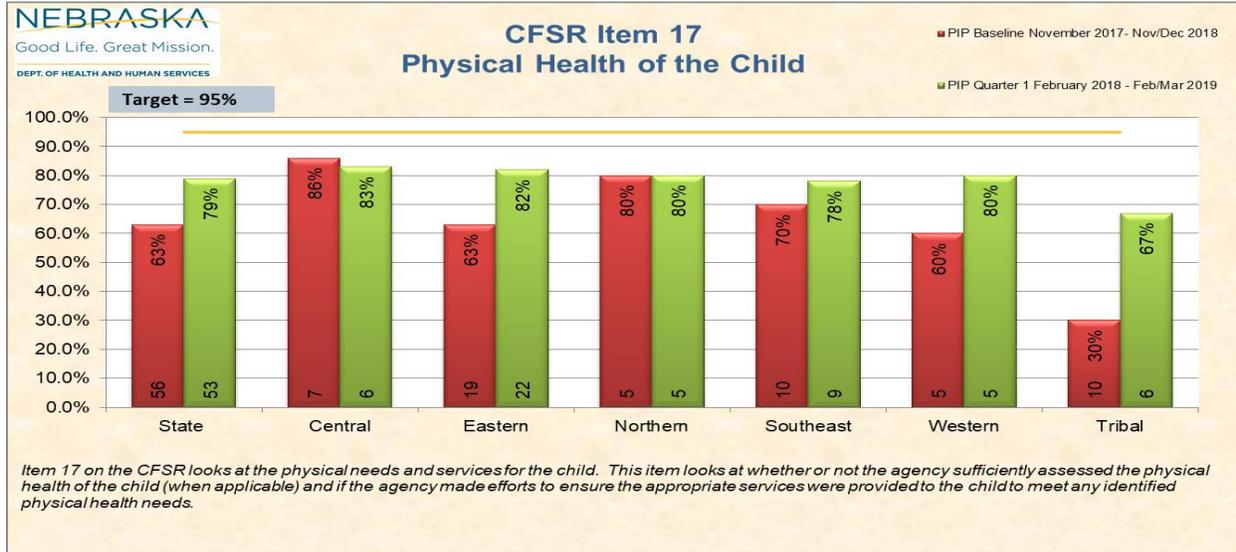
**CFSR OSRI Case Review Data:**



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

During the most recent review, CFS made concerted efforts to assess the physical health needs of children and provide appropriate services in 42 of 53 (79%) applicable cases.

## CFSR OSRI Case Review Data:



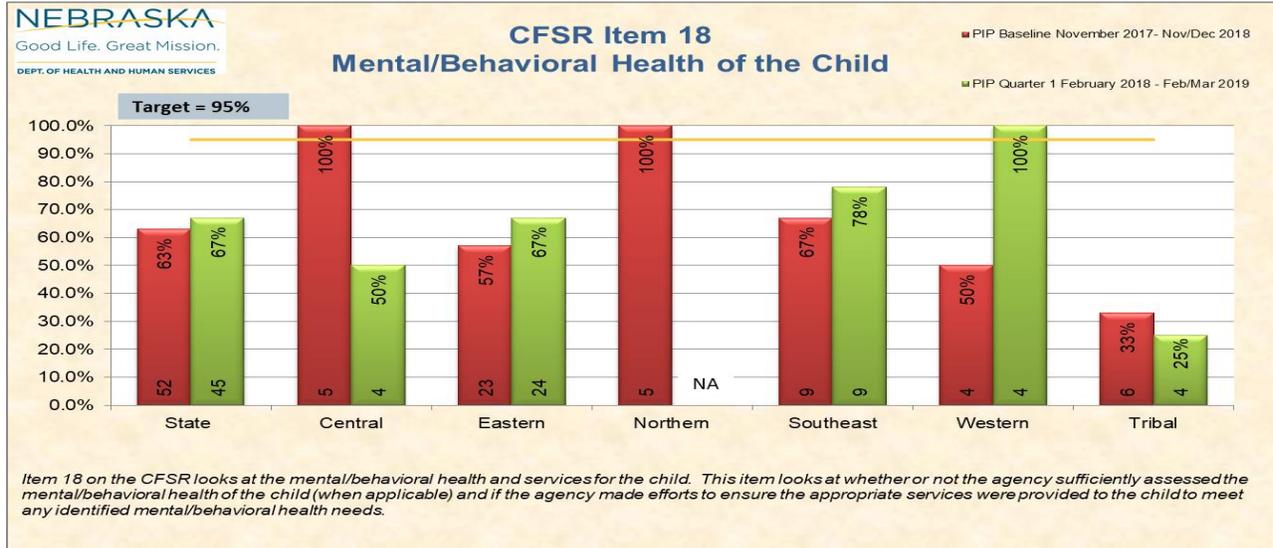
\*The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

The table below shows during the two most recent reviews, caseworkers typically assess physical and dental needs accurately; however, appropriate services were not always provided to the child to meet the identified physical and dental needs.

	Foster Care	In-Home Services	In-Home Services - DR/AR
The agency accurately assessed the children's Physical Health needs.	83.33% (80) of 96	77.78% (7) of 9	75% (3) of 4
The agency ensured that appropriate services were provided to the children to address all identified Physical Health needs.	75.38% (49) of 65	42.86% (3) of 7	100% (3) of 3
The agency accurately assessed the children's Dental Health needs.	82.61% (76) of 92	50% (1) of 2	33.33% (1) of 3
The agency ensured that appropriate services were provided to the children to address all identified Dental Health needs.	77.78% (42) of 54	0% (0) of 2	50% (1) of 2

During the most recent review, CFS made concerted efforts to assess the mental/behavioral health needs of children and provide appropriate services in 30 of 45 (67%) applicable cases. Western Service Area exceeded the target goal for the most recent review.

## CFSR OSRI Case Review Data:



The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

Nebraska does well in meeting the mental/behavioral health needs of the children involved in Alternative Response (AR) cases. In the two most recent reviews, children’s mental/behavioral health needs were met in 100% of AR cases (6 of 6). Additional data indicates the appropriate services were provided to children to address all identified mental/behavioral health needs in 70% of foster care cases, and 55% In-Home cases.

Nebraska collaborated with stakeholders, CFSS staff, the courts, youth, families and others to address core issues underlying the State’s underperformance in Well-Being Outcomes 1 to 3 of the CSFR. The State held multiple gatherings to better understand factors related to safety outcomes and identify the most appropriate actions and strategies.

While some improvements were made in the last five years to address Well-Being Outcomes, the State, as a system, believes in continually making improvements together. Nebraska continues to conduct in depth data analysis, case reviews to help fully understanding current challenges and barriers impacting safety outcomes. The State utilizes a comprehensive Continuous Quality Improvement (CQI) process to identify current and ongoing areas needing improvement and ensure strategies are developed to address those areas. The Nebraska Program Improvement Plan (PIP) and the Nebraska 2020-2024 Children and Family Services Plan (CFSP) further outlines the current barriers and the strategies and key activities that the State plans to implement in the next 5 years.

In the past 5 years, CFS implemented the following key activities to address areas needing improvement as outlined in the 2014-2019 CFSP.

- SDM Desk Aide/Manual was updated in 2015 to include guided prompts, narrative requirements and example narratives to further support case manager's understanding and utilization of the SDM assessment tools, including the Family Strengths and needs assessment tool.
- CFS RPE team implemented N-FOCUS enhancements to ensure more efficient documentation of SDM assessments.
- Guides were developed with prompts or key topic areas to discuss with case participants during worker face to face contacts and family team meetings. Guides were laminated and distributed to all staff.
- A flow chart was developed and distributed to CFS Staff with clear direction on where to document informal discussions and assessment of safety for non-ward siblings remaining in the home.
- CFS Policy Team revised the case manager required contact and non-custodial parent contact policy guidance to include additional details regarding efforts to engage parents.
- CFS utilized statewide and local CQI meetings to discuss and provide clarifications to case managers regarding expectations around parent engagement.
- CFS RPE team implemented N-FOCUS enhancements to ensure more efficient documentation of parent contacts.
- CFS Policy and Research Planning and Evaluation (RPE) team developed case management desk aides and quality quick tip emails and video instructions to:
  - Provide tips and strategies for parent engagement.
  - Provide reference guides and instructions on documenting detailed required contact and family team meeting notes on N-FOCUS.
- CFS field staff utilized Family Finding Program to locate and engage non-custodial parents.
- CFS field staff utilized other web based programs and resources such as Lexus Nexis and Facebook searches to locate parents.
- CFS worked collaboratively with the Nebraska Department of Correctional Facilities to address barriers to contacting and engaging incarcerated parents.
- Updated policy and procedure guidance regarding medical, dental, and vision assessments for state wards. Procedure guidance was necessary in order to address inconsistent understanding and practice by staff.
- Updated policy and procedure guidance regarding Health Care Coordination and Psychotropic Medication Guidelines.
- CFS Contract team began requiring all foster care agency providers to include the following information in their monthly provider reports: Medical, Dental and Vision exam dates, results, identified needs and services provided.
- Enhancements were made in N-FOCUS to allow case managers to document relevant information for child and parent conditions including medical information, diagnosis, examinations, medications, immunizations and allergies. Having this information readily available in reports, allows case managers to ensure assessments are completed as needed.

For well-being items 12-15, please review the Nebraska PIP that identifies our goal and strategies as it relates to the next two years.<sup>3</sup> For item 12, DCFS will implement the Family First Prevention Services Act (FFPSA), which broadens the current service array to include evidence based services as verified by the ACF established federal clearinghouse to address in home parenting skills, substance use disorder and mental health. FFPSA will improve the current service array of prevention services and identify additional prevention services, in an effort to decrease the amount of children that enter out of home care. The services through FFPSA combined with the current service array will provide a more comprehensive array of services to children in their own homes, with their families. Families will have the voice and choice heard by CFS when choosing and implementing services to help mitigate the issues constraining the family dynamics. Families will progress more efficiently and more timely within CFS. Through FFPSA, DCFS will be able to make more concerted efforts to assess the needs of and provide services to children and parents to achieve case plan goals and address the issues relevant to the agency's involvement with the family. DCFS along with foster care agencies will continue to work with foster parents to identify services foster parents may need to assist in achieving case plan goals for the family.

For Item 13, Policy Memo # 19-2016, puts forth the requirements of involving the parents and children (if developmentally appropriate) in the case planning process. Within that policy, the below is identified:

Case Plan Requirements:

- Safety is not negotiable and must be given primary consideration in the development of the case plan.
- The CFS Specialist will ensure that all efforts are made to locate and notify the parent(s) so that they may participate in the case plan development process. If the parent cannot be located or participate in case planning, the CFS Specialist will complete the case plan in collaboration with other family members and the child (if appropriate), focusing on the best interest of the child. The parents will immediately be involved in the process as soon as they are available, and the plan will be modified to reflect the current situation.
- The CFS Specialist will utilize information from the FSNA in identifying the child's needs and family needs. The CFS Specialist will work with the child and the family team to develop a written case plan. All children in the household will have their needs assessed and addressed in the case plan.
- If the child is determined to be conditionally safe or unsafe a safety plan will be implemented. Safety interventions will remain in place as long as the child is conditionally safe or unsafe. The case plan does not replace the safety plan. The case plan identifies goals and strategies that address the identified safety threats and risk issues to facilitate return of the parent to their protective role.

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<sup>3</sup> <http://dhhs.ne.gov/DCFS%20PS%20CFPSR%20library/2017%20CFPSR%20Program%20Improvement%20Plan.pdf>

- The case plan must help the family access supports and services to make changes that result in the elimination of safety threats and lessen risk in ways that can be maintained and sustained after CFS intervention ends. Case planning is not a one-time event. It is an ongoing process that continues throughout the time that that DHHS is involved with the family and their child.
- The case planning process will be carried out using Family Centered Practice principles: Family/person driven; Strength based; Needs driven; Individualized; Based on the culture of the family; Flexible; Normalized; Compassionate; Team developed and supported; Community based to the fullest extent possible; Outcome focused; and Unconditional.

For Items 14 and 15, a Standard Work Instruction (SWI) has been created and provided to staff on April 5, 2019, as guidance regarding the frequency and quality of caseworker visits with children, mothers and fathers, to ensure safety, permanency and well-being. The SWI states:

**Procedure:**

**1. Who will Conduct the Visit?**

- A. The assigned CFS Specialist or DCFS contractor for case management (hereafter CFS Specialist) will conduct the visit. On **rare** occasions, a different CFS Specialist, the CFS Supervisor, DCFS contractor for case management or Resource Development worker may conduct the visit.
- B. When multiple children are placed in a facility such as a group home or residential treatment facility, DCFS can designate one or more CFS Specialists to make the monthly visit to a number of children and report individually to each child's CFS Specialist. In all situations, it remains the responsibility of the assigned CFS Specialist to ensure that the visits are made and appropriately documented on N-FOCUS in the Required Contacts narrative.
- C. Wards placed out-of-state may have a person designated in the other state to conduct the visit. Such individuals may be staff of a private agency with a contract with Nebraska for the service or a courtesy case manager assigned by the other state under Interstate Compact for the Placement of Children (ICPC) or Interstate Compact for Juveniles (ICJ).
  1. The CFS Specialist will not visit a child in another state without first notifying the Nebraska ICPC Office in DCFS Central Office to determine if the other state allows Nebraska staff to conduct visits in the other state.

**2. Visitation with Children:**

- A. Placed In-Home: The CFS Specialist will have face-to-face contact with all children in the home, regardless of whether the child is a DHHS ward or Non-ward.
- B. Placed Out-of-Home: The CFS Specialist will have face-to-face contact with all children placed out of the home as well as any other children remaining in the family home, regardless of whether or not the other children in the family home are DHHS wards or Non-wards.
- C. All children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children (ICPC) or Interstate Compact on Juveniles (ICJ) in non-facility placements.

- D. When a parent chooses to prohibit the CFS Specialist from having contact with the non-ward minor siblings of state wards, the CFS Specialist will document and discuss this with their supervisor. The CFS Specialist and supervisor will discuss alternative ways to engage the parent to allow access.
- E. For a child living outside the Service Area or local office area, a courtesy case manager in the area where the child resides can, upon request, be assigned to conduct the monthly visit.
- F. All visits with children must occur in the home where they reside. When a visit cannot occur in the home, the CFS Specialist must obtain approval from their supervisor and document the approval in Consultation Point narrative.
- G. If the child cannot be located at his or her residence, the CFS Specialist will notify his or her supervisor immediately in writing, by phone or other electronic means. For youth missing from placement, the CFS Specialist will follow the procedure for reporting a youth that is missing from care, as outlined in the program guidance on “Youth Who Cannot Be Located” #29-2017.
- H. The frequency of face-to-face contact is based on the SDM risk levels.
  - 1. In Home Cases
    - a. Low or Moderate Risk – One face-to-face contact per month.
    - b. High or Very High Risk – Two face-to-face contacts per month.
  - 2. Out-of home Cases
    - a. Low or Moderate Risk – One face-to-face contact per month.
    - b. High or Very High Risk – Two face-to-face contacts per month.  
One of the two contacts may be made by the agency supported foster care worker or Resource Development worker assigned to the specific child.
- I. With supervisory approval, when more than one contact per month is required, one contact can be via SKYPE, phone call, text or other electronic means if an in-person contact cannot occur. CFSS will document in the Required Contact narrative why a face to face contact could not occur and what efforts were made to have face to face contact with the youth.
- J. All visits with children age 18 months and older must be private. Others may be present with children who are less than 18 months old, non-verbal (involving little or no use of words) or have a disability limiting their ability to communicate. This will be considered and documented as a private contact.
- K. All children in out-of-home care will have contact with the CFS Specialist within the first 7 calendar days of any out-of-home placement. This does not apply to youth placed in another state through the Interstate Compact for the Protection of Children (ICPC).
- L. Children placed out-of-state through ICPC, will have contact with their case manager based on the ICPC regulations and laws.
- M. **Topics to be Covered/Focus of the Visit:**
  - 1. Visits should address the following:
    - a. The strengths and needs of the child;
    - b. Evaluation of current services;
    - c. Permanency, establishment and evaluation of goals;

- d. Assessment of the child’s safety in the residence and safety of the community;
  - e. School; and
  - f. Visits with parents and siblings.
- 2. The following information should be provided and discussed with the child when appropriate, taking into account age, development, mental health concerns, etc.:
  - a. Dates for court hearings and discussion on the child attending and participating;
  - b. Court ordered expectations;
  - c. Requirements of probation or parole;
  - d. Explanation of the Youth Bill of Right and discussion monthly regarding whether those rights have been respected for the youth. If the youth feels their rights have been violated in anyway, CFSS will work with the youth as well as their parents and out of home caregiver when applicable to address those issues.
  - e. Opportunity to ask questions or express concerns.
- 3. Discussion about Transitional Living plans for state wards age 14 or older and discussions on Independent Living should occur with every child age 14 or older. This discussion should center on: assessment of the youth’s knowledge, skills and abilities; areas needing more education, training, and mentoring; and plans for the future. Discussion should include asking the child for his or her input and hopes for the future as well as how he or she is doing in school; medical issues or concerns. If applicable, discussion of mental health and substance use issues or concerns including discussion of how psychotropic medications are working and any side effects the youth may be experiencing.
- 4. For children who are non-verbal due to age or disability, the CFS Specialist must observe and document the child’s general growth, progress in meeting developmental milestones, behavior, and any concerns and progress shared by the caregiver. Refer to Program Guidance on “Health Care Coordination and Psychotropic Medication Guidelines”.

**3. Visitation with Parents**

- A. The CFS Specialist will have a private face-to-face visit with:
  - 1. Legal parents and non-custodial parents of all children who are HHS-Wards whose parental rights are not terminated, regardless of the permanency objective
  - 2. Legal parents and non-custodial parents providing care to a child placed under the auspices of ICPC or ICJ
- B. Visits with custodial and non-custodial parents must be confidential. The parents must be in agreement with any additional individuals being present during the visit. At least every other month the visit must occur in the parent’s residence unless otherwise instructed below.

1. For a parent receiving treatment in a residential facility, monthly face-to-face contact is required unless there is a clear barrier to having contact with the parent. When a clear barrier exists, phone contact can replace the face-to-face visit. The barriers identified must be documented in the Required Contact narrative
  2. For a parent who is incarcerated, monthly face-to-face contact is required unless there is a clear barrier to having contact with the parent. When a clear barrier exists, phone contact can replace the face-to-face visit. The barriers identified must be documented in the Required Contact narrative
  3. For a parent living outside the Service Area or local office area, a courtesy case manager in the area where the parent resides may be assigned to conduct the monthly visit
  4. For a parent living out-of-state, monthly contact can be made via phone or other avenues such as letter, e-mail, texting or other forms of communication at the request of the parent
  5. Refusal to meet or appointments that are missed without good cause will be documented in the Required Contact Narrative – Efforts to Contact.
- C. The frequency of contact is based on the risk levels.
1. Low or Moderate Risk – One face-to-face contact per month.
  2. High or Very High Risk – Two face-to-face contacts per month.
- D. When more than one contact per month is required, one contact can be via SKYPE or other electronic means if an in-person contact cannot occur, with supervisory approval.
- E. The CFS Specialist will have a monthly private face-to-face visit with the non-custodial parent in court cases.
- F. Regular efforts to locate and engage the non-custodial parent must be documented in the Required Contacts Narrative – Efforts to Contact.
- G. **Topics to be Covered/Focus of the Visit:**
1. Discussion should include the following:
    - a. Current safety threat(s) identified
    - b. Safety plan
    - c. Risk levels
    - d. Family strengths and needs
    - e. Establishing a permanency objective and case plan
    - f. Ongoing evaluation of the permanency objective and case plan
    - g. Discussion of concurrent planning (when needed); and
    - h. Visitation issues
    - i. Upcoming court hearings such as the Permanency Hearing and the 15 out of 22 Month provisions
  2. Discussion should also include information on the child's:
    - a. Health and treatment needs
    - b. School performance and peer relationships
    - c. For older children, discussion about their skills and abilities towards achieving independence

- d. Discussion on psychotropic medications being taken by the child and the parent's observations of how psychotropic medications are working and any side effects the youth may be experiencing
- e. When any child in the home is under the age of 2, the CFS Specialist will have a discussion about Safe Sleep and observe the child's sleeping arrangement utilizing the Nebraska Safe Sleep Environment Checklist as a guide. The CFS Specialist will encourage the parent to address any identified concerns regarding the child's safe sleep environment and assist the parent in making any necessary changes, if requested.

**4. Visitation with Out of Home Care Providers**

- A. The CFS Specialist will have monthly contact with the child's out-of-home care provider as follows:
  - 1. Caregiver of each ward in out-of-home care;
  - 2. Caregiver of each child in an Informal Living Arrangement in a non-court involved case; and
  - 3. Caregiver of each child in out-of-home care under the auspices of ICPC and ICJ.
- B. At a minimum every other month the visit must be face-to-face, in the caregiver's home. For caregivers out of state, the visit may be by phone or email. For out of state, contact must be made in addition to contact that may be made by an ICPC Courtesy worker.
- C. If the caregiver refuses or cancels contacts without good cause the CFS Specialist will document this in the Required Contacts – Efforts to Contact and consult with the supervisor to consider whether or not the current placement continues to be suitable and in the child's best interest.
- D. **Topics to be Covered/Focus of the Visit:**
  - 1. Discussion should include the following:
    - a. Child's health status including any recent treatment, unmet medical needs, and current medications, including psychotropic medications
    - b. Child's school performance and educational plan
    - c. Peer relationships or needs
    - d. Behavioral needs
    - e. For children 14 and older discussion of the child's independent living knowledge, skills and abilities should occur with a plan as to what action the foster family or caregiver will do to support teaching, coaching, and mentoring
    - f. Issues around visitation with parents and siblings
    - g. Status of court process
    - h. Any issues, concerns or needs in the caregivers' household should also be discussed.

- i. When any foster child in the home is under the age of 2, the CFS Specialist will have a discussion about Safe Sleep and observe the foster child's sleeping arrangement utilizing the Nebraska Safe Sleep Environment Checklist as a guide. The CFS Specialist will address any identified concerns regarding the foster child's safe sleep environment and assist the parent in making any necessary changes.
  - j. The CFS Specialist should regularly reassess the caregiver's commitment to the child and willingness to provide continued care including the caregiver's willingness and ability to provide permanency when needed.
  
- 5. Waiver of Case Manager's Contacting Parent in the Parent's Home:
  - A. When the home environment of the parent presents a threat to the safety of a CFS Specialist, a supervisor may waive the requirement for face-to-face contact with the parent in the home. This decision must be documented in N-FOCUS. The decision to waive the requirement must be made and reviewed and documented each month.
  
- 6. **Documentation of Visits:**
  - A. Documentation of all monthly contacts (and information about contacts that were attempted and not successful) with children, parents, and caregivers must be documented in the Required Contacts narrative within seven (7) calendar days of the contact. The following information must be included:
    - 1. Location of visit
    - 2. Date of visit
    - 3. Who was present at the visit identified by first and last name
    - 4. If the visit was not private, describe why
    - 5. Observations of the child, parent, and caregivers and interactions noted
    - 6. Assessment of child safety and risk which reflects the child, parent and caregiver's input
    - 7. Issues discussed which reflect the child, parent and caregivers
    - 8. Actions needed by whom and by when
  
- 7. **Immediate Alternative:** When a visit cannot occur due to an unforeseen emergency, the supervisor must be notified in advance. The supervisor will make arrangements for alternative coverage. If alternative coverage cannot be arranged a written exception to this requirement must be approved by a CFS Administrator. Exceptions will be documented by the CFS Specialist in the Consultation Narrative within seven (7) calendar days of the decision, and include the name of the administrator approving the decision.

**Expected Results:** CFS Specialists will have more thorough and informative monthly contact with children, parents and out of home care providers. They will have a clear understanding of what should be documented from these contacts and when and documentation will reflect that monthly contacts are being completed in a more comprehensive manner.

For Item 16 during the most recent review, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 42 of 50 (84%) applicable cases. The following activities are planned to improve performance over the next five years:

1. Written Standard Work Instruction: These Standard Work Instructions (SWI) will provide case managers, supervisors and administrators with consistent direction on how to work with families and with schools to advocate for a child's needs in school. The SWIs will include the following educational guidance:
  - Appointment of Educational Surrogate
  - Educational Placement in Non-Public School Setting
  - Education Development Network (EDN) Referral Process
  - School Suspension
  - School Enrollment
  - School Discipline
  - Individual Education Plan (IEP)
  - Educational Court Report
  - Superintendent Letters
  - Education Determination of Best Interests
2. Ongoing Coordination with the Department of Education and the Courts. CFS will continue to coordinate with the Department of Education and the Courts to improve processes and to staff difficult cases to ensure positive educational outcomes for state wards.
3. Safety Organized Practice (SOP) and Education Determination of Best Interests. The Every Student Succeeds Act (ESSA), 42 U.S.C. § 675(1)(G)(ii) includes provisions that are intended to increase educational stability and protect educational rights for children and youth in foster care. Under ESSA, it is assumed that it is in the child's best interest to remain in their school of origin in the event of an out-of-home placement, unless otherwise determined. The use of SOP will assist in the engagement required between CFS and the Department of Education to ensure the educational best interests are being met with a child enters an initial placement in foster care, as well as each time the child moves to a different foster care placement.

For Item 17 during the most recent review, CFS made concerted efforts to assess the physical health needs of children and provide appropriate services in 42 of 53 (79%) applicable cases. Strategies and planned activities to improve performance over the next five years are contained in the *Health Care Oversight and Coordination Plan*.

For Item 18 during the most recent review, CFS made concerted efforts to assess the mental/behavioral health needs of children and provide appropriate services in 30 of 45 (67%) applicable cases. The Western Service Area exceeded the target goal for the most recent review. Nebraska does well in meeting the mental/behavioral health needs of the children involved in Alternative Response cases. In the two most recent reviews, children's mental/behavioral health needs were met in 100% of AR cases (6 of 6). Additional data indicates the appropriate services were provided to children to address all identified mental/behavioral health needs in 70% of foster care cases, and 55% In-Home cases. Strategies and planned activities to improve performance over the next five years are contained in the attached *Health Care Oversight and Coordination Plan*.

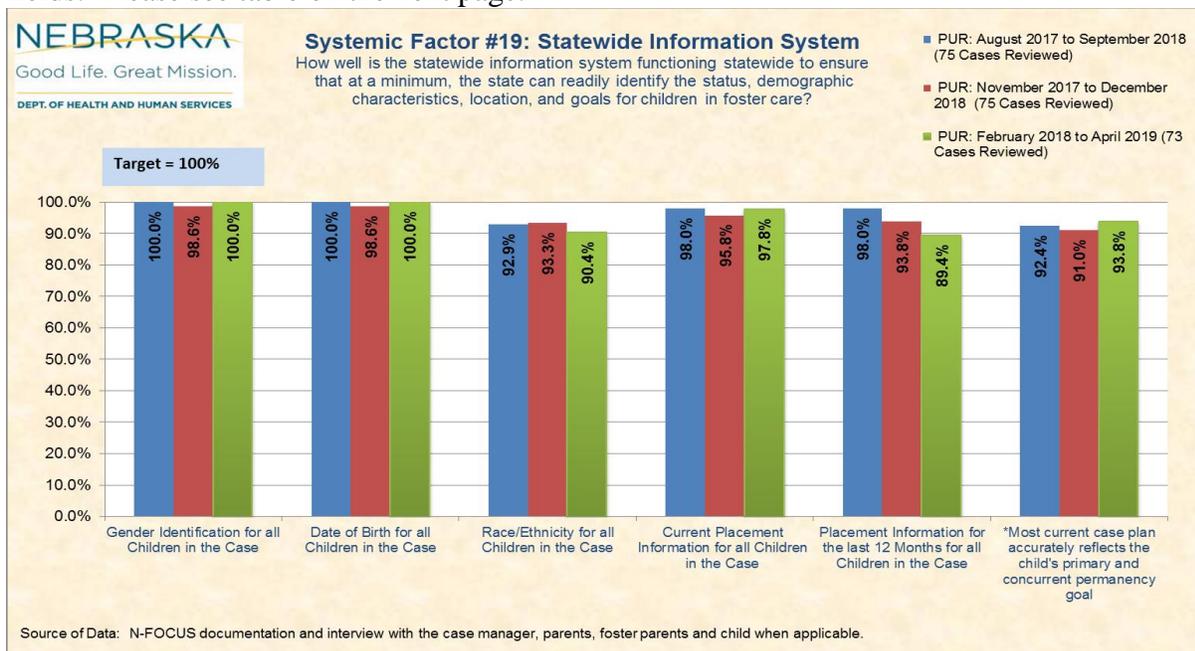
## **Systemic Factors:**

### *Information System (45 CFR 1355.34(c)(1))*

CFS operates a Statewide Automated Child Welfare System (SACWIS) called the Nebraska Family Online Client User System (N-FOCUS). N-FOCUS is available to case managers, supervisors, managers, administrators and staff in supporting roles within CFS statewide. N-FOCUS was created to collect and maintain information regarding individuals, families and providers who receive services from, or interact with, the agency. Collecting and maintaining this information allows immediate access to information about any child, family member, and all other involved parties who have contact with the state’s child welfare system. The SACWIS system allows timely data reporting and analysis which is key to monitoring outcomes and identifying areas needing improvement. In addition, the SACWIS system allows CFS to collect and report data as requested by Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect System (NCANDS), National Youth in Transition Database (NYTD) and other stakeholders.

The Statewide Information system is functioning well in Nebraska, ensuring the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediately preceding 12 months) in foster care.

Quality Assurance (QA) reviews indicate high quality of data is documented in the statewide information system by case managers. Data from the last three QA reviews indicate accuracy of information collected for race/ethnicity and placement within the last 12 months for all children has some room for improvement. QA reviews indicate 88% accuracy for race/ethnicity and 90% for placement within the last 12 months compared to 94% or higher accuracy in other required fields. Please see table on the next page.



Nebraska's assessment demonstrates the state is in substantial conformity To the Statewide Information System. The Statewide Information system is operates well ensuring the State can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediately preceding 12 months) in foster care. Nebraska's Statewide Information System exceeds the minimum expectations of function.

While Nebraska's Statewide Information System exceeds the minimum expectations for functioning, Nebraska continues to gather input from its users in order to make improvements as needed.

Nebraska continues to improve the level of collaboration between the Information System Business Analysts and internal and external data users by the following:

- CFS Business Analysts continue to meet with CFS program administrators, supervisors, case managers and other users to solicit input for system enhancements.
- CFS Business Analysts and other Research Planning and Evaluation staff continue to solicit feedback through collaboration with child welfare stakeholders regarding system function, readily available information and accuracy.
- CFS field staff attending local and statewide CQI meetings and workgroups continue to make recommendations for system enhancements to improve information collection or enhance definitions to ensure accurate data collection.
- CFS continues to share information from N-FOCUS directly with the community collaboratives and has ongoing contact and discussions with stakeholders, regarding the accuracy and accessibility of the informaiton that is shared directly from N-FOCUS.
  - Case information is shared with the Foster Care Review Office (FCRO): Data from N-FOCUS is shared with the FCRO data system on a daily basis. The FCRO is able to directly access information as documented by the case manager in N-FOCUS.
  - Youth data from N-FOCUS is also shared with the Nebraska Criminal Justice Information System (NCJIS) and the Judicial User System to Improve Court Efficiency (JUSTICE) System. Data from N-FOCUS is shared with the NCJIS on a daily basis and with the JUSTICE system on a monthly basis. The JUSTICE system connects all the Trial Courts in Nebraska and the courts are able to access the placement information for the youth as documented on N-FOCUS by the case managers.
  - Data from N-FOCUS is shared with Nebraska service providers through the Provider Performance Improvement (PPI) reporting system. Data from N-FOCUS is shared with the providers and utilized in reports through the PPI reporting system.
  - Data from N-FOCUS is shared and accessible to Tribal CFS staff.
  - CFS is in the process of facilitating a manual data exchange with the Division of Probation in an effort to improve our ability to identify youth involved with both

CFS and Probation. Entries into the Probation and CFS systems do not have a common ID and it is possible that court orders deviate in the spelling of names or other information. As such, CFS will continue to work on improving the accuracy so that this data can be more effectively exchanged and merged.

The State of Nebraska continues to make enhancements aimed at improving the collection and enhancement of data definitions. Additionally, a variety of reports continue to be accessible to CFS staff on a monthly basis. Report information is also incorporated into local CQI meetings and other discussions with CFS field staff. Field staff continue to note their confidence in the accuracy of the information provided in reports.

Nebraska is currently involved in detailed conversations with the Administrative Office of the Courts (AOC). AOC is the division of Probation and Supreme Court. CFS has proposed a plan to upload completed court reports to the judicial portal managed by AOC called the *Judge's Portal*. This portal is an electronic system where judicial parties, including judges, can readily access electronic files. While CFS was ready to move forward with this initiative, AOC requested that we not upload documents yet, pending a court inquiry, and possible policy change, for judicial parties. CFS is optimistic that we will ultimately be allowed to electronically exchange information with the courts and will do so as soon as possible.

Although Nebraska's SACWIS system, NFOCUS, has reached the age of 20-years old, the technology is stable and not at immediate risk of obsolescence. The stability and flexibility of owning and maintaining our own system continues to make this option a viable and cost effective solution. All components of the system are properly being maintained and functioning as designed. System-up-times are at or exceeding 99.9%. Like most states, Nebraska looks forward to an advanced technology system with improved user interfaces and mobile capabilities. In the coming years it is expected that Nebraska will pursue migration to a new platform, but for now there is no mandatory requirement or short-term plans to do so.

### *Case Review System (45 CFR 1355.34(c)(2))*

The 2020-2024 CFSP must include: Available data and information that demonstrates the current functioning of the case review systemic factor.

#### **Item 20. Written Case Plan**

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

**2017 Federal CFSR Finding:** Data and information in the statewide assessment showed that written case plans for children in the state's foster care system are not routinely developed jointly with parents.

#### **Updated Data and Information:**

According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the title IV-E agency must have procedures in place that: (i) Provide, for each child, a written Case Plan to be developed jointly with the child's parent(s) that includes provisions: for placing the child in the least restrictive, most family-like placement appropriate to his/her needs, and in close proximity to the parents' home where such placement is in the child's best interests; for visits with a child placed out of State/Tribal service area at least every 12 months by a caseworker of the agency or of the agency in the State/Tribal service area where the child is placed; and for documentation of the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home (sections 422(b)(8)(A)(ii), 471(a)(16) and 475(5)(A) of the Act).

In Nebraska, the required provisions are addressed in the Case Plan and Court Report documents which are submitted jointly to the court for review. The “Ongoing Case Management” administrative memo defines the requirements of the Case Plan, Family Team Meetings and the Court Report.

The Case Plan is a written agreement developed between the family, the case manager and other team members as appropriate. Case Plans are developed for court and non-court involved families using the *Family Strengths and Needs Assessment* as a foundation. For families involved with the court, the court approves or modifies the Case Plan. In addition, Family Team Meetings are convened for the purpose of creating, implementing, evaluating, and updating a Safety Plan and/or Case Plan that supports an individual's/family's achievement of their goals and the child safety concerns. The team meeting must include the family (unless reunification is not the permanency goal), the case manager, and may include other formal and informal supports selected by the family (or others if the family is no longer involved). The Court Report is always included with the Case Plan for court involved families. The Court Report is a written document that contains information about the child and the family and the progress towards achieving the goals in the Case Plan.

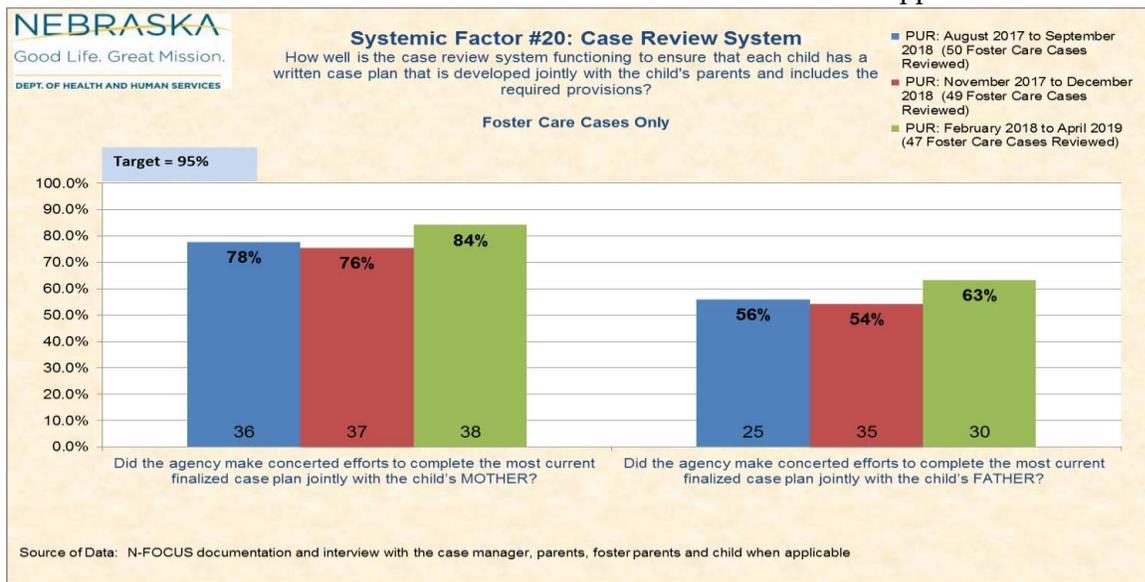
The data used to assess the performance for this systemic factor is derived from specific quality assurance review questions that are answered for cases that are randomly selected statewide for review, using the Federal CFSR review tool each quarter. The Quality Assurance (QA) team incorporated the following questions in the CFSR case reviews and interviews in December 2014, in order to determine if Case Plans are developed jointly with the child, mother and father. These questions are answered using information documented in the N-FOCUS case file and gathered during the interviews with the case manager, mother, father and youth whenever possible.

Questions:

- a. Did the agency make concerted efforts to complete the most current finalized Case Plan jointly with the child’s mother?
- b. Did the agency make concerted efforts to complete the most current finalized Case Plan jointly with the child’s father?

As demonstrated below, over the past year, CFS saw improvements in efforts to develop the child’s case plan jointly with the child’s mother and father. Data from the most recent review of cases indicated the following:

- CFS made concerted efforts to develop the most current finalized case plan jointly with the child’s mother in 84% of the cases in which the mother was applicable.
- CFS made concerted efforts to develop the most current finalized case plan jointly with the child’s father in 63% of the cases in which the father was applicable.



## Item 21. Periodic Reviews

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

**2017 Federal CFR Finding:** Nebraska did not provide sufficient data or information in the statewide assessment to support that periodic reviews were occurring no less frequently than once every 6 months. Stakeholders reported that periodic reviews routinely occur for many children in foster care. However, stakeholders said that in some areas of the state, in cases when the judicial TPR decision is appealed, it is not uncommon for all periodic reviews to cease. As a result, timely periodic reviews do not occur for these children as required. The state does not have data to indicate the magnitude of this issue.

### Updated Data and Information:

According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the title IV-E agency must have procedures in place that: (ii) for periodic review of the status of each child no less frequently than once every six months by either a court or by administrative review (sections 422(b)(8)(A)(ii), 471(a)(16) and 475(5)(B) of the Act).

According to Nebraska Revised Statute 43-1313, when a child is in foster care, the court having jurisdiction over such child for the purposes of foster care placement shall review the dispositional order for such child at least once every six months.

The most recent data in Table #1 below, received from the Foster Care Review Office (FCRO), indicate court review hearings are occurring every 6 months for over 96% of the children or youth whose cases are reviewed each quarter. The data is based on information gathered from the Foster Review Office quarterly reviews. The Foster Care Review Office utilizes paid staff to review case documentation and trained volunteers who serve on review board to review case for children in foster care. The information gathered from DHHS documentation is verified through interviews and a formal documentation about the review is shared with the judge, DHHS and other legal parties.

**Table #1: FCRO Review Data**

**Court reviews occurring every 6 months for youth in foster care**

<b>Period</b>	<b>6 month court review held</b>	<b>Total children FCRO reviewed in care 6 months</b>	<b>Percentage</b>
July-Sept 2017	988	1017	97.1%
Oct – Dec 2017	910	944	96.4%
Jan –Mar 2018	1096	1127	97.2%
Apr – June 2018	1099	1145	96.0%
July – Sept 2018	1030	1073	96.0%
Oct – Dec 2018	946	972	97.3%
Jan – Mar 2019	1030	1050	98.1%

Information from FCRO reviews, in Table #2 below, also indicates that court review hearings are occurring every 6 months for the children/youth on TPR appeal.

**Table #2: FCRO Review Data**

**Court reviews occurring every 6 months for youth on TRP appeal**

<b>Period</b>	<b>6 month court review held</b>	<b>Total children FCRO reviewed that were in care 6 months or longer and on TPR appeal at time of review</b>	<b>Percentage</b>
Jan –Mar 2018	28	28	100%
Apr – Jun 2018	14	20	70%
July – Sept 2018	39	40	98%
Oct – Dec 2018	37	37	100.0%
Jan – Mar 2019	30	30	100.0%

**Item 22. Permanency Hearings**

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

**2017 Federal CFSR Finding:** Nebraska did not provide sufficient data or information in the statewide assessment to support that permanency hearings were occurring no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Stakeholders reported that periodic reviews routinely occur for many children in foster care. However, stakeholders said that in some areas of the state, in cases when the judicial TPR decision is appealed, it is not uncommon for permanency hearings to cease. As a result, timely permanency hearings do not occur for these children as required. The state does not have data to indicate the magnitude of this issue.

### **Updated Data and Information:**

According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the title IV-E agency must have procedures in place that: (iii) Assure that each child in foster care under the supervision of the title IV-E agency has a permanency hearing in a family or juvenile court or another court of competent jurisdiction (including a Tribal court), or by an administrative body appointed or approved by the court, which is not a part of or under the supervision or direction of the title IV-E agency, no later than 12 months from the date the child entered foster care (and not less frequently than every 12 months thereafter during the continuation of foster care) (sections 422(b)(8)(A)(ii), 471(a)(16) and 475(5)(C) of the Act).

According to Nebraska Revised Statute 43-1312, each child in foster care under the supervision of the state shall have a permanency hearing by a court, no later than twelve months after the date the child enters foster care and annually thereafter during the continuation of foster care. The court's order shall include a finding regarding the appropriateness of the permanency plan determined for the child and shall include whether, and if applicable when, the child will be:

- a. Returned to the parent;
- b. Referred to the state for filing of a petition for termination of parental rights;
- c. Placed for adoption;
- d. Referred for guardianship; or
- e. In cases where the state agency has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, (i) referred for termination of parental rights, (ii) placed for adoption with a fit and willing relative, or (iii) placed with a guardian.

The most recent data received from the FCRO indicates 96.0% of children in out of home 12+ months (621 out of 646) had a permanency hearing occur as expected. The data represents cases reviewed by the FCRO from January to March 2019. Reviews are completed by the FCRO on an ongoing basis and data is reported quarterly.

The most recent data in Table #3 below, received from the Foster Care Review Office (FCRO), indicate permanency review hearings are occurring every 12 months for over 90% of the

children/youth whose cases are reviewed each quarter. The data is based on information gathered from the Foster Review Office quarterly reviews. The Foster Care Review Office utilizes paid staff to review case documentation and trained volunteers who serve on review board to review case for children in foster care. The information gathered from DHHS documentation is verified through interviews and a formal documentation about the review is shared with the judge, DHHS and other legal parties.

**Table #3: FCRO Review Data**

**Permanency hearings occurring every 12 months for youth in foster care**

<b>Period</b>	<b>Permanency hearing held</b>	<b>Total children reviewed in care 12 months</b>	<b>Percentage</b>
July-Sept 2017	507	553	91.7%
Oct – Dec 2017	543	598	90.8%
Jan –Mar 2018	544	587	92.7%
Apr – June 2018	606	639	94.8%
July – Sept 2018	611	665	91.9%
Oct – Dec 2018	562	597	94.1%
Jan – Mar 2019	621	646	96.1%

FCRO review data in Table #4 below indicate that permanency review hearings are also occurring every 12 months for the children/youth on TPR appeal.

**Table #4: FCRO Review Data**

**Permanency hearings occurring every 12 months for youth on TRP appeal**

<b>Period</b>	<b>Court permanency hearing held</b>	<b>Total children FCRO reviewed that were in care 12 months or longer and on TPR appeal at time of review</b>	<b>Percentage</b>
Jan –Mar 2018	23	23	100%
Apr – Jun 2018	11	11	100%
July – Sept 2018	32	34	94%
Oct – Dec 2018	37	37	100.0%
Jan – Mar 2019	28	28	100.0%

**Item 23. Termination of Parental Rights**

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

**2017 Federal CFSR Finding:** Data and information from the statewide assessment showed that TPR petitions are not routinely filed across the state in a timely manner, as required.

**Updated Data and Information:**

According to the federal regulation (45 CFR 1355.34 (c) (2) Case Review System), the Title IV-E agency must have procedures in place that: (iv) Provide a process for termination of parental rights proceedings in accordance with sections 422(b)(8)(A)(ii), 475(5)(E) and (F) of the Act.

Nebraska Revised Statute 43-292 establishes grounds for the termination of parental rights (TPR). Nebraska Revised Statute 42-292.02 and 43-292.03 establishes Adoption and Safe Families Act (ASFA) requirements when filing for TPR.

As of July 23, 2018, Nebraska had 1,341 youth that met the ASFA threshold of being out of home 15 of the most recent 22 months. Of those, 28%, or 379, did not have either a TPR filing or a TPR exception recorded in the state's information system. Additionally, data from the chart below indicate that a TPR petition is filed with the court on or before the child's 15<sup>th</sup> month in out of home care in less than 30% of the youth who reach 15 of 22 month threshold each month and do not meet any criteria for TPR exceptions.

**Item 24. Notice of Hearings and Reviews to Caregivers**

**Description of Systemic Factor Item:** The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

**2017 Federal CFSR Finding:** Data and information in the statewide assessment showed that foster parents, pre-adoptive parents, and relative caregivers of children in foster care do not routinely receive notification of and have a right to be heard in any review or hearing held with respect to the child.

**Updated Data and Information:**

According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the title IV-E agency must have procedures in place that: (v) foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and a right to be heard in permanency hearings and six-month periodic reviews held with respect to the child (sections 422(b)(8)(A)(ii), 475(5)(G) of the Act, and 45 CFR [1356.21\(o\)](#)).

It is a requirement of the court to send notification of hearings to the foster parents (Nebraska Revised Statute 43-1314). The role of CFS is simply to provide addresses for all current foster parents including relatives to the court. While Nebraska Statute directs the courts to provide court notice of hearings to foster parents, in the Eastern Service area, the courts order CFS to

provide such notice. This has been occurring through the use of a template versus as a function of the N-FOCUS system, making data not readily available. In the other counties, the courts have assumed this responsibility.

In addition, Nebraska Revised Statute 43-1314.02 requires courts to provide a Caregiver Information Form to foster parents. The Caregiver Information Form is available on the Supreme Court's website at: <https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/forms/JC-caregiver-info-form.pdf>

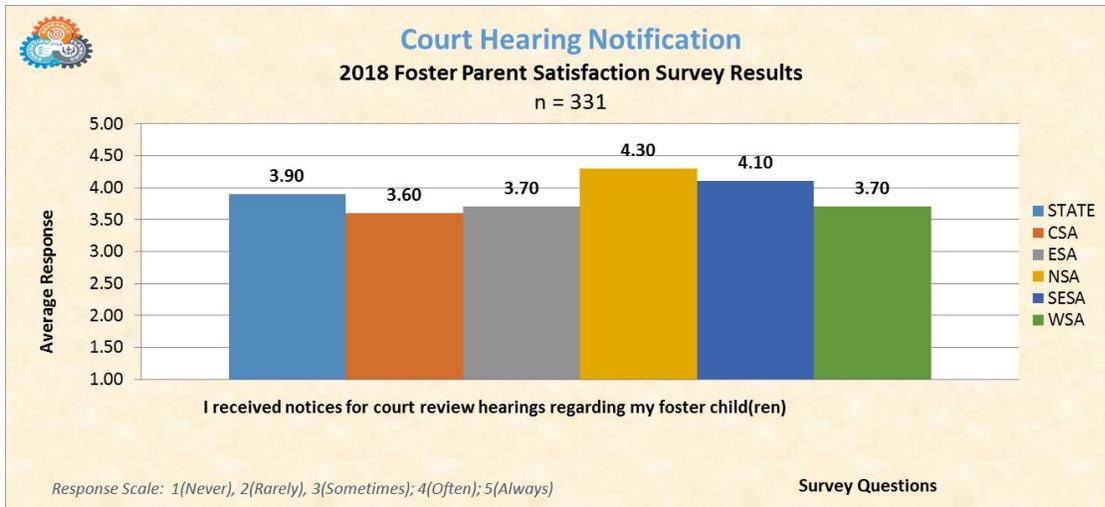
The form states:

*“To the Foster Parent or Relative Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and **you can be heard at review and permanency hearings**. This optional form may assist you in providing written information to the court. You are encouraged to provide information based only on first-hand knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.”*

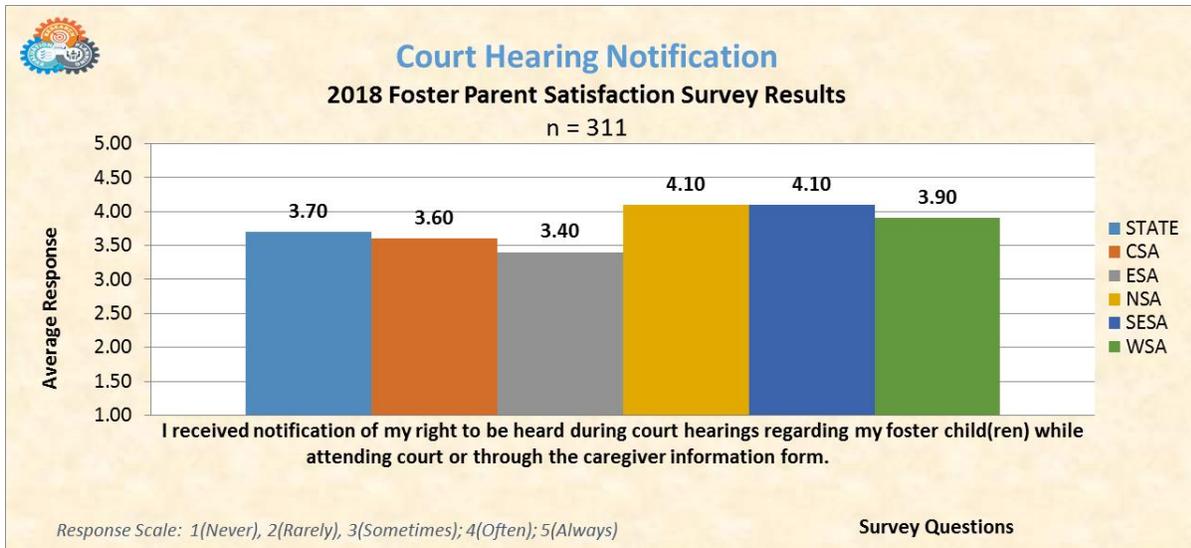
The Nebraska Foster and Adoptive Parent Association (NFAPA) and child placing agencies who contract with CFS to provide foster care training and support, provide prospective foster parents with training on the court system; foster parents' right to be involved in the court system; and the Caregiver Information Form. This training occurs on a formalized basis during pre-service foster parent training, and also occurs informally after training through foster parent support groups, foster care specialist contact and foster parent continuing education training.

The data presented below is from the 2018 foster parent satisfaction survey. The surveys are administered by an outbound telephone firm through a contract with the Bureau of Sociological Research at the University of Nebraska Lincoln. The survey recipients are randomly selected from a list of active wards of the state.

In 2018, of the 331 applicable foster parents surveyed, 220 or 66% indicated they often or always received notices for court review hearings regarding their foster child. Sixty nine or 21% of the foster parents indicated they rarely or never received notices for court review hearings regarding their foster child.



The 2018 foster parent survey results also indicated that 64% of the applicable foster parents often or always received notification of their right to be heard during court hearings regarding their foster child while attending court or through the Caregiver Information Form. Eighty one or 26% of the foster parents indicated that they rarely or never received notification of their right to be heard during court hearings regarding their foster child while attending court or through the Caregiver Information Form.



The 2018 foster parent survey results also indicated that 63% of the foster parents often or always actively participate in court review hearings regarding their foster child. The results from the 2018 foster parent satisfaction survey above indicate over 65% that foster parents often or always received notification of their right to be heard during court hearings involving their foster child and often or always received notices for court review hearings involving their foster child. Nebraska believes this number should be higher and continues to implement strategies to increase notification to foster parents.

#### Item 20. Written Case Plan:

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

#### **Progress Made During FY 2015-2019:**

In the past 5 years, CFS implemented the following key activities to improve parent engagement and ensure the child's case plan is jointly developed with the child's mother and father:

- CFS Policy Team revised the case manager required contact and non-custodial parent contact policy guidance to include additional details regarding efforts to engage parents.
- CFS utilized statewide and local CQI meetings to discuss and provide clarifications to case managers regarding expectations around parent engagement.
- CFS RPE team implemented N-FOCUS enhancements to ensure more efficient documentation of parent contacts.
- CFS Policy and Research Planning and Evaluation (RPE) team developed case management desk aides and quality quick tip emails and video instructions to:
  - Provide tips and strategies for parent engagement.
  - Provide reference guides and instructions on documenting detailed required contact and family team meeting notes on N-FOCUS.
- CFS field staff utilized Family Finding Program to locate and engage non-custodial parents.
- CFS field staff utilized other web based programs and resources such as Lexus Nexis and Facebook searches to locate parents.
- CFS worked collaboratively with the Nebraska department of correctional facilities to address barriers to engaging incarcerated parents.

#### Item 21. Periodic Reviews:

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

#### **Progress Made During FY 2015-2019:**

In the past 5 years, CFS has partnered with the Foster Care Review Office (FCRO) in assessing whether or not 6 month review hearings are happening for children/youth in foster care. As noted above, data from these reviews support that 6 month court review hearings are happening for youth in foster care in Nebraska. Nebraska CFS continues to have confidence that the data from FCRO is representative of all Foster Care Cases. The FCRO has dedicated staff that pull data from the JUSTICE system to identify and capture court dates. In addition, the FCRO collects court date data elements during their review process. To select cases for review the FCRO first considers the date of the next court review so that reviews can be scheduled to provide the court and legal parties the most current information possible.

The Federal CFSR Review in June 2017 identified the need to also track and ensure 6 month review hearings are occurring for children/youth involved in TPR appeals. Since then, the FCRO began identifying the children/youth in foster care who are involved in TPR appeals and providing data regarding 6 month review hearings for these youth. Data from the FCRO reviews support that 6 month review hearings are occurring for youth on TPR appeal. CFS has also been working collaboratively with the Court Improvement Project (CIP) to identify strategies and opportunities to continually educate judges and legal parties of the importance of continuing to hold 6 month review hearings for children/youth in TPR appeals.

#### Item 22. Permanency Hearings:

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

#### **Progress Made During FY 2015-2019:**

In the past 5 years, CFS has partnered with the Foster Care Review Office (FCRO) in assessing whether or not permanency hearings are occurring for children/youth in foster care. As noted above, data from these reviews support that permanency hearings are occurring for youth in foster care in Nebraska. Nebraska CFS continues to have confidence that the data from FCRO is representative of all Foster Care Cases. The FCRO has dedicated staff that pull data from the JUSTICE system to identify and capture court dates. In addition, the FCRO collects court date data elements during their review process. To select cases for review the FCRO first considers the date of the next court review so that reviews can be scheduled to provide the court and legal parties the most current information possible.

The Federal CFSR Review in June 2017 identified the need to track and ensure permanency hearings are occurring for children/youth involved in TPR appeals. Since then, the FCRO began identifying the children/youth in foster care who are involved in TPR appeals and providing data regarding permanency hearings for these youth. As seen above, data from the FCRO reviews indicate permanency hearings are occurring for youth in TPR appeals. CFS has also been working collaboratively with the Court Improvement Project (CIP) to identify strategies and opportunities to continually educate judges and legal parties of the importance of continuing to hold permanency hearings for children/youth in TPR appeals.

#### Item 23. Termination of Parental Rights:

**Description of Systemic Factor Item:** The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.

#### **Progress Made During FY 2015-2019:**

In the past 5 years, CFS implemented the following key activities to improve timely TPR filing.

- CFS RPE team made enhancements to N-FOCUS to provide case managers, supervisors and administrators access to revised monthly reports of the children that have been in out of home care 15 of 22 months and out of home 12 to 14 months. The “Out of Home 15 of 22 Months Due to Abuse/Neglect Priority List” is delivered directly to the Douglas Juvenile Court judge and sent electronically (no longer via postal mail) to all other judges that are assigned to the child’s juvenile case on a monthly basis. Service Area Administrators are responsible for sharing the report to the county attorneys. In addition, the report is significantly more user friendly in that it only includes those priority children that have been out of home for 15 of 22 months and no action has been taken (i.e. both sets of parental rights are intact and no termination or exception hearing has been scheduled or held).
- CFS RPE team made enhancements to N-FOCUS to parental rights screen to allow for more efficient and timely documentation of actions taken to address parental rights. This enhancement allowed for more timely and accurate documentation of TPR filing dates and decisions.
- CFS gathered information directly from case managers to determine existing barriers to request TPR filing and root causes to the barriers.
- CFS utilized statewide and local CQI meetings to discuss barriers to TPR filing and developed strategies to address barriers. Strategies included the following:
  - CFS reviewed DHHS legal support communication and process across the state in order to increase support to case managers when requesting TPR filing.
  - CFS and CIP met on a quarterly basis to discuss court related barriers including barriers to timely TPR filing in different court jurisdictions.

Item 24. Notice of Hearings and Reviews to Caregivers:

**Description of Systemic Factor Item:** The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

**Progress Made During FY 2015-2019:**

In the past 5 years, CFS implemented the following key activities to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

- CFS continued to work with NFAPA and contracted child placing agencies to educate parents on their right to be heard court review and permanency hearings regarding their foster child.
- CFS added new survey questions to better capture information from foster parents on whether or not they receive notification of their right to be heard during court review hearings regarding their foster child while attending court or through the caregiver information form.
- CFS began providing N-FOCUS placement data, including the foster parent’s address, to the Supreme Court data system on a daily basis. This daily interface ensured that the

court system had the most current placement information in order to provide timely notices of upcoming court hearings.

- CFS continued to work with CIP to explore possible system changes to ensure a more efficient method to notify foster parents of court hearings.

Please review the State of Nebraska's recently approved CFSR PIP for current or planned activities targeted at improving performance or addressing significant areas of concern for the next two years regarding our case review system. In addition to the activities and strategies identified in the CFSR PIP, the DCFS will also be one of the first states to implement the Family First Prevention Services Act (FFPSA) which will broaden the current service array to include evidence based prevention services as verified by the Administration of Children and Families established IV-E clearinghouse to address in-home parenting skills, substance use disorder and mental health. FFPSA will improve the current service array of prevention services and identify additional prevention services, in an effort to decrease the amount of children that enter out of home care and help strengthen families. The prevention services offered through FFPSA combined with the current prevention service array will provide a more comprehensive array of services to children in their own homes, with their parents and families. Importantly, parents and families will have a voice and choice when choosing and implementing services to help prevent issues constraining the family dynamics. This will provide a synergetic case system in which CFS, the community, parents, and families work together to help strengthen the home..

As it pertains to Item 22, the Nebraska Administrative Office of the Courts (AOC), the Office of Dispute Resolution (ODR) and the Nebraska Department of Health and Human Services- Division of Children and Family Services (CFS) entered into an agreement on March 1, 2019, to collaborate on a joint project to increase the rate where youth with a permanency goal of reunification, achieve reunification with their parent or caregiver, or return home on a trial home visit within 12 months of their removal from the parental/caregiver home. This project is currently a pilot project being served in Madison, Lancaster and Dawson counties in Nebraska. Collaboration is occurring within the child welfare system in these counties to evaluate if the use of a Pre-Hearing Permanency Review (PHPR) conference improves reunification rates. Collection of information for this pilot project will go until June 30, 2020 or until treatment groups achieve 50 cases, whichever occurs first.

### *Quality Assurance System (45 CFR 1355.34(c)(3)):*

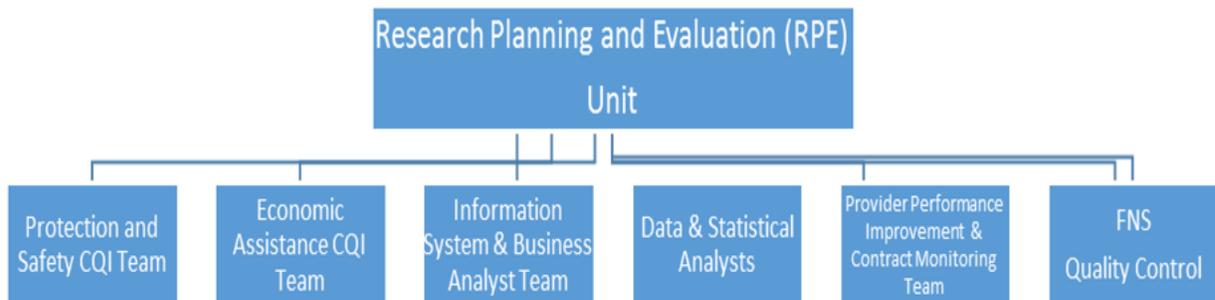
The State of Nebraska's child welfare system is proud to have an operational and independent Continuous Quality Improvement (CQI) team of experts serving with CFS and ultimately the youth, parents, and families we serve. The CQI organization was established in 2012 and is comprised of team members with noted CFS protection and safety case management skills and experience. Furthermore, CQI staff offer expertise in; SACWIS development, provider performance, as well as economic assistance competencies, e.g., SNAP Quality Control. Nebraska's CQI program is designed to enable both a qualitative and a quantitative review process, providing maximum insight and support for continual assessment and improvement of our case management practices and outcomes.

In current compliance and consistent with the Federal IM 12-07, the Nebraska CQI team provides support through a comprehensive review process including;

### **CQI Structure:**

Nebraska’s Continuous Quality Improvement (CQI) system utilizes a team approach to improving performance that leads to better outcomes for children and families. Nebraska’s Continuous Quality Improvement System operates statewide in all jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided.

The Children and Family Services (CFS) Research Planning and Evaluation (RPE) Unit provides monitoring of continuous quality improvement activities performed across the state. The chart below illustrates the RPE unit structure. This structure is designed specifically to create a synergy among the multiple disciplines involved with the overall child welfare system.



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

The Protection and Safety CQI team’s goal is to strengthen the outcomes for children and families and improve efficiency and quality of the Nebraska protection and safety system by:

- Performing various case reads and quality assurance reviews.
- Working collaboratively with CFS staff to identify process inefficiencies and develop solutions for improvement.
- Provide ongoing training and recognition feedback regarding strengths and areas needing improvement as identified in case reads and quality assurance reviews.

- Providing ongoing field support, technical assistance, Quality Quick Tips and instructions to ensure staff across the state are aware of existing and modified policies and procedures.
- Working collaboratively with field CFS staff to implement local CQI teams and activities.
- Ensuring Quality Data collection through continuous inter-rater-reliability and other activities that promote reviewer consistency
- Ensuring reports are made available and accessible to internal and external stakeholders.

The CFS Business Analyst Team supports the Children and Family Services system through completion of the following:

- Acts as a liaison between business (policy/program) and the IS&T developers
- Initiates and coordinates N-FOCUS enhancement Projects for Children and Family Services
- Analyzes business process and works with clients to determine needs and requirements for system changes
- Provides analytic support by coordinating data extraction from databases, organizing information, and providing data interpretation
- Provides technical support/instruction/assistance for applications
- Investigations system malfunctions and researches solutions
- Performs complete Unit Testing and Business Acceptance testing to ensure system enhancements function as designed without system interruption.

Data & Statistical Analysts complete a variety of analysis using information from the state's information system, Chapin Hall data and other sources and prepare reports that are used during statewide and local CQI meeting discussions and/or used by CFS staff to manage important case activities, staff performance and identify strengths and areas needing improvement.

The Provider Performance and Contract Monitoring Team's goal is to strengthen the outcomes for children and families through completion of various contract monitoring and provider performance improvement activities.

The Economic Assistance CQI Team's goal is to strengthen the outcomes for children and families and improve efficiency and quality of the Nebraska Economic Assistance System. This team analyzes both adherence to Federal and State statutes, and responds to audit findings or other areas where performance is in question. his program provides continuous learning and recognition of staff through case reviews on a daily basis.

The FNS Quality Control Team's goal is a federally mandated program designed to measure the quality and timeliness of economic support budgeting and processing, e.g., SNAP Actives, SNAP CAPERS, SNAP Timeliness, and Child Support.

Nebraska has a robust CQI framework and an infrastructure necessary to implement an effective CQI statewide system as illustrated below. The framework is designed and executed in a manner that creates a synergistic process through extensive information gathering, sharing, collaboration, and execution to improve based on the numerous inputs and processes.

- Service Area (Local) CQI

CFS continues to operate CQI teams within each of the five service areas. Local CQI teams continue to review data, identify root causes for areas needing improvement and develop strategies for improvement. The local CQI process will be utilized to review Service Area specific data from CFSR Reviews and discuss action strategies and progress towards achievement of Program Improvement Plan activities.

- External Collaboration and Provider CQI:

External stakeholders play a critical role in strengthening system improvements. CFS holds ongoing bi-monthly meetings with statewide providers. CFS continues to provide data and facilitate dialogue with providers during these meetings.

- Tribal CQI

A Tribal CQI Team continues to meet at least once per quarter in Nebraska. The Tribal CQI team is comprised of CFS leadership and representatives from each of the four Native American Tribes in Nebraska. This CQI team functions much like the Service Area Local CQI teams. These meetings provide a strong framework to improve outcome measures as well as enhance the partnership between CFS and tribal representatives.

- Quality Data Collection

Nebraska has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety). These standards were developed based on statute, regulations, policies and best practice requirements. Nebraska also measures and monitors performance related to Federal standards and outcomes related to safety, permanency and well-being. These Federal, State and best practice standards are used to monitor performance and ensure quality services are provided to all children and families served within the Children and Families Services system.

Developing and implementing standards to ensure that children in foster care are provided quality services that protect their health is an area of strength for Nebraska. Nebraska CFS collects data from a variety of sources including data from the state's information system, case reviews, quality assurance reviews, stakeholder interviews, surveys, and in depth analysis using a variety of techniques.

The use of data is critical to a strong CQI system, which is why CFS has standards to ensure data quality and validity using various methods. The following are examples of quality data collection strategies implemented by CFS:

- **Ensure quality data collection through the state's information system (N-FOCUS).** CFS ensures quality collection by dedicating staff to evaluate and improve user interface and enhance user experience with the system. In addition, CFS also provides ongoing training and instructions regarding effective and efficient use of N-FOCUS to document and collect information for all clients served.

To ensure all CFS staff have adequate knowledge of , and can use these new functionalities on N-FOCUS, CFS RPE CQI staff develop quality quick tip emails with written and video instructions regarding each new functionality. Instructions are provided to all CFS staff by email as well as made available on the CFS intranet website.

- **Ensure quality data collection through inter-rater-reliability and reviewer proficiency.** In addition to system improvements, the RPE Protection and Safety CQI team continues to ensure quality data collection through inter rater reliability and reviewer proficiency activities. Activities include the following:
  - Utilize a continuous inter-rater reliability program to monitor and report on QA's reliability and the repeatability of results.
  - Conduct reliability exercises on a regular basis for CFSR reviews and all other QA review tools. The reliability exercises continue to comprise of the following:
    - Results are broken down to the individual reviewer level. Reviewers that score below the average will work with their supervisor to address areas needing improvement.
    - Discussion and ongoing communication regarding the reason for the error. The review teams discuss the reliability tools and identifying areas of inconsistencies. Supervisors implement additional training and clarifications as needed to correct areas of inconsistencies identified in the reliability exercises. As part of reviewer proficiency, the reviewers and supervisors discuss updates and changes to program policy and practice and how those relate to specific review questions during the reliability meetings.
  - Utilize a second level review process for QA tools to ensure reviewer reliability and consistency. The second level reviewers provide direction, clarification and work with the first level reviewer to identify and address reliability issues.
  - Utilize electronic quizzes to ensure reviewers are up to date with review requirements and knowledge to complete the reviews accurately. Reviewers with scores below the average on the quizzes will work with their supervisor to address areas needing improvement.
  - Reviewers are required to be proficient and have expert knowledge of the CFSR. Reviewers are required to complete ALL Round 3 CFSR training modules and

pass the 80 question CFSR proficiency quiz available on the CFSR training website.

- Reviewers are required to be knowledgeable and proficient with current policy and practice expectations. Reviewers are required to attend at least 24 hours of ongoing trainings each calendar year.
- **Ensure quality of data in the state's information system meet federal expectations.** Nebraska monitors data accuracy, generates reports and implements strategies on an ongoing basis to improve data accuracy with respect to AFCARS, NCANDS and NYTD. Nebraska recognizes that ensuring quality data related to AFCARS, NCANDS and NYTD increases confidence in the quality of all system data.

- **Case Record Review Data and Process**

The RPE Protection and Safety Continuous Quality Improvement (CQI) team conducts case reads for various programs and processes. Case read instruments are utilized to review a sample of cases across the state to monitor safety, permanency and well-being and identify strengths and needs of the service delivery system. In addition, the RPE Contract Monitoring unit conducts performance reviews on various provider processes, programs and services to identify strengths and needs and ensure quality services are provided to meet outcomes to help strengthen families and protect children. The RPE Protection and Safety CQI and Contract Monitoring staff are experienced and knowledgeable about programs and processes under review. These staff have no direct responsibility for the programs, processes, cases or staff under review.

The RPE CQI review team uses the federal CFSR Onsite Review Instrument (OSRI) and the federal OMS system to conduct case reviews on an ongoing basis. The team reviews approximately 65 cases each quarter that were randomly selected throughout the State. The reviews mirror the federal review process and include file review and interviews with case participants. Interviews with the case participants are conducted in person whenever possible. The CQI unit Program Accuracy Specialists (PAS) complete the initial case reviews and 100% of the cases are also reviewed by a 2<sup>nd</sup> QA reviewer for accuracy. The source of information for the case reviews include documentation from the case file and information from phone interviews with case participants (parents, foster parents, youth, and other case participants as needed). The CFSR case reviews are completed as part of the Federal Program Improvement Plan process. One of the requirements of the Program Improvement Plan process is that a percentage of the cases reviewed are also reviewed by staff from the Children's Bureau. The CFSR Case Reviews as well as all other QA reviews completed by the RPE CQI team allows the team to identify any significant case concerns and bring those concerns to the CFS administrators to address. In addition to issues identified by the RPE CQI team, the Children's Bureau staff also provide feedback to the state about case practice concerns identified during their secondary review of the case. Often times, the state has already utilized the Admin Review process to notify the CFS administrators in order to address the concerns.

The RPE CQI team completes quarterly CFSR reports summarizing results from the reviews, themes and case concerns. These reports are utilized during the quarterly local CQI meetings to address areas needing improvement. The State's CQI process relies on in depth discussions

during the quarterly local CQI meetings to identify specific barriers and strategies for improvement. During the local CQI meetings, RPE CQI team presents quarterly CFSR case review results, including case details to facilitate discussions to identify barriers to safety, permanency and well-being outcomes. Strategies/key activities are developed during these local CQI meetings to address identified barriers/needs specific to the local Service Area. When common barriers are addressed across service areas, the Service Area Administrators address these during monthly SAA meetings and employ strategies, including statewide workgroups and discussions among case managers and supervisors, as needed.

The RPE CQI review team also utilizes other QA instruments to further assess and identify strengths and areas needing improvement. For example, when areas needing improvement are identified during case reviews completed using the federal CFSR review tool, additional QA review tools are developed to collect specific information about the barriers to positive outcomes related to certain items. In the past year, the following additional review tools were implemented to gather additional information:

- Barriers to Permanency - Reunification
- Barriers to Achieving Permanency
- Comprehensive CFS Review - CFS
- Informal Living Arrangement QA
- Non-Custodial Parent- Secondary Caregiver (In-Home & AR Cases)
- Quality of Parent Contacts
- Sexual Abuse Allegations involving youth in Ongoing Case
- Sexual Abuse Intakes OOH care
- Sexual Abuse Intake QA
- Special Review – Non-Court
- Special Review-Supervised Visitation

In addition to the case reads using the federal CFSR review tool and the targeted reviews described above, the unit also completes the following reviews:

- *IV-E Case Reviews*. IV-E Eligibility Reviews are conducted on a quarterly basis using the Federal IV-E On-Site Review Instrument.
- *Subsidized Adoption IV-E Case Reviews*. Subsidized Adoption IV-E eligibility reviews are conducted on a quarterly basis using a comprehensive tool developed to assess all subsidized adoption requirements.
- *SDM® Fidelity Reviews*. SDM® is an integral, evidence based practice assessment tool used in Nebraska for both intake and ongoing case management and decision making. CFS utilizes various methodologies to assess Service Area and statewide SDM® fidelity. CFS tested for accuracy of the item scores based on a comprehensive analysis of completed assessments. Case reviews were also completed when necessary to support SDM® Fidelity. The charts and analysis below are examples from the SDM® Reunification Assessment Analysis report.
- *Proactive Safety and Risk Reviews*. Ongoing case documentation reviews are conducted on recently completed Initial Assessments and documentation of the most recent 6 months of ongoing cases to determine if safety or non-safety related concerns should be

brought to the attention of CFS Administrators. An email is sent to the CFS Administrators with a summary of each safety or non-safety concern identified.

- *Various Quality Assurance reviews* are also implemented to identify strengths and areas needing improvement and ensure state and federal standards and policies are implemented as expected. Various quality assurance reviews are also implemented to gather data to inform the state regarding specific barriers to Safety, Permanency and Well-Being and the Statewide Systemic Factors. The following is a list of some of the additional QA reviews:
  - Adult Protective Services Investigation
  - Barriers to Permanency - Reunification
  - Barriers to Achieving Permanency
  - Hotline Customer Service Review
  - Nebraska Caregiver Responsibility Review
  - Case Plan Involvement and Quality Interviews – Systemic Factor #20
  - Information System Data Accuracy -Systemic Factor #19
  - ICWA Compliance Reviews
  - Substance Abuse Reviews
  - Comprehensive Services Reviews

The RPE Contract Monitoring team implements various service provider contract monitoring activities and reviews to ensure service delivery needs are met. The following are examples of activities and reviews performed to identify strengths and areas needing improvement:

- *Comprehensive Provider Service Review* – A comprehensive review with the Contractor about service performance, quality of service, quality of documents, audits, and contract compliance.
- *Service Quality Review* – A review of a Contractor’s service documentation and collateral information to determine quality of an individual service provided to a family while involved with CFS.
- *Personnel File Review* – A review of a Contractor’s personnel files to determine contract compliance, to include compliance with background checks, training, work eligibility, etc.
- *Provider Performance Improvement (PPI)* – Review of data recorded and calculated in the Contractor’s PPI webpage. The review will include conversations about both good and poor performance in services tracked in the PPI webpage, as well as comparison of the Contractor’s data with statewide data and other contractors.
- *Recruitment and Retention Review* – A review of Recruitment and Retention plans submitted by the Contractor coupled with a review of PPI data to determine if the Contractor has recruited or maintained foster homes that meet the needs of children in the care of CFS.

CFS utilizes trained staff within the RPE unit to complete analysis of data gathered from the state’s information system, case reads, quality assurance and provider performance reviews. Data

is analyzed in a variety of ways to illustrate current performance as well as performance over time for the State, Tribes and each of the five Service Areas.

CFS continues to use data as part of the local CQI process to identify areas needing improvement. Understanding that data reports are only as good as the data entered, CFS continually looks for ways to ensure staff want to document information accurately and timely. In the past year, the RPE team sent out quality quick tips in both written and video formats reminding staff of the importance of accurate documentation and impact on outcomes needing improvement identified through the CQI process. This included step by step instructions for documentation in N-FOCUS.

Recognizing strengths and celebrating successes is an important aspect of CQI. CFS RPE CQI team continues to recognize and celebrate successes through positive feedback email and by providing data for special recognition awards for Service Area Staff.

- **Analysis and Dissemination of Quality Data**

CFS provides data to internal and external stakeholders in a variety of ways including the state's public website, an intranet SharePoint site, as well as disseminated during CQI meetings and various monthly and quarterly meetings with community stakeholders.

In 2018, CFS created a new internal web site called Quality Assurance Reports Library (QARL) to post CFSR Review Results and all Quality Assurance Case Review Results and Reports. This site contains detailed reports and pivot tables for CFS staff to use to drill down to the Service Area, Office, Supervisor, Case Manager and Case level to determine areas needing improvement.

CFS also utilizes the data from the CFSR Case Reviews, State Data Profiles, IV-E Case Reviews, SDM® Fidelity reviews, Safety and Non-Safety Proactive Reviews and other specific Quality assurance reviews to update goals, objectives and interventions. Data from additional reviews are made available to CFS at the completion of the QA review. In addition, QA reports are also posted on the Quality Assurance Reports Library (QARL) and accessible to all CFS staff.

CFS Case managers, administrators, supervisors and all other internal staff also have access to a variety of reports with aggregate case data from the state's information system (N-FOCUS), as well as the case review results and other quality assurance reports. ALL CFS Staff continue to be able to access aggregate reports from the state's information system through the EZ Access Report Site created in 2016. The case managers are able to utilize reports to manage their work and identify cases requiring additional discussions or review to ensure timely achievement of safety permanency and well-being.

The EZ Access report site allows CFS staff to easily access key reports including the following:

- Daily Case Manager due date reports which illustrates all pending, completed and late case management activities. Case Managers can review and print case details in an organized manner which may improve their case management capability.

- Ad Hoc Reports that CFS staff can use to identify cases for their internal reviews to ensure safety, permanency and well-being is achieved for the youth. Some of these reports include:
  - Intake Weekly Reports to assist staff to track progress for intake related tasks.
  - Children without a current case plan.
  - Youth in care more than 150 days without an Ongoing SDM® Assessment.
  - Youth with a Permanency goal of Reunification who have been in care 6-11 months.
  - Youth with a Permanency goal of Guardianship who have been in care 14 or more months.
  - Youth with a Permanency goal of Adoption who have been in care 15 or more months.
  - Youth who have been in care 15 of the last 22 months who have their parental rights intact and no TPR or Exception hearing scheduled.

In addition to access aggregate reports on the EZ Access Report Site, CFS generates many other data reports which are posted on the Department's share point site often referred to as "BI Portal". DHHS staff can access daily, weekly and monthly reports to inform them about safety, permanency and well-being outcomes. The state's private case management provider in the Eastern Service Area, PromiseShip, as well as each of the Tribes have access to their own Share point folders with similar data reports only with information specific to the youth and families they serve.

During 2018, CFS continued to use a cloud-based information system for communications, performance tracking and scorecards with service providers. This cloud-based system allows the department and providers to enter information into the system, generate relevant reports needed for review and discussions to address areas needing improvement. This system was created as part of the Provider Performance Improvement (PPI) Initiative, one of Nebraska's IV-E waiver interventions. The PPI system tracks and generates reports on various provider and youth measures such as placement disruptions, foster care placement denials, placement concerns, Intensive Family Preservation Engagement, Family Support outcomes and much more. The system also allows the department and providers to track and address performance concerns on an ongoing basis.

During 2018, nine additional provider performance measures were added to the list of required performance measures for contracted private agencies. These measures expand the range of performance measures currently utilized by CFS to improve our ability to monitor and assess the service levels provided by the agency providers. These measures target several items predominately in the agency's control such as contacting the parent within 24 hours, recurrence of maltreatment in foster care, placement disruption, and placing a youth in their home school.

In addition to internal CQI evaluations, the department also measures progress for certain programs through external evaluations. For example, in addition to internal case reviews and monitoring, Nebraska also contracts with the University of Nebraska to perform an extensive evaluation of the Alternative Response (AR) program. Results from internal case reviews and information from the formal evaluations regarding the AR program are reviewed by Administration as well as discussed during quarterly AR stakeholder meetings and strategies are developed to address areas needing improvement. As strategies are implemented for improvement, the AR administrative team also updates the AR program manual to include

different process and expectation changes that were made to address the areas needing improvement. In March 2018, the Alternative Response Citizen Review Panel provided their final recommendations as they made the switch to the Family Voice Citizen Review Panel. While some of their recommendations were things that were already being done by the CFSS Staff, there were other recommendations to be considered. Multiple recommendations touched on service array and availability for the whole state. The passing of the Family First Legislation has given Nebraska the opportunity to work on those specific recommendations through Evidenced Based Practices. As a program we continue to encourage staff to do warm hand offs to community providers when closing Alternative Response cases, to ensure the family has a go to person when DHHS is no longer providing case management. All of these changes are helping the program as FFPSA starts to be implemented and we continue to look at prevention services for all children and family in our state.

- **Feedback to the Community and Child Welfare Stakeholders:**

- Results are used to strengthen training, policy, stakeholders, community partnerships and others in the child welfare system as a means to identify and communicate improvement opportunities and areas of strength
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field leadership to assess and improve practice.
- First stage of CQI communications is monthly Statewide CQI meeting. Second stage of CQI communications is local CQI meetings. At the local level 4-6 areas of improvement have been selected and structured teams created to analyze the results and identify improvement opportunities.

Feedback is one of the most important and often most difficult mechanisms in a successful CQI system. Accordingly, Nebraska is utilizing a multi-pronged approach to ensure information/knowledge is distributed to everyone that has interest and can affect positive change. The recipients and methods of delivery are far and wide.

During the more recent 2018 and 2019 periods, much of the communication has been facilitated through weekly Service Area Administrator calls and monthly Administrator meetings. Each of these meetings are attended by relatively smaller groups where the conversation is direct and focused to the agenda items. This format enables the communication to be succinct, including specific instructions and often the subject is finalized during the meeting. In 2019, quarterly service area CQI meetings are also held with CFS Administrators and supervisors in each Service Area, with an emphasis on discussing performance, both strengths and areas needing improvement, followed by brainstorming sessions to identify root causes, solutions and best practices.

Feedback and technical assistance is also provided by the QA team when a need is identified during CQI meetings and as requested by the Service Area Administrators. These activities include:

- Quality Quick Tip emails and videos with reminders and tips on various case management activities and instructions for documentation of those activities in the state's information system.

- Quality Zone and Debriefing Sessions with CFS Supervisors and their teams to discuss CFSR case review results, highlight strengths and develop steps to address areas needing improvement.
- Process Interview meetings with CFS staff in each Service Areas to identify process issues and develop strategies for improvement.
- CFSR trainings are held for all new caseworkers to introduce them to the CFSR and the various components of Safety, Permanency and Well-being. During this meeting the Quality Assurance process is also discussed and dialogue is opened between QA and the workers.
- Administrative review notification is sent to CFS Administrators in the event the case reviewer discovers incomplete work or insufficient explanation that could result in a safety issue for the youth.
- Positive review notification is sent to CFS Administrators to recognize excellent case management practice discovered during quality assurance reviews.

Additional feedback and technical assistance was also provided during bi-monthly statewide service provider meetings, and service area specific provider meetings. These Each of these formats are continue to be a very efficient method for facilitating consistent dialogue with providers to proactively plan, identify challenges and to collaboratively brainstorm solutions as one system.

### **Planned Enhancements:**

The Nebraska CQI team is currently positioned and ready to begin in earnest the CQI review process for Nebraska families entering our care through the FFPSA pathway. Nebraska CQI will draw upon our in-home experience learned from our traditional response families, as well as the IV-E Waiver Alternative Response intervention families, both of which have parallels with the intent of FFPSA to strengthen families and prevent the trauma of a child being removed from their parents. Youth placed out-of-home, including those at a QRTP, are well within our capacity to review. Our analysis will include quantitative measures ranging from basic counts, stratified demographically and geographically, and measures of central tendencies to assess case durations, family risk/safety and frequencies of service provisions. The quantitative analysis will also include an in-depth review of outcomes so that we can constantly assess the family's success with FFPSA, measured by traditional types of outcomes such as removal rates, re-entry, time-to-permanency, and recurrence of substantiated maltreatment. Finally, our analytical reviews will include a corollary analysis to determine the accuracy to which we can predict outcomes based upon case characteristics as well as service provisions.

The Nebraska CQI team will also be performing numerous qualitative assessments that will range from targeted reviews, e.g., correct and consistent determination of candidacy, accurate assessment and court orders for QRTP youth, accurate pregnant and/or parenting status, etc., to comprehensive CFSR Item 1-18 reviews. These families will be categorized as in-home families as well as out-of-home, thus our CFSR random sampling selection process will include all FFPSA families in our PIP reviews. As with all of our reviews, aggregated results will be compiled and provided to all parties. Additionally, consistent with all reviews performed by the

CQI team, any reviewed case where safety concerns or case management deficiencies are identified administrators and supervisors will be notified so that corrective action can be taken when necessary.

One of the important purposes of the CQI process is to determine if our case management processes are in compliance with all state and federal requirements and in fidelity to the models from which practices were developed. Just as Nebraska does for our existing in-home and out-of-home cases, Nebraska is in position to perform sufficient analysis both through a sampling process as well as in aggregate from intake through case closure. Nebraska continually assesses our conformance to policy/fidelity and new FFPSA related families will be included and identified for specific reporting purposes.

Capturing information collected from the FFPSA review process is the first step. Nebraska CQI will also be creating FFPSA performance and outcome dashboards which contain a wide cross-section of measurements. The dashboards will present information in both aggregate and stratified formats to provide the most value and insight into the analysis process. The data will of course be presented over time, both near-term and long-term, so that we can quickly identify emerging trends.

The first step of the CQI process is to ensure that our SACWIS can accurately identify and differentiate FFPSA families from other in-home and out-of-home cases. As such, work is already underway to ensure these families can be accurately identified, both in terms of determining families meeting the candidacy definition, as well as the types of services being provided, e.g., well-supported, not well-supported, and a combination. The subsequent steps will be formalized as all the requirements are finalized and we begin to provide this invaluable in-home pathway of services to our families.

In addition to collecting and reviewing outcome data and case management adherence to policies and procedures, Nebraska CQI also has a team of professionals dedicated to monitoring agency provider performance. Nebraska is well aware of the fact that the quality of the services being provided to youth and families in our care is a critical component of our success, and most importantly the family's success. Accordingly, in 2016 and as an intervention for the IV-E waiver, we developed a continuous quality improvement sub-program entitled Provider Performance Improvement (PPI). This team of specialists focus exclusively on monitoring the performance of agencies that CFS has contracted with to provide various services, such as foster care, visitation, in-home family, support, etc. This team assesses provider performance from many directions, including data from our SACWIS, data loaded by the providers, data from on-site visits, and through consultation with Case managers and the Resource Development teams in each of the service areas. Nearly all of this information is stored in a cloud-based system so that providers can see exactly what we see in an attempt to be as transparent as possible.

Because the successful implementation and long-term execution of FFPSA is highly dependent on in-home service provisions, many of which will be well-supported evidence based practices, Nebraska is aware of need to closely monitor the agencies and their execution of these services. Accordingly, Nebraska will be expanding the reach and design of our PPI program to include specific performance and process assessment processes to monitor fidelity, either directly or

indirectly, for the FFPSA service array. We expect this will be a highly collaborative process with data being collected both by CFS and by the agencies providing the services. Outcome data will be derived directly from our SACWIS, as will the aggregated frequencies of usage among other measures.

Although FFPSA is still more than 4 months from implementation, Nebraska is confident that we will be able to effectively monitor our internal performance, our agency performance, and most importantly the outcomes experienced by the children and families. Nebraska is eagerly looking forward to this service pathway, and to providing our internal Program teams with support through our talented and effective team of CQI experts.

The State of Nebraska's child welfare system fully appreciates the necessity and benefits of a continuous quality improvement feedback process. Nebraska has a long history of this process and abundant experience using multiple methodologies, ranging from a single message in response to an isolated finding, to the sharing of aggregated de-identified data to a large group of data consumers. Nebraska is positioned to accomplish all ranges of information.

More specifically, when communicating to employees responsible for managing cases, Nebraska uses various modes of feedback communication. The first generally includes identified data and is in response to a case review. Whether safety concerns are identified or not, CFS are provided with CFSR case review results providing them the opportunity to understand the identified areas of strength, and identified areas requiring improvement.

Another form of feedback is due to a safety concern found during a case review. Should a safety concern be identified, high priority is expected from the recipient to the identified information in the event the safety concern exists. Certainly the safety concern could be caused simply by data omission, or in rare instances a case management misstep. In both of the above examples, the information includes specific case management information discovered during the case review.

Further, CFS provides as part of our CQI system, system generated reports of numerous areas of interest. Typically, the reports include point-in-time information thus making it easy for the case management team to identify the youth/family with the identified circumstance, e.g., no case plan in 60 days. The content of these reports is determined by the CQI process, and includes singular requests well as broadly needed reports based on CFS goals and strategies. All of these reports are also placed on an internal website where the information can be easily stored and filtered/queried as required to address each user's needs. Nebraska also actively utilizes the CFSR data indicators from Rounds 2 and 3. Nebraska has invested the necessary time and resources to create our own internal monthly results to ensure we are not surprised awaiting receipt of a new data profile. In addition to producing the data each month, detailed identified data is made available within the reporting system enabling us to identify any instances of concern with full detail.

In addition to the two case management employee feedback methods above, CFS also provides de-identified aggregated information via several methods; Local CQI meetings, Service Area Administration meetings, and external stakeholder meetings. In each of these instances, the CQI

team compiles aggregated results, typically stratified by service area or other applicable factor, so that we can identify trends or changes in the data. A good example of the data are the CFSR item results. The CFSR results data are presented at each meeting allowing all interested parties to learn more about our performance. These meetings always include detailed discussions as we strive to learn from each other, and help each other, so as to always be using a best practice and continually monitoring and improving our individual and collective performance.

An example of a new aggregated feedback report that we will be implementing is feedback to the courts regarding the judicial performance as measured by timeliness to permanency. CFS has created a new report based on the Round 2 time to reunification data calculation as a means to measure the timeliness to reunification, our largest population and population that if improved will affect the highest volume of youth and families. Although identified information is available with this report, the report will be presented in aggregate by judge. CFS is collaborating with CIP to develop the process of providing information as stand-alone data related to the evaluation of the pre-hearing permanency review.

A new strategy that needs to be developed in the near future is the format to accommodate the Program Improvement Plan (PIP). The PIP will be discussed in great detail in the other feedback methods, however a specific process will be required to be developed in order to properly pursue and respond to the goals and activities outlined in the PIP. Accordingly Nebraska will be developing a PIP response team with representation from a broad cross-section of CFS employees and community stakeholders. Similar to the State's PIP development team, this team will be similarly designed as we pursue achievement of the goals and strategies.

Historically Nebraska has also used a large bi-monthly CQI collaboration with child welfare and community partners across the state. While Nebraska moved away from this medium in the interest of conserving resources and minimizing meeting time, Nebraska will give consideration to employing this methodology during the CFSP period.

In order to establish our goals for the outcome measures included within this CFSP, extensive collaboration occurred between the CQI unit and each of the CFS program areas. While the CQI unit has immediate access to the historical and current performance measures, program has immediate access to all recent and planned policy changes, process changes, service changes, etc. As such, understanding the past performance through the CQI data, and the future program changes through program staff, CFS has the ability to fully understand the current state, and establish goals for the future.

To accomplish our CFSP planning, collaborative meetings were held between program and CQI to ensure that CFS has the necessary information for program, and to ensure program fully understands how the measures are calculated. By working closely and effectively together, we are assured of a proper and full understanding of the data, including historical, current, and future results. Additionally, the program is in constant communication with the service area teams, stakeholders, private agencies, etc., enabling them to collaborate with all external parties ensuring consensus. In some cases these discussions effectively identify process variances/barriers/limitations that can be taken into account to explain variances in performance results.

Nebraska believes that our CQI team of Program Accuracy Specialists is adequate and currently staffed as required in order to perform a state review at the time of the upcoming CFSR. Depending on how the items change for the next review, following Nebraska's PIP and continual case reviews will allow highly skilled staff available to perform the next CFSR round. Nebraska is equipped with the OSRI, thus this is an achieved requirement to performing the reviews according to CB's requirements. The one area that we will need to pursue should Nebraska opt for the state review or should the state review be required, is the training/onboarding manual the CB requires. While we have the necessary information, all of it is not documented in the form of a training manual because of the extensive amount of time required to produce and constantly update and because of the OSRI case review trainings produced by the CB and available to our team.

### *Staff Training (45 CFR 1355.34 (c)(4))*

#### **Initial Staff Training:**

DCFS has a very comprehensive training program for new Children and Family Services Trainees. Training consultants were utilized to develop a New Worker Training Model which was implemented in May 2017. Training was modified based on feedback of prior trainees, stakeholders, CQI, and needs of the field. Training is offered in an alternating pattern of multiple weeks of local office learning interspersed with single weeks of classroom application training. During the local office learning weeks, trainees acquire new knowledge and skills by completing self-paced online learning activities, participating in webinars, completing field tasks outlined in the Service Area Learning Team (SALT) binder, and by participating in field shadowing or observation opportunities supported by Field Training Specialist (FTS)s. Classroom weeks are face to face instructor led training in Lincoln, Nebraska that focuses on application, role play, and simulated experiences that give trainees an opportunity to apply what is learned during the previous local-office learning weeks. For a full description of New Worker Training refer to the Training Plan submitted for 2020. Changes and modifications are included in the Training Plan submitted for 2020. For the purposes of this systemic factor, Initial Training will be defined as all of New Worker Training. CFS Trainees are assigned to work with 4 families and supervisors will assess the CFS Trainees knowledge, skills and abilities utilizing the Competency Development Tool (CDT) between weeks 16 and 20. Upon successfully passing the CDT, the CFS Trainee may be promoted to CFS Specialist on original probation. After promotion to a CFS Specialist, their caseload will gradually increase to a full caseload.

## Relative Quantitative/Qualitative Data and Information

- A. Nebraska Department of Child and Family Services (DCFS) Staff receive training pursuant to the established curriculum and time frames for the provision of initial training.

### 1. Completion of Initial Training data.

#### Number of CFS Trainees Completed New Worker Training (May 2018 – May 2019)

START DATE / MODEL	05/14/18	06/18/18	07/16/18	09/03/18	10/08/18	11/12/18	01/14/19	03/04/19	04/22/19	Sub-total
# of CFS Trainees who <i>should have</i> completed Initial Training	14	17	11	19	13	5	28	-	-	-
# of CFS Trainees who <i>actually</i> completed Initial Training	13	17	10	13	10	5	13	-	-	-
% completed	93%	100 %	91%	68%	77 %	100 %	46 %	-	-	-

*\*Source – UNL-CCFL and DCFS Human Resources Data – Compiled by S. Borowski on 5/1/2019*

*- Indicates data is not yet available*

This data illustrates the percentage of CFS Trainees who completed new worker training from May 2018 through May 2019. With the available data, of 107 CFS Trainees that should have completed Initial Training, 81 CFS Trainees actually completed the training for a percentage of 75.7%. This is a decrease in completion rate from the prior reporting period of 99.17%. It should be noted that completion of training is reported above is based on a strict timeline. Some of the trainees finished training but after the initial time frame resulting in a lower number reported. A review of the reasons for the lack of completion or delays in training completion are related to resignations, illness or weather. For the remaining trainees, most of the unfinished trainings are related to self-paced trainings. There are plans to educate CFS Supervisors on the Online Classroom so that they can assist their trainees through monitoring completion of classes. Field Training Specialists should also make this a priority to monitor regularly and communicate with the Trainee and Supervisor when issues arise.

University of Nebraska Lincoln-Center on Children, Families, and the Law (UNL-CCFL) tracks and maintains training completion data for Tribal workers attending New Worker Training. For the period under review, Tribal training completion data is outlined in the table below. The Ponca Tribe does not currently have an Agreement with DHHS to operate a CFS Department, therefore attendance is only for the

purposes of getting a better understanding of the training process and content of curriculum. This information is shared with Tribal Administration and discussion will occur to determine if there are areas that need to be addressed to ensure Tribal CFS Workers obtain the training they need to do the work.

**Number of Tribal Workers Completed New Worker Training  
(May 2018 – May 2019)**

START DATE / MODEL	05/14/18	06/18/18	07/16/18	09/03/18	10/08/18	11/12/18	01/14/19	03/04/19	04/22/19	Sub-total
# of Tribal Workers who <i>should have</i> completed Initial Training	2	0	8	1	1	0	1	-	-	-
# of Tribal Workers who <i>actually</i> completed Initial Training	0	0	2	0	0	0	0	-	-	-
% completed	0%	-	25%	0%	0%	0%	-	-	-	-

\*Source – UNL-CCFL and DCFS Human Resources Data – Compiled by S. Borowski as of 5/1/2019

**Accuracy and Quality of Completion Data**

The accuracy and quality of training data has significantly improved. Training completion data continues to be tracked in LINK-EDC and is also tracked in the Online Classroom (OC). LINK-EDC is the DHHS tracking system for training and other work activities. UNL-CCFL has systems in place to ensure trainees are attending and completing training for all methods offered. With the addition of the OC, UNL-CCFL now has the capacity to examine trainees work on the OC, including the length of time spent on activities, progress and completion of activities. The OC tracking functions allow trainers, Field Training Specialists (FTS), and supervisors the ability to track their trainees’ progress in real time and supports the provision of timely feedback. Further, the FTSs track training received by trainees and then follow up to ensure completion of training requirements. This type of tracking allows for trainers, Field Training Specialists and supervisors to hold the trainee accountable to complete all of the required training.

UNL-CCFL’s tracking data for Tribal workers is consistent with the measures taken for CFS trainees. Barriers identified by Tribal Workers completing New Worker Training include, being assigned to work with families during training, high workload and work specialization. Tribal training completion requirements are adjusted for Tribal Workers, as some training units are not applicable for their tribal child welfare system. Examples are: court systems

(legal training and testifying). There are some Tribal Workers who only attend the portion of training that is related to their specific job duties and functions. Tribal Workers perform a multitude of different functions and often times workloads are prioritized above attending training.

## 2. Quality of Initial Training Data

DCFS continues to use Quality Improvement Team reviews, curriculum delivery reviews, end of unit evaluations, field evaluations, competency assessments and the Competency Development Tool to determine how well training addresses basic skills and knowledge needed by staff to carry out their duties.

Trainees complete an evaluation at the end of each training unit titled ‘End of Unit Evaluation’. The following table displays average ratings for the different types of trainings and corresponding evaluation items. Trainees are asked to rate their level of agreement with each evaluation statement (*1 = Strongly Disagree, 5 = Strongly Agree*). Ratings are then collapsed across trainees, trainers, training units, and training sessions to arrive at response averages for each evaluation item. *Responses* is the number of ratings provided for each evaluation item by trainees. *Training Units* is the number of unique curricula included (e.g., *Testifying Techniques, Worker Safety*). The following chart provides the average ratings for only the training units attended from July 1, 2018 – April 16, 2019.

### Evaluation Item

TRAINER QUESTIONS (face-to-face and webinar)	Responses = 2613 Training Units = 42
1. The trainer showed a high level of knowledge about the training topic	4.85
2. The trainer presented information in a clear and concise manner	4.83
3. The trainer demonstrated a high level of preparation and organization	4.83
4. The trainer provided summaries and emphasized the main points	4.83
5. The trainer demonstrated a respectful attitude toward trainees	4.84
6. The trainer responded effectively to the trainees’ questions and comments	4.84
7. The training was well paced—not too fast/not too slow	4.79
TRAINING QUESTIONS (all methods)	Responses = 6635 Training Units = 69
1. The training was arranged in a logical sequence	4.66
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)	4.61
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.61
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.62

**Evaluation Item**

5. The training gave me new knowledge and skills that will be useful in my job	4.69
<b>ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)</b>	Responses = 721 to 2168 Training Units = 14 to 41
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	4.47
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)	4.77
3. I was able to ask and answer questions or contribute comments	4.66
4. The trainer demonstrated proficiency in the use of the technology	4.62
5. I was able to easily access the training and training materials	4.47
6. The training technology enhanced the learning experience	4.38
<b>SELF-PACED TRAINING ONLY QUESTIONS</b>	Responses = 1349 Training Units = 32
1. The instructions were clear and easy to follow	4.45
2. The training materials were clear and easy to follow	4.39
3. The training activities and exercises could be accomplished with the information provided	4.35
<b>TRAINING TRANSFER QUESTIONS (all methods)</b>	Responses = 6635 Training Units = 69
1. I am committed to applying what I learned in this training to my job	4.74
2. I feel confident that I can successfully apply what I learned in this training to my job	4.68

*Data provided by UNL-CCFL Evaluation Team, May 2019*

In addition to answering the Likert Scale items, trainees have the ability to provide written responses including what was found to be most helpful, least helpful and recommendations for specific training units. The evaluation data is used to modify curricula based upon feedback provided. Responses from trainees indicate that the curriculum and delivery of the training material is of good quality.

Trainees and supervisors complete an evaluation at the end of training titled ‘End of Training Field Evaluation Report’. The following table displays average ratings for the different types of trainings and corresponding evaluation items. Trainees and supervisors are asked to rate their level of agreement with each evaluation statement (*1 = Strongly Disagree, 5 = Strongly Agree*). Ratings are then collapsed across trainees, supervisors, and training sessions to arrive at response averages for each evaluation item. *Responses* is the number of ratings provided for each evaluation item by trainees and supervisors. The following chart provides the average ratings for

only the training units provided to trainees who began training between February 2018 and November 2018.

<b>Description of Evaluation Question</b>	<b>End of Training Worker Survey<sup>1</sup></b>	<b>Quarterly Supervisor Survey<sup>1</sup></b>
	<b>N = 75 to 76<sup>2</sup></b>	<b>N = 30 to 34<sup>3</sup></b>
SALT meeting effectiveness	<b>4.05</b>	<b>3.97</b>
Adequacy and timeliness of training feedback	<b>3.78</b>	<b>3.79</b>
Effectiveness of the online classroom for training	<b>4.00</b>	<b>3.30</b>
Ability to navigate the online classroom	<b>4.17</b>	<b>N/A</b>
Effectiveness of distance learning format	<b>3.96</b>	<b>4.03</b>
Value of in-person training format to observe and practice skills	<b>4.51</b>	<b>N/A</b>
Value of field training opportunities to observe and practice skills	<b>4.33</b>	<b>N/A</b>
FTS availability and support	<b>4.29</b>	<b>3.91</b>
Supervisor availability and support	<b>4.20</b>	<b>4.30</b>
Knowledge of where to find required information	<b>4.29</b>	<b>4.00</b>
Timing and sequence of training	<b>3.83</b>	<b>N/A</b>
Preparedness when began working independently with families	<b>3.96</b>	<b>3.70</b>
Discussion of first cases with SALT	<b>N/A</b>	<b>3.88</b>
Availability of someone to accompany trainees to court	<b>N/A</b>	<b>4.03</b>

<sup>1</sup> For all measures, the rating scale is 1 to 5. Higher ratings are more desirable.

<sup>2</sup> These data are from trainees who began training between Feb 2018 and November 2018. The response rate ranged from 68.18-69.09% for these data.

<sup>3</sup> These data are from supervisors whose trainees began training between January 2018 and November 2018. The response rate ranged from 44.78-50.74% for these data.

Based on this most recent data, a few identified areas for improvement are adequacy and timeliness of training feedback, and timing and sequence of training. It should be noted that Supervisors tend to have a lower rating overall in regards to the training process. Additional discussion should be had as to why this is the case.

The Competency Development Tool (CDT) continues to be used as a measure to indicate a trainee is ready to independently case manage and be promoted to a Child and Family Services Specialist. Based on poor completion rates of the CDT as described in the prior ASPR submission, a workgroup was created to modify the CDT to meet the needs of the field yet still provide for assessment on competency. Modifications to the CDT are expected

to be finalized summer of 2019. Additional data will be collected with the modified version to see if this creates a higher timely completion rate.

**3. Retention Data**

DCFS’s goal is to provide training and support that will allow CFS Trainees to be successful in job duties and provide for long term employment. Attachment *CFSST Retention* provides data from January 2016-April 2019. This report examines the number of CFSST present at the start of a given month, and then calculates the number and percentage of those staff a) still remaining with NDHHS (regardless of position); b) in the same “series” (whether a Specialist-graduate, or a Specialist supervisor); and c) with NDHHS in a non-series role. Although there are many factors that play a role in overall retention, the data shows that training may be a positive contributor in the increased upward trend in retention due to the steady increase since the time of implementation of the New Worker Redesign.

**B. PromiseShip staff receive training pursuant to the established curriculum and time frames for the provision of initial training and how well the initial training address basic skills and knowledge needed by staff to carry out their duties**

**1. Completion of Initial training data.**

PromiseShip is a private, nonprofit agency contracted by the DHHS to provide child welfare case management and service provision to families in Douglas and Sarpy counties. To be in compliance with Neb. Rev. State. 68-1214, PromiseShip Family Permanency Specialists (FPS) are required to receive the same initial training and complete a formal assessment process after initial training to demonstrate competency prior to assuming responsibilities as an FPS. PromiseShip provides training based on the curriculum provided by UNL-CCFL and DHHS.

PromiseShip reports the following completion rate of trainings who attending training May 2018-April 2019.

Start date/ Phase	5/29/18	7/16/18	9/4/18	1/14/19	3/4/19
<b># of FPS staff that started in the class</b>	9	15	10	11	9
<b># of FPS Trainees that completed Phase 1</b>	9	15	9	11	*not eligible until 4/30/19
<b># of FPS Trainees that completed Phase 2</b>	9	14	9	*not eligible until 4/10/19	*not eligible until 5/29/19
<b>% completed all initial training</b>	100%	93.3%	90%	n/a	n/a

The data shows a total of 54 trainees that started on the above mentioned training dates. Only three classes have completed all of initial training to date. Of those that have completed both

phases of training, there is a total of 34 trainees that started training and 32 trainees that have completed all initial training for a total percentage of 94.1%

PromiseShip had five classes start training from May 2018 through April 2019. Four out of the five classes completed all in-class training with the fifth class (March 2019 class) only completing part of the in-class training to date.

## 2. Quality of Initial Training Data

At the end of each in-class training, trainees complete evaluations on the trainer and training. The following table displays average ratings for the trainer and the different classroom trainings. The results are based on a Likert Scale. For trainer questions, the trainees are asked to rate on a scale of 1=Strongly Disagree and 5=Strongly Agree. For the training questions 1-4 there is a scaling of 1=Strongly Disagree and 5=Strongly Agree and for the training question 5 there is a scaling of 1=No Difference and 5=Tremendous Difference. The data in the table below represents a total of 1239 responses to 22 units.

<b>Trainer Questions</b>	<b>Total responses=1239 Training Units=22</b>
1. The trainer was knowledgeable about the topic(s) he/she presented. <b>(Expertise)</b>	4.84
2. The trainer clearly explained concepts and presented the training in a logical sequence. <b>(Clarity)</b>	4.75
3. The trainer was respectful and accepting of cultural differences and, where applicable, the training represented various cultures in our community. <b>(Cultural Appropriateness)</b>	4.83
4. The trainer completed the class within the allotted timeframe. <b>(Time Management)</b>	4.78
5. The trainer was receptive to comments/questions and eager to promote and generate pertinent discussion; expressed interest in the individual learner and accommodated differences, listened, and established a rapport with participants. <b>(Responsiveness)</b>	4.86

<b>Training Questions</b>	<b>Total responses=1239 Training Units=22</b>
1. The <b>difficulty level</b> was about right.	4.60
2. The presentation met my professional <b>educational needs</b> .	4.69
3. The trainer <b>actively involved</b> me in the learning process.	4.80
4. As a result of this training, I feel more <b>confident</b> in my role at PromiseShip.	4.62
5. To what extent do you expect this training will make a <b>difference</b> in the way you do your job?	4.56

In addition to the quantitative data that is collected utilizing the Likert Scale, PromiseShip also asks questions that provide qualitative data, such as strengths and weaknesses of trainers or

different areas of training. This qualitative data is utilized to make changes to how training is delivered.

PromiseShip utilizes the PromiseShip Competency Development (CDT) tool throughout the FPS training phases. The CDT is used to guide and address needs for additional training and field work when performance needs are identified. Because this is used as a supervisory tool to continue developing trainees, it is only formally completed when the trainee has shown competence in each area and is ready to transition to full case management. The data of the CDT alone may not accurately reflect the timeframes to achieve competency for our trainees, as some take longer to achieve competency than the normal timeframes of Phase I and II. Additionally, if a trainee has a need for an improvement plan during training that is not reflected in the CDT, as the improvement plan has been met prior to the CDT completion.

In terms of measuring if trainees pass the 31 assessments on the first attempt, Training Specialists track this in a spreadsheet along with Behavior and Attitude for each Class. It is all done by hand-counting and PromiseShip is still looking for a Training Management System to help track data. PromiseShip is aware that 100% of trainees do pass the assessments, because it is a requirement prior to assuming full case management responsibilities. Currently, if a trainee does not pass the assessment on the first attempt, remediation is provided to the trainee and the assessment is completed a second time. Due to the lack of a tracking system, it is unknown how often remediation is provided or what assessments tend to be more difficult for trainees.

The way the CDT functions does not allow data to be captured for tasks trainees who did not pass or receive a score of 3 the first time the tool was administered. This is due to the fact that the Training Supervisor is in constant contact with Trainee's Supervisor and if barriers do arise, support plans are put into place and phase 1 or phase 2 is extended to meet the individual needs of the trainee. CDTs are not normally completed until a trainee is ready to move to full case management.

#### Ongoing Staff Training:

DCFS has a Professional Development Requirements procedure memo that requires all CFS Specialists, CFS Supervisors, CFS Administrators and CFS Program Specialists to complete 24 hours of in-service professional development per year. The 24 hour annual training requirement is based on a calendar year, January 1 through December 31 following the successful completion of New Worker Training.

Professional development is any training as approved by the employee's supervisor that enhances the employee's knowledge and skills of assessing child or adult safety, initial assessments of children and families, ongoing case management and the provision of services. Data is housed in the LINK-EDC system and supervisors are to document completion in the employee's Annual Performance Evaluation by reviewing the employee's transcript twice per year. PromiseShip requires all Family Permanency Specialists and Family Permanency Supervisors complete 24 hours of ongoing training each year.

Tribal workers do not have an ongoing training requirement.

*Relative Quantitative/Qualitative Data and Information:*

All data for DCFS regarding ongoing training is collected in the LINK-EDC system. Trainings developed and delivered by Center on Children, Families and the Law (CCFL) or DCFS are loaded and tracked through the LINK-EDC system. The Protection and Safety Professional Development Requirements memo includes instructions for staff to upload any trainings or conferences attended that are not delivered by CCFL or DCFS in order to receive credit for attending. A certificate or documentation verifying attendance is required and must be scanned into the LINK-EDC system in order to receive credit for those training hours. DCFS is seeing a trend in an increase in completion of Professional Development Requirements from 60% in 2017 to 79% in 2018. 2019 data will not be available until 2020. Accuracy of the completion of ongoing training data is not guaranteed as CFS staff do not always enter the information required for external trainings. The data is also skewed as DCFS has no way to exclude staff who have not been with DCFS for an entire calendar year from the denominator. Therefore, DCFS will always have staff showing they have not completed 24 hours of ongoing Professional Development.

When training is provided by CCFL, an end of unit evaluation is provided to the participants regarding perceptions of how well the training was delivered, the training provided the participant with new knowledge and skills useful in the job, and the transfer of learning from the classroom to the field. The following chart outlines the responses from the evaluations collected from those In-Service units held **during July, 1 2018-April 16, 2019.**

The following table displays average ratings for the different types of In-Service trainings and corresponding evaluation items. Participants are asked to rate their level of agreement with each evaluation statement (*1 = Strongly Disagree, 5 = Strongly Agree*). Ratings are then collapsed across participants, trainers, training units, and training sessions to arrive at response averages for each evaluation item. *Responses* is the number of ratings provided for each evaluation item by participants. *Training Units* is the number of unique curricula included.

**In-Service Unit Evaluations**

**Evaluation Item**

TRAINER QUESTIONS (face-to-face and webinar)	Responses = 194 Training Units = 4
1. The trainer showed a high level of knowledge about the training topic	4.95
2. The trainer presented information in a clear and concise manner	4.90
3. The trainer demonstrated a high level of preparation and organization	4.90
4. The trainer provided summaries and emphasized the main points	4.91
5. The trainer demonstrated a respectful attitude toward trainees	4.94
6. The trainer responded effectively to the trainees' questions and comments	4.95
7. The training was well paced—not too fast/not too slow	4.75

## Evaluation Item

<b>TRAINING QUESTIONS (all methods)</b>	<b>Responses = 252 Training Units = 11</b>
1. The training was arranged in a logical sequence	4.29
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)	4.27
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.21
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.27
5. The training gave me new knowledge and skills that will be useful in my job	4.31
<b>ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)</b>	<b>Responses = 58 Training Units = 7</b>
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	3.92
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)	4.25
3. I was able to ask and answer questions or contribute comments	N/A
4. The trainer demonstrated proficiency in the use of the technology	N/A
5. I was able to easily access the training and training materials	3.88
6. The training technology enhanced the learning experience	3.88
<b>SELF-PACED TRAINING ONLY QUESTIONS</b>	<b>Responses = 58 Training Units = 7</b>
1. The instructions were clear and easy to follow	3.91
2. The training materials were clear and easy to follow	3.87
3. The training activities and exercises could be accomplished with the information provided	3.93
<b>TRAINING TRANSFER QUESTIONS (all methods)</b>	<b>Responses = 252 Training Units = 11</b>
1. I am committed to applying what I learned in this training to my job	4.29
2. I feel confident that I can successfully apply what I learned in this training to my job	4.27

\*Data provided by CCFL Evaluation Team, May 2019

Based upon the evaluations, participants responded favorably regarding the delivery of training, learning new knowledge and skills and the transfer of learning from the classroom to the field.

There has been continual opportunity for feedback and evaluation by outside agencies through case reviews completed by stakeholders such as the Office of Inspector General (OIG), Foster Care Review Office, Commission for the Protection of Children, and Citizen Review Panels. Various recommendations that have been implemented into training include topics surrounding: trauma informed care, psychotropic medication, suicide prevention, medical aspects of child abuse. Other projects that are underway include enhanced training on sexual abuse and developmentally appropriate education to prevent sexual abuse and exploitation. DHHS strongly encourages a team based approach to ensure that CFS staff are trained on best practice, evidence-based models and specific regional needs.

DCFS training program has previously been listed as a strength in the prior CFSR. DCFS continues to enhance training to focus on the areas of need identified in the prior CFSR for case management practices as well as from other stakeholders. With the implementation of the Families First Prevention and Services Act (FFPSA), Professional Development training and New Worker Training curriculum and topic areas will be added or modified to meet the needs identified in Nebraska’s FFPSA Prevention Plan.

Training will focus on three primary topics as outlined in the CFSR PIP: Safety Organized Practice (SOP), Supervisory Training and Advanced Structured Decision Making® (SDM®) training.

- DCFS has begun initial stages in implementation of Safety Organized Practice (SOP). Early Adopters began training in January 2019 and training will continue through the remainder of the year. DCFS continues to utilize partners in San Diego for ongoing coaching and assistance through implementation. SOP will be integrated into new worker training to ensure that all CFS staff are trained upon hire. DCFS and UNL-CCFL will partner to ensure that ongoing Module training will be available to all experienced and new staff.
- DCFS and the DHHS Learning and Development Unit modified the prior supervisory training to be used by supervisors in all departments within DHHS, therefore training is no longer specialized for CFS Supervisors. Specialized CFS Supervisor training continues to be a need and has been prioritized for the 2019 training plan. UNL-CCFL has provided a proposed outline for new supervisor training and curriculum development is in progress.
- Additionally DCFS is in communication with Burdick Consulting to provide Advanced SDM Training to Supervisors in the fall of 2019.

Training related to the FFPSA will focus on 1) assessing child and family needs for prevention services; and 2) how to access and deliver the identified trauma informed and evidence-based services. In addition, training will be provided on an on-going basis for specific trauma-informed and evidenced-based services as they become available in each community in the form of presentations from service providers, in-service trainings and webinars.

In addition to the above mentioned topics, DCFS has developed the plan described below in order to enhance the training program.

<b>Action Steps and Benchmarks</b>
1) Improve New Worker Training
a) Increase flexibility to meet change in workforce employment hours (ie. Nontraditional hours, part-time employment)
b) Use individualized training plans based on advanced level of Nebraska DCFS knowledge, upon hire
c) Research/discuss movement towards an initial CORE training, followed by tiered, Advanced Training
d) Enhance critical thinking application, through interactive branching training techniques.

e) Involve CQI staffing curriculum review process, to include assessment for consistency between QA reviews and training content delivery.
2) 300 hours of in-service training hours will be available for CFS
a) Utilize the PIP and FFPSA Plan, CQI data for guidance on training topics
b) Obtain in-services topics from the field
3) CFS Supervisor Training will be available to all CFS supervisors
a) Child Welfare specific training for new CFS supervisors
b) Ongoing training and professional development for CFS Supervisors.
c) Create a mentor program for Supervisors.
4) Formalize a standard new hire onboarding program/process which will include informal mentor support program.
5) Collaborate with the schools of social work to bridge the gap between academia and practice.
a) Continue BSW stipends
b) Continue MSW stipends
c) Formalized practicums with DHHS
6) Enhance Bi-Directional Communication
a) Monthly services areas calls
b) Monthly training meetings
c) Program Specialist Involvement

*Service Array (45 CFR 1355.34(c)(5)):*

**Description of Systemic Factor Item:** The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

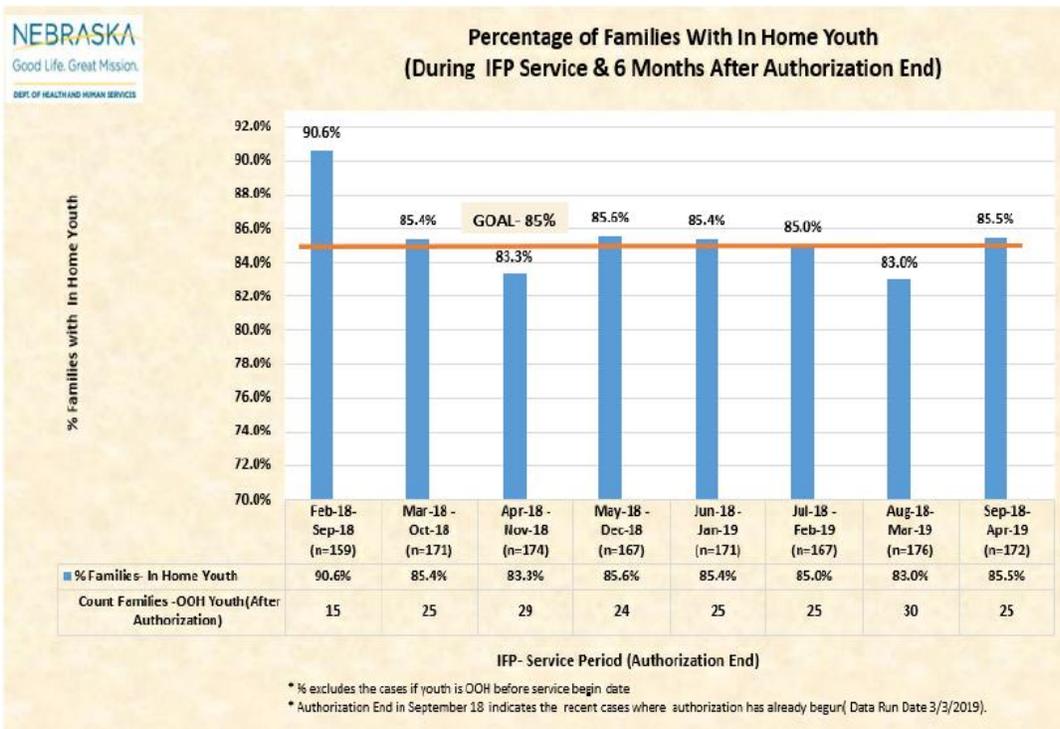
**CFSR Finding:** Nebraska received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information from the statewide assessment and collected during interviews with stakeholders showed that Nebraska has challenges in accessing needed services in more rural areas of the state, especially in the western part of the state. Stakeholders reported that accessing substance abuse assessment and treatment services for parents and youth was difficult and that there were challenges with accessing mental health services for parents and children, especially more specialized services to address attachment, trauma, adoption, dual-diagnosis, and sexual abuse-related issues. Stakeholders said that it was also difficult to access housing, residential treatment for youth, prevention services, and that there was a lack of adequate placement resources for children. While the state has increased the availability of Intensive Family Preservation Services, stakeholders said that the need for this service exceeds the current capacity. Stakeholders said that the lack of transportation, lack of providers, waitlists, and limited payment options are barriers to accessing needed services.

**Updated Data and Information:**

In 2014, three goals were established for the service array system factor: develop central office structure to support resource development operations; gather data on service gaps; and create provider service reviews. While the organizational structure of resource development staff has changed several times over the past 5 years, many service gap assessments have been completed as well as the development of service reviews on contracted providers. Data on services was non-existent five years ago; however, today Nebraska has access to data on provider performance for referred families on select services, such as Family Support, Intensive Family Preservation or Reunification services, and Agency Supported Foster Care. All of these services are used to assess families' strengths and needs, connect them with appropriate resources, create safe home environments that allow children to live with their families, and also promote permanency for children when reunification is not a viable option. While there are areas to improve, many steps forward have been taken.

The following information provides examples of efforts over the past five years on expanding families' access to an array of behavioral health, safety, and parenting services and also demonstrate how Nebraska met the three goals that were established during the last CFSP planning period.

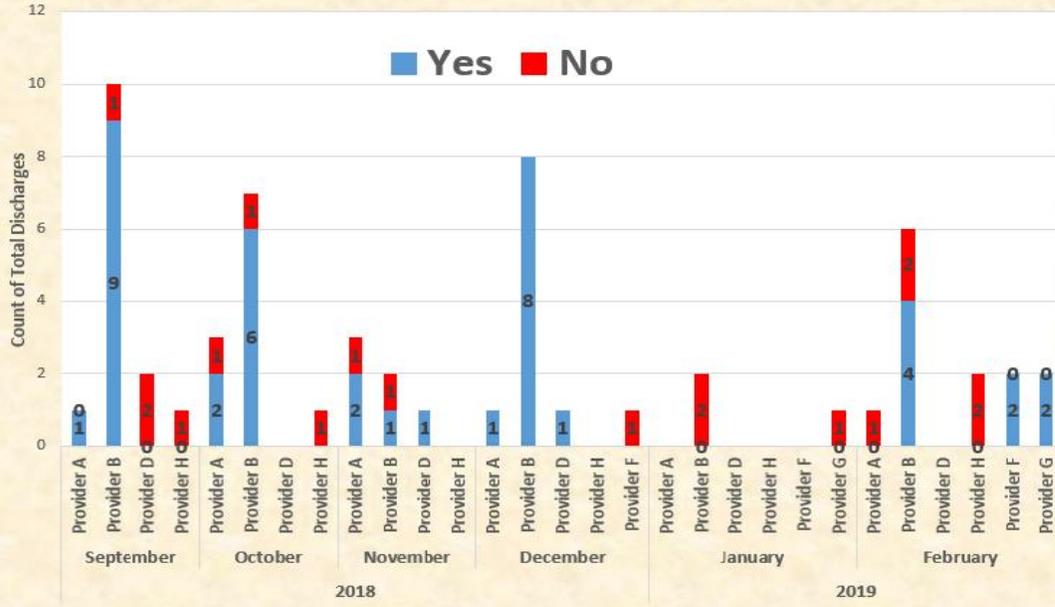
In 2016, Nebraska received technical assistance from the Capacity Building Center for States to redefine the Intensive Family Preservation (IFP) service, when to refer for the service, and build capacity so every county had access. (Please see 2017 APSR for further details about that process.) Since the change in the definition, IFP has become a pivotal service for Nebraska so that children can remain with their family, when it is safe to do so. IFP also assesses the families' strengths and needs and allows clinicians to recommend additional services or provide interventions to alleviate identified concerns. Contracted providers for the IFP service enter weekly data into a data system for contract monitoring purposes to ensure they are meeting the minimum number of hours of direct service with families as well as looking at their outcome data post service discharge. In 2017, the CEO for DHHS set a goal for contracted providers to have 85% of the families they serve stay intact with their children at home during and post service discharge. The chart below represents the agencies consistently meeting this goal. This data is shared monthly with the service areas and providers. Providers are also given data on how their agency alone performed and contributed to the statewide percentage.



DHHS also contracted with a private consultant to complete a Service Array Assessment during the winter months of 2016 and the completed report was received in February 2017. Several stakeholders including contracted providers, judges, foster parents, and DHHS staff were involved in focus groups and surveys that informed the assessment. Eleven recommendations were provided from that assessment. There was a heavy emphasis on the need for expanded capacity for services in Western Service Area, so youth in this part of the state did not have to drive several hours to receive their treatment needs. There was also a suggestion to implement an intensive in-home service for reunification, especially when families had children in out of home care for extensive amounts of time.

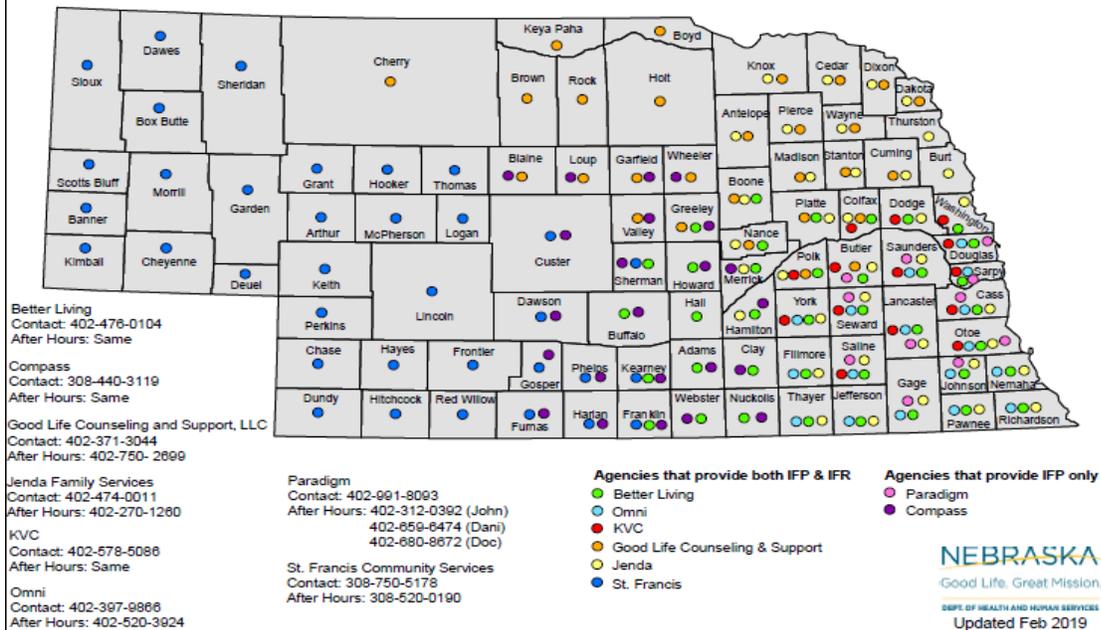
To address the statewide need for an intensive in-home service for families working on reunification, a service, in consultation with the National Family Preservation Network (NFPN), was created in April 2018. The service was Intensive Family Reunification (IFR) and built upon the core components that NFPN researched and posted on their website. This service started as a pilot for outcome driven contracts. Small amounts of compensation were included in the contract for those providers that achieved the desired outcomes of creating safe home environments and mitigating the risk factors that were keeping families in foster care placements. IFR service providers input weekly data into a database for contract monitoring purposes and monthly reports are generated, similar to the IFP reports. The below chart shows the number of families each of the contracted providers discharged with families who had their children back in their home or the family was discharged from the service with their children not living in the home. Post service discharge data will be made available late spring into early summer months of 2019. Providers will also receive their agency specific data for this service.

**Families with In-Home Discharge- Count of Results for IFRS Cases**  
Discharges from September 2018 - February 2019



When implementing both IFP and IFR services, DHHS wanted to ensure there was service access for all counties. While this did not happen immediately, over the course of the last two years, contracted providers have worked to recruit and retain staff in rural and frontier areas. The map below shows which contractors are providing IFP and/or IFR in each county.

**IFP and IFR Services Map- Agencies Can Refer to by County**



To address service capacity in the Western Service Area, DHHS worked on two specific services in the area that could be utilized by both families in and out of the child welfare system. By focusing on different funding streams from the beginning, allows the service provider to stay sustainable when child welfare referrals are low. In the spring of 2018, DHHS worked with Cathedral Home for Children in Wyoming to become a Nebraska Medicaid provider so that youth in the panhandle counties of Nebraska could travel less than 2 hours for their residential treatment, rather than 8 hours to Omaha or Lincoln. DHHS also worked with the Behavioral Health Region and the Lincoln County Community collaborative to pilot Family Centered Treatment (FCT), an evidence based model of an intensive in-home service, in the North Platte-Lexington area and surrounding communities. The implementation process for FCT began in spring of 2017 and the first 6 families started the service in January 2019. DHHS receives monthly fidelity data reports from the provider and also meets with the contractor weekly to discuss which referrals are the most appropriate. It is anticipated that FCT will positively impact families through the thorough assessment process, strong foundation in family engagement, and addressing the underlying trauma that has historically led the family to unsafe behaviors.

In 2016, the Division of Behavioral Health received a SAMHSA grant for developing a Children's System of Care. Over the past three years DCFS has collaborated with the Division of Behavioral Health to ensure that service development benefitted both the youth involved with the child welfare system and worked to prevent youth from having to enter the child welfare system. Nebraska System of Care (NeSOC) consists of a network of partnerships among public and private agencies, as well as families and youth organized by the DHHS Division of Behavioral Health. NeSOC offers community-based services and support for youth at risk for mental health or other challenges. Three services that have emerged from this grant include:

- **Youth Intensive Outpatient Program:** Began operations on March 16, 2018 in Behavioral Health Region 1 (seven counties in the Panhandle).
- **Early Intervention:** Includes school-based therapy and assessments, in Behavioral Health Region 2 (17 counties around North Platte).
- **Statewide Youth Mobile Crisis Response (YMCR):** Crisis response teams provide on-site mental health crisis counseling, stabilization, and refer families to mental health resources in their communities. This is a free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in the state. YMCR therapists are available 24/7 through the Nebraska Family Helpline and help is provided in the community, home, or through video consultation within one hour of the call. The below chart indicates that out of the 922 calls that were made to YMCR between May 2017 through December 2018, 74.3% of the youth served remained in home or with trusted family or friends.



Effective January 1, 2017, Nebraska Medicaid allowed several services to be delivered through means of Telehealth so families could access the medically necessary services to address their physical and behavioral health needs. Telehealth can also be used for assessments and evaluations as well and allows clinicians to serve families despite transportation challenges. This option for service delivery is still fairly new; however, some youth involved with child welfare are receiving services through Telehealth. Claims data through the three Medicaid Managed Care Organizations show that 88 claims for state ward youth were made and youth received Telehealth services from January to December 2018.

Services for families who have children living in out of home care and in need of permanency were also identified as a need in Nebraska. In July 2017, DHHS entered into a statewide contract for Options Counseling and Education. Importantly, Options Counseling and Education allows parents to hear all of their rights and options from a non-bias provider and help talk them through what it looks like to parent their child or make an adoption plan. Before this service started, the Permanency Program Specialist travelled the State of Nebraska with Right Turn, who provides post-adoption and guardianship services. Right Turn talked to DHHS case managers about the trends they encounter with post-adoptive families and tangible things that case managers could do to better prepare families and ultimately increase the success of those children needing to achieve permanency.

To ensure that the service array and resource development system is accessible in the Eastern Service Area and promoting youth and family safety, permanency and wellbeing, PromiseShip implemented both a system of Network Management and Utilization Management. While this system has been in place since 2012, it has grown and developed to accommodate the needs of the youth and families served.

The Network Management team is responsible for establishing contracts, onboarding of network providers, reviewing contract requirements to ensure providers are in compliance, and reporting information on compliance back to the provider network. They also collaborate with the Utilization Management team in the identification of service capacity needs and service array gaps.

The Utilization Management team is responsible for accepting and reviewing referrals from case managers, sending referrals to members of the provider network, and securing placement, non-treatment services, and treatment services designed to meet the identified needs of youth and families. The Utilization Management teams facilitate service and placement staffings to address needs and barriers and to ensure that what is in place is assisting youth and families in addressing the issues that brought them to the attention of DHHS.

The Network and Utilization Management teams are responsible for ensuring services and placements are available that assess the strengths and needs of children and families. Assessing needs is accomplished through utilizing multiple tools and methodologies, such as the completion of the SDM strengths and needs assessment by the case manager. The information is shared with providers as part of the service referral or upon request depending on which service is being referred. PromiseShip has been developing services within the array that require utilization of a standardized assessment to guide provider agencies in identifying, with the family

and family team, the areas of focus. Most commonly used is the North Carolina Family Assessment Scale (NCFAS), which PromiseShip began using in March of 2018. Case managers are trained to write goals within the service referral that are directly related to the NCFAS domains. This allows for the case manager, provider, and family to speak the same language and to define what areas of focus need to be addressed to achieve reunification or preservation; ultimately leading to case closure. Utilization of a consistent standardized assessment allows for PromiseShip and providers to identify where the network as a whole is achieving outcomes, where there are barriers or need for improvement, as well as in capturing gaps within the service array.

The collaborative service development efforts between Network Management, Utilization Management and the PromiseShip provider network has focused on ensuring that there are services available to the family, as well as the individual, that focus on sustainable permanency and reunification. Services developed include:

*Intensive In-Home by calendar year (based on date of referral)*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Referred Outcome Achieved</b>	<b>Top 3 NCFAS domains identified for primary focus</b>		
<b>2014</b>	9	33%	Parental Capabilities	Environment	Family Safety
<b>2015</b>	325	51%	Parental Capabilities (n=125)	Environment (n=55)	Family Interactions (n=39)
<b>2016</b>	535	64%	Parental Capabilities (n=233)	Child Well Being (n=69)	Family Safety (n=54)
<b>2017</b>	594	79%	Parental Capabilities (n=216)	Child Well Being (n=69)	Self Sufficiency (n=67)
<b>2018</b>	552	86%	Parental Capabilities (n= 175)	Family Safety (n=86)	Family Health (n=70)

*Integrated Family Care by calendar year (based on date of referral)*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Average LOS in days</b>
<b>2014</b>	0	0
<b>2015</b>	2	66
<b>2016</b>	7	160
<b>2017</b>	14	96
<b>2018</b>	14	110

*Better Together by calendar year (based on date of referral)*

<b>Calendar Year</b>	<b>Number of Families Served</b>
<b>2014</b>	0
<b>2015</b>	2
<b>2016</b>	4
<b>2017</b>	18
<b>2018</b>	14

*Pathways to Permanency by calendar year*

*Average days from service referral to full case closure – 272 days*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Number families closed by calendar year</b>	<b>Families by service start year with youth reunified within 365 days</b>
<b>2015</b>	3	0	0
<b>2016</b>	11	0	2
<b>2017</b>	22	19	13
<b>2018</b>	83	27	20

*Permanency Services*

*Average number of days from legally available to adoption: 589 days*

*% of placement stability: 92%*

<b>Calendar Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Number of Families</b>	37	78	57	74	41

**Description of Systemic Factor Item:** The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

**CFSR Finding:** Nebraska received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that although the state has made efforts in recent years to improve how well the state individualizes services to meet the needs of children and families, there is variation across the state. Stakeholders reported that individualizing services to meet the needs of non-English-speaking families is a challenge in some areas of the state even though translation/interpreter services are generally available. Some stakeholders also said that placement resources are not individualized to meet the needs of youth with high needs and, as a result, such youth are placed in homes/facilities because they are available and not based on the youth's needs. Stakeholders were also concerned about whether services are routinely individualized for relatives providing care for children in foster care.

**Updated Data and Information:**

To ensure Nebraska child welfare services identified in item 29, such as IFP, IFR, Family Support, and Agency Supported Foster Care are individualized to meet the unique needs of children and families, DHHS developed Service Quality Reviews for each contracted provider. This was a goal that was established in the last CFSP and became a reality with the first review taking place by the Contract Monitoring team in March 2017. Service Quality Reviews take place on an annual basis and upon request from administration. Service Quality Reviews are done per service and not per agency so more than one Service Quality Review can take place on a specific service and provider during the course of a year. In the last year, the Contract Monitoring team completed 162 Service Quality Reviews, which encompassed 25 contracted providers. Nebraska also looks at the post-discharge data made available for IFP and IFR to determine the successfulness of the service and how well the provider tailored the interventions to the needs of the family for sustainability. For more information, refer back to data on Item 29.

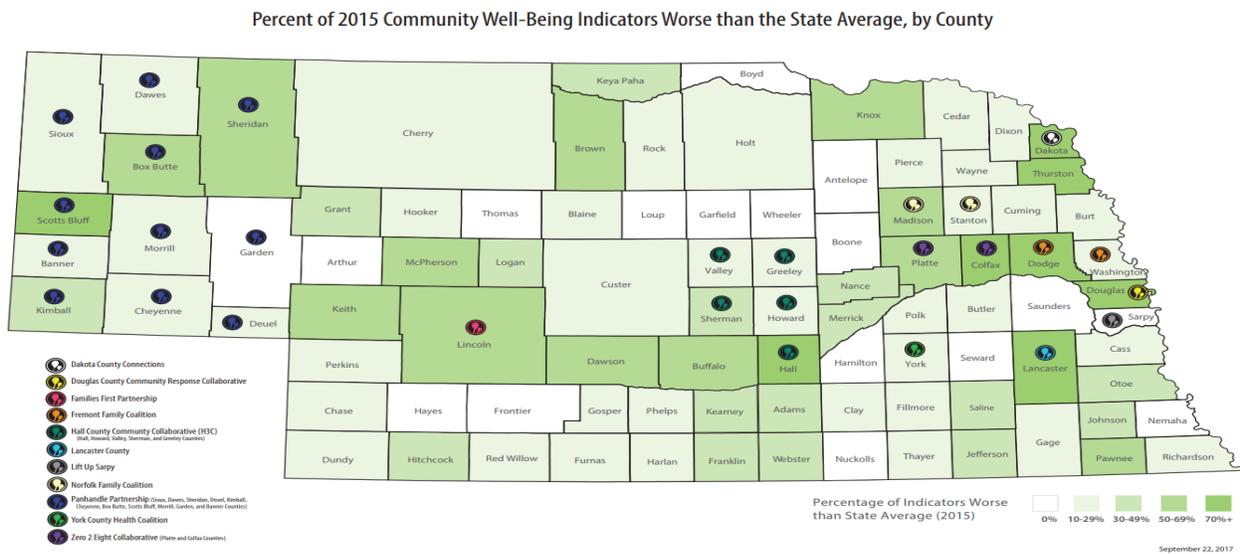
In 2016, Placement Support Plans were developed for all foster care placements (both licensed and relative) for the purpose of individualizing each placement for the needs of the youth in care. These plans are to be in place within seven days of placement and given to the foster parent, youth, and DHHS case manager. These plans should be developed with the foster parent and youth and are the responsibility of whoever is supporting the foster care home, whether that be the contracted Agency Supported Foster Care provider or DHHS Resource Development staff. They are updated as necessary-when there are changes in the child's behavior or it is determined that more supports are needed. Youth with high behavioral needs are also staffed prior to placement to determine specific supports that are needed for both the youth and foster home to ensure the placement is successful.

In July 2018, the Well-Being Program Specialists from DHHS central office began facilitating weekly meetings with each of the contracted Nebraska Medicaid Managed Care Organizations (MCOs) and DHHS case manager. During each of these weekly meetings, individual children are discussed to ensure that his or her physical, behavioral, and pharmaceutical needs are being

addressed. The MCO care coordinator and DHHS case manager discuss strengths, needs, and next steps. Some of these meetings lead to additional conversations to ensure the child is receiving the needed care that addresses any identified concerns. Over 220 individual children have been staffed in the past nine months since the weekly meetings began.

Through the last several years, the State of Nebraska approached accessing and individualizing services for families through a statewide primary prevention focus called *Bring Up Nebraska*.<sup>4</sup> Through a public-private partnership and local leaders, communities are accessing new resources to address issues related to poverty and neglect. They are empowered to identify what the unique qualities, strengths, and needs are of their families and start to problem solve through a number of different initiatives.

*Bring Up Nebraska* has a number of different community groups, called Community Response and the following map indicates where the different Community Response programs are throughout the state. It is also color coded to show which communities have lower scores on the Community Well-Being Indicators that one of the private agencies tracks and uses to inform decisions and educate stakeholders about the needs in Nebraska. The darker green represents those communities that have lower scores than the statewide average.



This figure presents data on the ten Community Well-Being indicators that Nebraska Children currently tracks and uses to inform the investments it makes in communities across the state. These indicators are as follows: 1) infant death rates, 2) teen birth rates, 3) juvenile arrest rates, 4) child abuse and neglect rates (substantiated cases), 5) foster care rates, 6) high school graduation rates, 7) the percentage of individuals age 5+ plus who live in a household where the language spoken at home is one other than English, 8) the percent of the population who reported incomes that place them below the poverty line, 9) the percent of children in single-parent households, 10) the percent of third grade children who tested proficient in reading.

Note that indicator data for all 10 indicators is not available for all counties, especially those counties with smaller populations. As a result, the percentages above reflect the number of indicators worse than the state average divided by the number of indicators for which data was available in a given county. For example, because infant death rates are only calculated when there are 5 or more such events—since rates calculated with fewer than five events are considered to be unstable—such rates are not calculated for any county with 1-4 infant deaths over the course of calendar year 2014. In such cases, the percentage presented above is based on a denominator of 9 rather than 10 indicators.

Nebraska will continue to collaborate with various stakeholders to improve access and increase the individualization of services as the system works to implement provisions of the Family First Prevention Services Act.

Please refer to the State of Nebraska’s PIP to review current and planned activities targeted at improving performance or addressing significant areas of concern for the next two years

<sup>4</sup> Visit <http://www.bringupnebraska.org/tools-resources> for more information.

regarding the State's service array. In addition to the activities and strategies identified, the DCFS will also implement the Family First Services Prevention Act (FFPSA), which will broaden the current service array, specifically prevention, to include evidence based services as verified by the federal Administration for Children and Families established federal clearinghouse to address in-home parenting skills, substance use disorder and mental health. FFPSA will improve the current service array of prevention services and identify additional prevention services, in an effort to decrease the amount of children that enter out of home care, increase protective factors of parents and strengthen families. The services through FFPSA combined with the current service array will provide a holistic spectrum of services to children in their own homes, with their parents and families. Parents and families will have a voice and choice when choosing services and the DCFS will strive to be mindful and supportive in a family's decision when facing adverse circumstances.

Implementation of FFPSA prevention services also aligns with Nebraska's Performance Improvement Plan Goal #5 which is to enhance current service array to ensure appropriate and individualized services are accessible. As noted in our PIP, Item 29 (Array of Services) was an area needing improvement due to challenges in accessing needed services in the more rural areas of the state, especially in the western part of the state. This item was also an area needing improvement due to challenges in accessing substance abuse and specialized mental health services to address trauma and other factors. Nebraska expects that this Plan will not only improve in home service quality and array of available services, but may also reduce the demand for out of home services that are often not available in a timely manner, particularly in the rural parts of Nebraska.

The DCFS is part of the Nebraska Department of Health and Human Services and within the department are additional Divisions of Medicaid and Behavioral Health. The DCFS has already begun discussions during its FFPSA implementation phase with our partners on how to provide greater access to FFPSA evidence-based prevention and treatment services. Better leveraging the opportunities across DHHS will lead to better outcomes across the state.

In addition, the DCFS has worked with the Division of Public Health in identifying in-home services that are overseen by that agency that are instrumental in preserving family stability. Furthermore, the DCFS has assembled a diverse and robust stakeholder group consisting of numerous statewide providers of child and family services, including community based organizations and providers of family preservation, behavioral health and substance abuse services. The DCFS will continue to work closely with all of these agencies and stakeholders in order to foster a continuum of care for children, parents and caregivers receiving prevention services.

Moreover, the DCFS will partner with other divisions within the State, such as Community Prevention, Economic Assistance, Medicaid, Behavioral Health and Public Health to ensure services are coordinated. A Nebraska System of Care workgroup has been created to ensure coordination of services among systems partners. This includes work with Behavioral Health, Region Six, Medicaid, Boys Town, and Nebraska Children's Home Society to ensure continuity with all services provided to a family through each organization.

DCFS will partner with Juvenile Probation to provide education and communication between DCFS and Probation officers working with youth who may be candidates for Foster Care to ensure appropriate services are provided in conjunction with Juvenile Probation services in order to allow those youth to remain in their family homes. Additionally, this communication will minimize instances of duplication of services for families.

DCFS will meet with tribal representatives to provide information regarding FFPSA. Finally, Nebraska also has workgroups, both externally and internally, regarding different provisions within the FFPSA, who all have experience in administering services to children and families. These workgroups will be utilized as well to ensure there is ongoing and transparent communication occurring in regards to administering prevention and treatment services.

Below are some of the planned services and activities that DCFS intends to have in the service array that aligns with FFPSA and in coordination with other divisions, pending approval from ACF is the following. Of note, more services and activities may be added in the future:

### **In-Home Parenting Skills Programs:**

#### *Healthy Families America:*

Healthy Families America (HFA) is a home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. The target population is to enroll families prenatally or within three months of birth. There is a child welfare adaptation of HFA. This would change the population to be up to 24 months old for enrollment into this adaptation.

The target population for HFA aligns with Nebraska's needs assessment and data evaluation showing that the majority of children enter foster care due to neglect and almost half are ages 0-5, the majority of which were 1 year of age or younger. By engaging families in preventative services such as HFA, Nebraska hopes to also address the generational cycle of child welfare involvement which is why this program will also be targeted to our pregnant and parenting youth in care.



#### *Parents as Teachers:*

Parents as Teachers is an early childhood parent education, family support and well-being, and school readiness home visiting model. The target population can be chosen by the agency as focusing on pregnant women and families with children from birth to age 3 or through kindergarten.

Parents as Teachers is currently offered in at least 28 Nebraska counties. Parents as Teachers is used by the Sixpence and Early Head Start/Head Start Nebraska Young Child Institute Statewide Home Visiting Initiatives. This program was chosen for the same reasons as HFA given its target population meets the needs of Nebraska families and strong existing infrastructure.

### **Mental Health and Substance Abuse Programs:**

#### *Multisystemic Therapy:*

Multisystemic Therapy (MST) is an intensive family and community-based treatment for youth who meet the criteria for this treatment. Eligible youth must have either a substance use diagnosis or a behavioral health diagnosis. The target population is 12-17 year old who are at risk of out-of-home placement due to their substance use or behavioral health diagnosis. In Nebraska, MST has a blended funding model and is a Medicaid-funded service.

#### *Trauma-Focused Cognitive Behavioral Therapy:*

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. The target age is 3-18.

#### *Parent and Child Interaction Therapy:*

Parent and Child Interaction Therapy (PCIT) is a dyadic behavioral interventions for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems, increasing child social skills and cooperation, and improving the parent-child attachment relationship. The target population is children ages 2-7 years of age and their caretakers.

#### *Family Centered Treatment:*

Family Centered Treatment (FCT) is a model of intensive in home treatment services for youth and families using psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop healthy and nurturing relationships, and increase children's physical, mental, emotional, and educational well-being through family value changes. The target population for the Nebraska DCFS are 1) youth who have been placed out-of-home, have a mental health or serious emotional disturbance diagnosis, and have a permanency plan of reunification; or 2) families with a youth who is at risk of an out-of-home placement due to the youth's medical necessity for a higher level of care.

FCT has had successful outcomes in several states and jurisdictions working with families who have had multi-generational system involvement. Instead of addressing the symptoms of a behavior and obtaining compliance with a family plan, the foundation of the model is to treat systemic trauma that a family may have experienced and to treat the underlying cause of the family's issue which aligns with the DCFS goal of being trauma-informed.

DCFS worked with the Behavioral Health Region and the Lincoln County Community Collaborative to pilot FCT in the North Platte-Lexington area and surrounding communities. The implementation process for FCT began in spring of 2017 and the first six families began the service in January 2019. To enhance sustainability, the DCFS worked with our partners in Medicaid to create a blended funding model.



DHHS receives monthly fidelity data reports from the provider and also meets with the contractor weekly to discuss which referrals are the most appropriate. It is anticipated that FCT will positively impact families through the thorough assessment process, strong foundation in family engagement, and addressing the underlying trauma that has historically led the family to unsafe behaviors. FCT was recently designated as a Trauma Treatment Practice by the National Child Trauma Stress Network. FCT has been submitted to the Title IV-E Clearinghouse for review and the DCFS believes this research supports FCT being rated as well-supported.

#### *Motivational Interviewing:*

Motivational Interviewing (MI) is a client-centered, directive method designed to enhance client motivation for behavior change. The target population is caregivers of children referred to the child welfare system and it has also been used with adolescents. MI is rated Well-Supported with Medium child welfare relevance per the CEBC.

#### *Child Parent Psychotherapy:*

Child Parent Psychotherapy (CPP) is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.

All training of CPP providers in Nebraska is through the Nebraska Resource Project for Vulnerable Young Children (NRPVYC). The training process to become a CPP provider is a minimum of 18 months long. Currently there is annual training cohorts beginning each January. Upon completion of the initial training, fully licensed practitioners can apply to be a Nebraska Medicaid provider. The Nebraska CPP Learning Collaborative verifies the fidelity of training of all providers meets the standards set by the University of California, San Francisco (UCSF) for inclusion in their national CPP Provider Roster.

CPP is available statewide in Nebraska including in our rural communities. Currently there are reported to be over 100 CPP providers of which approximately 18 are in our western service area.

## *Agency Responsiveness to the Community (45 CFR 1355(c)(6)):*

### Ongoing Consultation with Tribal Representatives

DCFS continues to facilitate Tribal Operations and CQI meetings with the four federally recognized tribes with governmental headquarters within Nebraska's borders—the Omaha Tribe, the Ponca Tribe of Nebraska, the Santee Sioux Nation, and the Winnebago Tribe. The Tribal Operations and CQI meetings have provided many opportunities to ask for input, share information, discuss barriers and identify strategies to improve case practice. In addition, DCFS continues to contract with all four Nebraska headquartered tribes to provide services for victims of domestic violence and sexual assault. For more information about the collaboration between DCFS and the Tribes, see “Consultation and Coordination between States and Tribes” section.

### Ongoing Consultation with Consumers

DCFS works with Project Everlast Statewide Leadership Council to act as a Citizen Review Panel (CRP). Project Everlast is comprised of former foster youth who have aged out of the system. The Project Everlast Councils create opportunities for youth in care and alumni to connect with each other and provide input on program and policy issues. Every year as part of the APSR process, DCFS reviews the CRP recommendations and provides a response with specific policy/programmatic changes.

In addition, youth with lived experience in the child welfare system participate in the following committees and boards:

- **Strengthening Families Act Committee:** This Committee works to create recommendations surrounding the provisions that support youth in foster care to engage in normal childhood activities, such as sleepovers, extracurricular activities, sports participation, sleep-away camp, and other pro-social activities that encourage healthy development.
- **Bridge to Independence (B2i) Advisory Committee Meeting:** The B2i Advisory Committee makes recommendations to the Department of Health and Human Services (DHHS) and Commission regarding the Bridge to Independence Program, a program offering voluntary services and support for youth who have aged out of foster care before attaining permanency. This is a statutory Committee, so it is much more formal than our Subcommittee/Workgroup meetings. However, it is unique in that it has rotating membership positions for youth currently or previously system involved. This gives youth the opportunity to participate and vote when they can without penalty for missing meetings.
- **System of Care Leadership Board Meeting:** Group that helps direct the overall efforts of the System of Care.
- **Governor's Youth Advisory Committee:** This Committee is appointed by the governor and learns about policy and government systems. It is open to young people ages 14-19. They meet four times a year, including twice with the governor. The other two meetings they meet with local policy leaders, politicians and government officials.

DCFS provides services to foster and adoptive parents statewide through a contract with the Nebraska Foster and Adoptive Parent Association (NFAPA). NFAPA provides an Inquiry Line for potential foster and adoptive parents, a Families First newsletter, and Families Offering Care Understanding and Support (FOCUS) mentor program. DCFS meets regularly with NFAPA and feedback is used to make system improvements. DCFS has also formed a Foster Parent Advisory Group which began meeting in March 2017. This group will continue to meet routinely with the Director of Children and Family Services to discuss opportunities for improvements. The process will be family-driven.

DCFS continues to fund Family Peer Support designed for the caregiver of a child/adolescent living with a severe emotional disturbance or substance use disorder, and who has experienced behavioral/emotional challenges in the home, school, and/or community. Services utilize a parent peer coaching model to facilitate system navigation, accessing community resources and other benefits, engaging with formal and informal supports to ensure that the elements of the Family Plan for the child/adolescent and family are planned for and progress towards goals and objectives occurs. Services are designed to increase capacity and skills to prevent/stabilize crisis within the family, caregiver, or prevent out of home placement of child/adolescent. The service is delivered by local Family Organizations.

#### Ongoing Consultation with Service Providers:

DCFS continues to meet with service providers, rotating meetings between Lincoln and Grand Island, in order to engage DCFS service providers with dialogue aimed at strengthening service definitions as well as to identify concerns and areas of strength and improvement identified by the service providers and by DCFS. DCFS is a member of the Nebraska Adoption Agencies Association (NAAA) and participates in monthly meetings with all adoption agencies in Nebraska for purposes of collaboration and interest in Nebraska adoptions.

#### Ongoing Consultation with Foster Care Providers:

Foster care providers participate in the bi-monthly service provider meeting described above. Over the past year, DCFS began to work more extensively with the Foster Family Treatment Association (FFTA). Eighteen of the 22 contracted child placing agencies are members of FFTA and this association has proven to be a valuable resource for DCFS.

#### Ongoing Consultation with the Juvenile Court:

DCFS continues to meet regularly with the Court Improvement Project (CIP), Inspector General, Nebraska State Probation, and Foster Care Review Office (FCRO). The topics discussed have an impact on the child welfare and juvenile justice systems. It is also a forum to report out initiatives by the various agencies and review data.

The Director of DCFS is a member of the Supreme Court Commission on Children in the Courts. The purpose of the commission is to study and recommend appropriate steps for the judicial system to undertake to insure that the courts are as responsive as possible for children who interact with, or are directly affected by the courts.

#### Ongoing Consultation with Other Public and Private Child and Family Serving Agencies:

The CEO of DHHS and the Director of DCFS are ex-officio members of the Nebraska Children's Commission. The Nebraska Children's Commission was created as a result of an investigation by the Health and Human Services Committee that identified a number of gaps in the service delivery model for children and families. The Nebraska Children's Commission was created in 2012 by the Nebraska State Legislature to devise a strategic plan for child welfare and juvenile justice and provide a permanent leadership forum for the collaboration for child welfare and juvenile justice reform among the three branches of government and public and private stakeholders at the state, regional, and community levels.

DCFS continues to facilitate the Healthcare Oversight Committee has continued to meet every other month to refine and monitor the progress of the Healthcare Oversight Strategic Plan. The plan has been developed and much work has been completed to achieve the outcomes within the strategic plan (refer to the Healthcare Oversight Strategic Plan for updates).

Finally, external and internal system support is vital to the success of Alternative Response. The Director's Steering Committee and the Statewide Advisory Committee meet regularly to promote collaboration, communication and transparency. DCFS shares programmatic success, challenges and data to obtain and incorporate community feedback and recommendations. Additional external support is gained at the community level. At the local level, each pilot county conducts Alternative Response External Leadership meetings with various providers and DCFS continues to be active within each Child Well-Being Community.

#### Ongoing Coordination with Federal Aid to Dependent Children, Supplemental Nutritional Assistance Program, Child Care Subsidies and Child Support Enforcement:

The Family-Focused Case Management initiative is one of the 25 priorities in the DHHS business plan. The goal of the family-focused case management pilot is to promote self-sufficiency and sustainable employment to reduce the number of individuals and families re-entering public assistance program.

In addition, the Supplemental Nutritional Assistance Program (SNAP)/Department of Labor (DOL) Pilot is a collaborative effort between DHHS and DOL to assist SNAP participants in earning a livable wage. This initiative also assists DHHS and DOL in understanding and utilizing available resources through programs (such as WIOA) to assist low income families in earning a livable wage.

#### Ongoing Coordination with the DHHS Divisions of Behavioral Health, Developmental Disabilities, Medicaid and Long-Term Care and Public Health:

The DHHS Chief Executive Officer developed the Cross-Division Solutions Team (CDST) to find solutions for individuals and/or families who have complex issues and who may need services or supports from multiple Divisions within DHHS. Prior to this team, Divisions did not have a direct venue to work together on cases. The Divisions of Behavioral Health (DBH), DCFS, Developmental Disabilities (DD), and Medicaid and Long-Term Care, as well as Legal Services and Internal Audit meet weekly to review these cases. The Division of Public Health

(DPH) is involved as needed. Referrals for the CDST come from the DHHS CEO, the Division Directors, Ombudsman's office, senators' offices, and other system partners.

DCFS continues to collaborate with the DBH System of Care for Children, Youth and Families. System of Care is a framework for integrating mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private partners, families and youth.<sup>5</sup>

Finally, DCFS is collaborating with the DPH to implement the Child Welfare adaptation of the Healthy Families America model within two local agencies in Nebraska. Evidence-based home visiting has been proven through decades of research and data to improve outcomes of families that participate. The Child Welfare adaptation specifically works with families that are involved in the child welfare system, to offer further supports, keep families together, and improve outcomes.

#### Ongoing Coordination with the Nebraska Department of Education (NDE):

DCFS and NDE continue to meet regularly to address the ongoing challenges and roadblocks that impede the success of state wards in the educational arenas throughout Nebraska. DCFS serves on the Special Education Advisory. In addition, DCFS program staff meet monthly with NDE's Educating Systems Involved Students (ESIS) Facility/Coordinator.

#### Ongoing Coordination with Federal Early Childhood Programs and Initiatives:

DCFS continues to utilize the Early Development Network (EDN) to help prevent or minimize negative effects of exposure to risk factors such as abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA) requires that DCFS refer a child under the age of three who is involved in a substantiated case of child abuse or neglect to EDN for early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA). Agencies providing Part C services are required to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities or developmental delays and their families. One of the ongoing challenges is the high number of parents who are unwilling to engage in the EDN assessment process. To address these challenges, DCFS and EDN are working closely together to improve on-going professional development for both EDN and child welfare staff; implement data system changes; and enhance communication across organizations. This includes looking at policies and procedures between the agencies to ensure the most effective and efficient practice (see Section Services for Children Under the Age of Five for further detail).

Public Law 110-134, *Improving Head Start for School Readiness*, requires the governor of each State "to establish or designate an early childhood education and care advisory council to address issues of collaboration, coordination, alignment, quality and availability of early care and education services." The body designated by Nebraska's governor is the Early Childhood Interagency Coordinating Council (ECICC). DCFS is a member of this council.

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<sup>5</sup> See <https://governor.nebraska.gov/press/gov-ricketts-dhhs-announce-statewide-behavioral-health-system-care-children-and-youth>.

Ongoing Coordination with Federal Older Youth and Young Adult Programs and Initiatives:

DCFS has entered into a Memorandum of Agreement (MOA) with Nebraska Children and Families Foundation (NCFF) and the Sherwood Foundation. This MOA has offered an opportunity for older youth and young adults to receive additional services as funding has increased and community partners have come together to provide services collaboratively. In the past year, this partnership has provided an opportunity to expand services to youth and young adults and enhanced community partnership collaboration and communication.

Ongoing Coordination with the Association of Administrators for the Interstate Compact for the Placement of Children:

Nebraska continues to actively participate in the Association of Administrators for the Interstate Compact for the Placement of Children (AAICPC) and was the first state to join the National Electronic Interstate Compact Enterprise (NEICE), the electronic case management system for processing ICPC placements.

Ongoing Coordination with the Federal Family Violence Prevention and Services Program:

The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents. DCFS is the state agency responsible for the administration of FVPSA and works closely with the Nebraska Coalition to End Sexual and Domestic Violence and 20 local domestic violence/sexual assault programs to provide core domestic violence services across Nebraska. DCFS meets every-other month with the Executive Director of the Nebraska Coalition to End Sexual and Domestic Violence and quarterly with the 20 local programs. Finally, DCFS participates in the annual FVPSA administrator's conference to receive training and technical assistance on emerging issues, engage in peer-to-peer learning, and network with other states.

Ongoing Coordination with the Community Based Child Abuse Prevention Lead Agency:

For the past eighteen years, the Nebraska Children and Families Foundation (Nebraska Children) has been designated as the lead agency to receive funds through the Community-Based Child Abuse Prevention Grant Program. DCFS has formed a strong partnership with Nebraska Children to support child abuse prevention efforts statewide.

In partnership with First Lady Susanne Shore, the Nebraska Children and Families Foundation, the Nebraska Child Abuse Prevention Fund Board, the Sherwood Foundation and Casey Family Programs, DHHS is working with a diverse group of stakeholders to develop a statewide community-based prevention plan. Called Bring Up Nebraska, the initiative promotes local community partnerships that support child and family well-being. The foundation for Bring Up Nebraska already exists in several counties through Community Response. Community Response targets families who are at risk of abuse or neglect and engages those families before they are referred to child protection. Community response includes access to concrete needs,

such as rent and utility payments, and provider referrals to services and supports in the community.

#### Ongoing Coordination to Implement the Strengthening Families Act:

In response to the Strengthening Families Act of 2014, the Nebraska Attorney General's Office created the Nebraska Human Trafficking Task Force.

#### Ongoing Coordination through Title IV-E Inter-Governmental Agreements

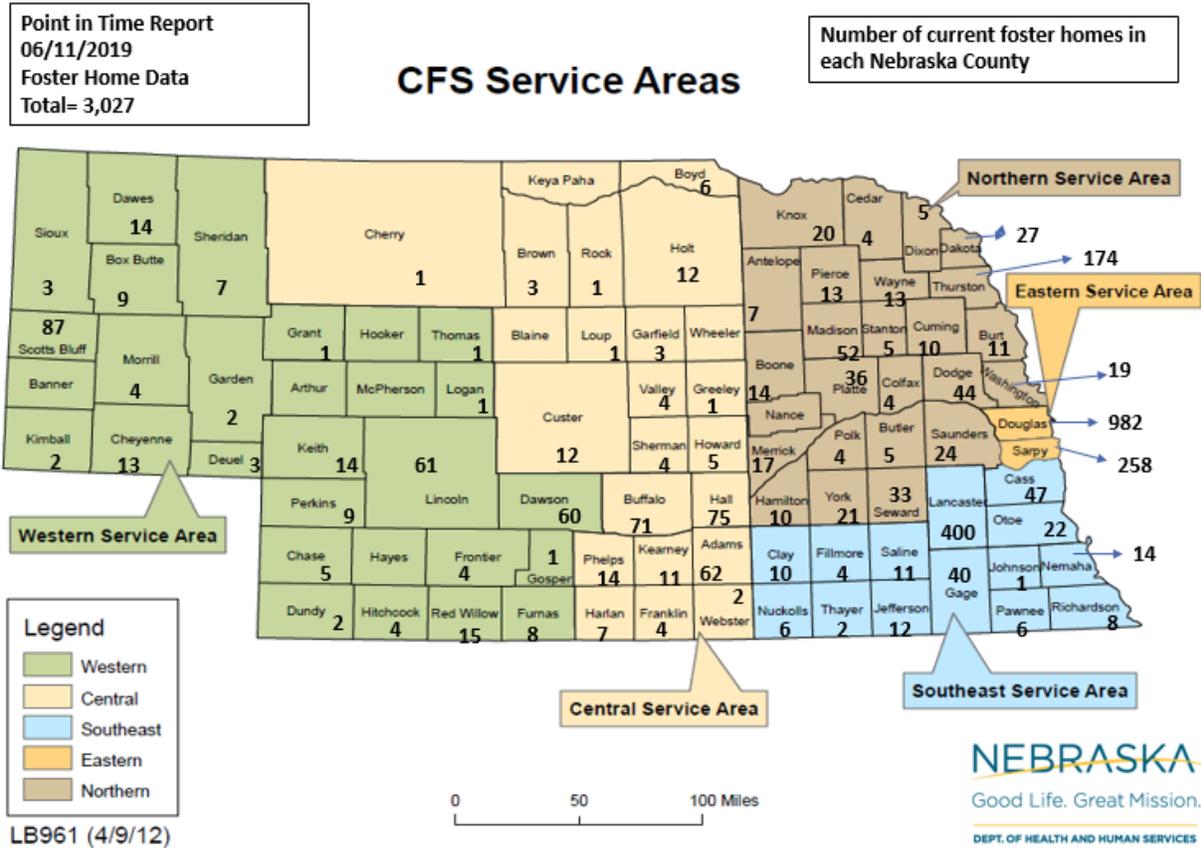
DCFS has title IV-E contracts with three of the four federally recognized Tribes in Nebraska that authorizes title IV-E administrative and allowable maintenance funding for tribal wards. The IV-E contracts allows the tribes the ability to have title IV-E eligible tribal ward maintenance expenses paid through DCFS. DCFS provides the general fund match for title IV-E maintenance reimbursement, for a title IV-E eligible tribal ward. Eligibility for title IV-E is established by having required Children and Family Services program information entered in the Nebraska Family Online Client User System (N-FOCUS), by the tribal Children and Family Services case manager. The tribal case managers are also responsible for providing required documentation for a tribal ward's title IV-E eligibility determination to be made by Department staff. Licensing information is entered on the N-FOCUS system to insure title IV-E requirements are met for the placement provider. Payment is processed through the N-FOCUS system which then allows for title IV-E claiming by DCFS for any eligible title IV-E services for the eligible tribal wards. Monthly expense reports are sent to tribes listing DCFS payments made on behalf of their specific tribal wards.

The information entered in the N-FOCUS system allows for AFCARS data to be transmitted to the Children's Bureau for title IV-E eligible youth twice a year. Department training is open for participation by tribal workers and technical assistance is provided on a regular basis during monthly operations meetings, and when specifically requested. The one tribe that has not entered into an IV-E Contract with the Department does not have a land based reservation in Nebraska. The tribe has chosen not to have an IV-E Contract, therefore when there is a need, their tribal youth are covered through the regular Nebraska state ward system.

#### *Foster and Adoptive Parent Licensing, Recruitment, and Retention (45 CFR 1355.34 (c)(7):*

This systemic factor directly relates to CB's vision as foster care as a support to families, not as a substitute. Foster and adoptive parents who are well-trained and supported are able to negotiate this complex relationship to achieve the well-being of children, youth, and families.

Review of this systemic factor should be related to the state's vision as informed by this CB priority.



LB961 (4/9/12)

**Point in Time Report**  
06/11/2019  
Foster Home Data

**Current Foster Home Data**

- Active Agency Supported Foster Homes= 1132
- Active DHHS Supported Foster Homes= 76
- Active Kinship Approved(185)/Licensed(40) Homes= 225
- Active Relative Approved(392)/Licensed(232) Homes= 624
- Active Tribal Foster Homes= 31
- Active Tribal Relative Approved(61)/Licensed(9) Homes= 70
- Active Tribal Kinship Approved Homes= 2
- Active Tribal Emergency Shelter=1
- Active Adoptive Licensed Home= 140
- Active Adoptive Kinship Approved(22)/Licensed(9) Homes= 31
- Active Adoptive Relative Licensed Homes= 44

Nebraska is collaborating with contracted Child Placing Agencies and stakeholders to develop a statewide foster parent recruitment campaign. Nebraska has been collaborating with Nebraska Children’s Home Foundation (NCFH) and the Sherwood Foundation regarding CHAMPS-Children need amazing parents. Discussions have been held with contracted providers to work together regarding recruiting of foster parents that are able to meet the needs of the children who are coming into the care and custody of DHHS. Nebraska will continue to place children who need out of home placement with relatives or kinship homes when they are safe and able to provide care. Nebraska is working on developing an on line foster parent pre-service training and will encourage all relatives and kinship placements to complete this training.

For a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency’s vision, please see CFSR PIP pages 61-64.<sup>6</sup>

### 3. Plan for Enacting the State’s Vision:

Nebraska is using two documents to guide the next five years of the child welfare system: the recent federally approved *CFSR PIP* and the *Family First Prevention Services Plan*. These two documents represent the collective goals, strategies, anticipated timelines, and measures the entire child welfare system in the State of Nebraska. It is essential to note, these documents are the product of extensive collaboration and dialogue with community partners, youth, parents, and families in Nebraska. As such, these documents reflect a forward focused vision for a vibrant child welfare system. A child welfare system filled with vibrant childhoods, strong and resilient parents and thriving communities.

#### *Activities for Year 1 and 2:*

- Refer to goals and strategies identified in the CFSR PIP.
- DCFS will also begin the implementation of the Family First Prevention Services Act. The DCFS is currently drafting the FFPSA Five Year Plan for prevention services details. As soon as this plan is approved, CFS will make it publicly available.
  - In addition, FFPSA provides new opportunities for parents and children to have access to quality legal representation. The State of Nebraska will work to improve access to quality legal representation of parents and children involved with the child welfare system. This will be accomplished by utilizing enhanced legal training, professional mentoring and case consultation. This will be achieved through partnership, and in collaboration with, institutions of higher-education, the State’s CIP, and non-profit partners.

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<sup>6</sup> See attached, *Nebraska 2017 CFSR PIP* and *Nebraska 2017 CFSR Final Report*

- The State of Nebraska will continue to develop a robust array of services for the purpose of primary prevention.<sup>7</sup> This will be accomplished by working towards reducing entry into the child welfare system and other higher end systems of care (behavioral health, juvenile justice etc.), increasing informal and formal community supports for children and families, identify and support solutions to remove barriers in community-based prevention efforts, raise awareness and promote best-practices that promote community-based models of prevention, continue to collaborate with local, state, and national partners together to develop new strategies around prevention for nebraska.
- Nebraska will have at least one Qualified Residential Treatment Program (QRTP) in accordance with FFPSA requirements.
  - Implementation supports will include: partnerships with congregate care providers, court officials, Court Improvement Project, the Division of Behavioral Health, the Division of Medicaid and Long-Term Care and Managed Care Organizations; training for DCFS case managers and court officials; changes to NFOCUS to build in logic for claiming IV-E accurately; regular and ongoing communication with stakeholders to address concerns and celebrate successes.

*Activities for Year 3:*

- Review data from NFOCUS and follow a continuous quality improvement framework to evaluate the implementation of FFPSA. Share data with DCFS case workers, supervisors, administrators, and external stakeholders, including families, to receive various perspectives and feedback on the first two years of implementation of new evidence based practices. Create a plan for improvement for the next couple of years for FFPSA implementation and sustainability of the new service array in collaboration with stakeholders.
- Re-submit the five year IV-E Prevention Services Plan to federal partners with any necessary or identified changes.

*Activities for Year 4 and 5:*

- Continue with FFPSA implementation and made modification as necessary based off of internal and external feedback.
- Nebraska will have a minimum of two Qualified Residential Treatment Programs.
  - Implementation supports will be similar to supports identified in the activities for years one and two.

Through all five years opportunities for primary prevention services to strengthen families and ensuring child safety will be paramount for the State of Nebraska. All other goals in

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<sup>7</sup> It is vital that this 2020-2024 Child and Family Services reflects intentional steps to collaborate across Nebraska's child welfare system with stakeholders. See attached, *Bring Up Nebraska External Priorities* for example.

this plan enhance families' protective capacity and assist families' in keeping their children safe and staying together. By providing DCFS Supervisors with advanced SDM training, they are able to increase critical thinking skills needed to make decisions involving a family. With the implementation of evidence based mental health, substance abuse and in-home parenting practices, families and children receive effective services that can meet their needs. By focusing on DCFS workforce stability, staff receive interventions to mitigate vicarious trauma which lessens the number of case workers a family has and increases child safety and permanency. Through the implementation of Safety Organized Practice (SOP), DCFS case workers have increased knowledge and skill in engaging families. The more engaged and willing a family is in a service, the higher the probability of being successful. Collaboration with parents and families are valued by engaging in regular and ongoing communication and partnership. When families are respected and are responsible for the development of their plans, families are engaged child safety is increased and communities are able to thrive.

## **4. Services**

In an effort to avoid duplication of information, both information related to *Child and Family Services Continuum (45 CFR 1357.15(n))* and *Service Description (45 CFR 1357.15(o))* of ACF-CB-P1-19-02 are provided in Service Array and Collaboration Sections of Nebraska's proposed CFSP.

*Service Description (45 CFR 1357.15(o)):*

**Description of Systemic Factor Item:** The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

**CFSR Finding:** Nebraska received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and collected during interviews with stakeholders showed that Nebraska has challenges in accessing needed services in more rural areas of the state, especially in the western part of the state. Stakeholders reported that accessing substance abuse assessment and treatment services for parents and youth was difficult and that there were challenges with accessing mental health services for parents and children, especially more specialized services to address attachment, trauma, adoption, dual-diagnosis, and sexual abuse-related issues. Stakeholders said that it was also difficult to access housing, residential treatment for youth, prevention services, and that there was a lack of adequate placement resources for

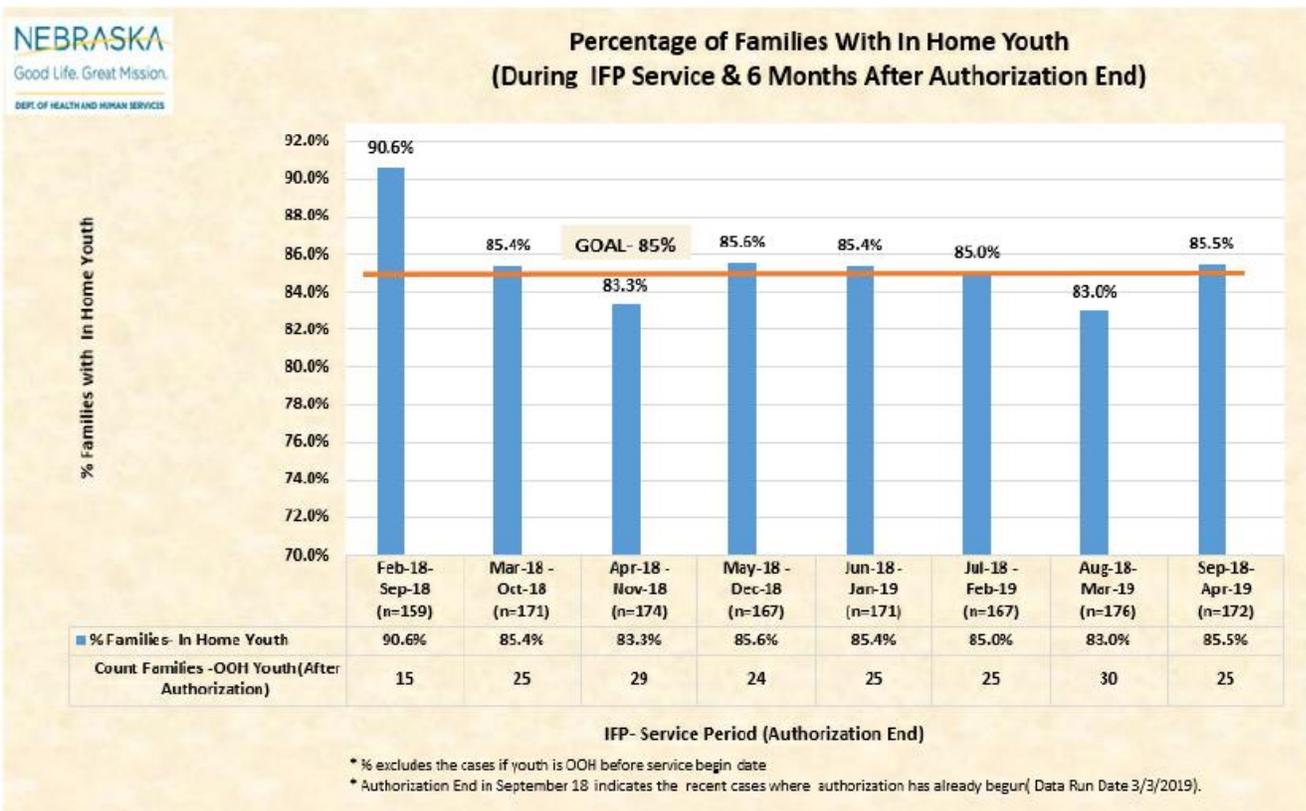
children. While the state has increased the availability of Intensive Family Preservation Services, stakeholders said that the need for this service exceeds the current capacity. Stakeholders said that the lack of transportation, lack of providers, waitlists, and limited payment options are barriers to accessing needed services.

*Updated Data and Information:*

In 2014, three goals were established for the service array system factor: develop central office structure to support resource development operations; gather data on service gaps; and create provider service reviews. While the organizational structure of resource development staff has changed several times over the past 5 years, many service gap assessments have been completed as well as the development of service reviews on contracted providers. Data on services was non-existent five years ago; however, today Nebraska has access to data on provider performance for referred families on select services, such as Family Support, Intensive Family Preservation or Reunification services, and Agency Supported Foster Care. All of these services are used to assess families' strengths and needs, connect them with appropriate resources, create safe home environments that allow children to live with their families, and also promote permanency for children when reunification is not a viable option. While there are areas to improve, many steps forward have been taken.

The following information provides examples of efforts over the past five years on expanding families' access to an array of behavioral health, safety, and parenting services and also demonstrate how Nebraska met the three goals that were established during the last CFSP planning period.

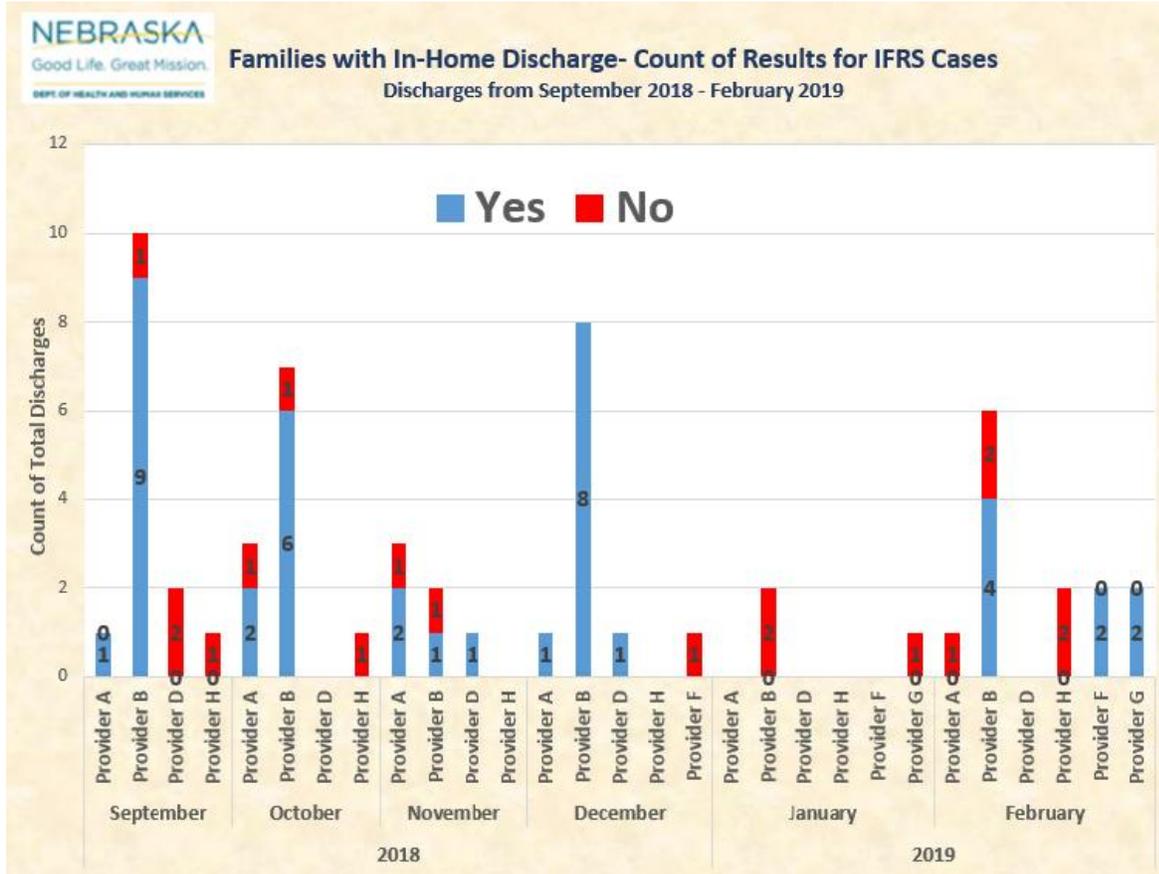
In 2016, Nebraska received technical assistance from the Capacity Building Center for States to redefine the Intensive Family Preservation (IFP) service, when to refer for the service, and build capacity so every county had access. (Please see 2017 APSR for further details about that process.) Since the change in the definition, IFP has become a pivotal service for Nebraska so that children can remain with their family, when it is safe to do so. IFP also assesses the families' strengths and needs and allows clinicians to recommend additional services or provide interventions to alleviate identified concerns. Contracted providers for the IFP service enter weekly data into a data system for contract monitoring purposes to ensure they are meeting the minimum number of hours of direct service with families as well as looking at their outcome data post service discharge. In 2017, the Chief Executive Officer for DHHS set a goal for contracted providers to have 85% of the families they serve stay intact with their children at home during and post service discharge. The chart below represents the agencies consistently meeting this goal. This data is shared monthly with the service areas and providers. Providers are also given data on how their agency alone performed and contributed to the statewide percentage.



DHHS also contracted with a private consultant to complete a Service Array Assessment during the winter months of 2016 and the completed report was received in February 2017. Several stakeholders including contracted providers, judges, foster parents, and DHHS staff were involved in focus groups and surveys that informed the assessment. Eleven recommendations were provided from that assessment. There was a heavy emphasis on the need for expanded capacity for services in Western Service Area, so youth in this part of the state did not have to drive several hours to receive their treatment needs. There was also a suggestion to implement an intensive in-home service for reunification, especially when families had children in out of home care for extensive amounts of time.

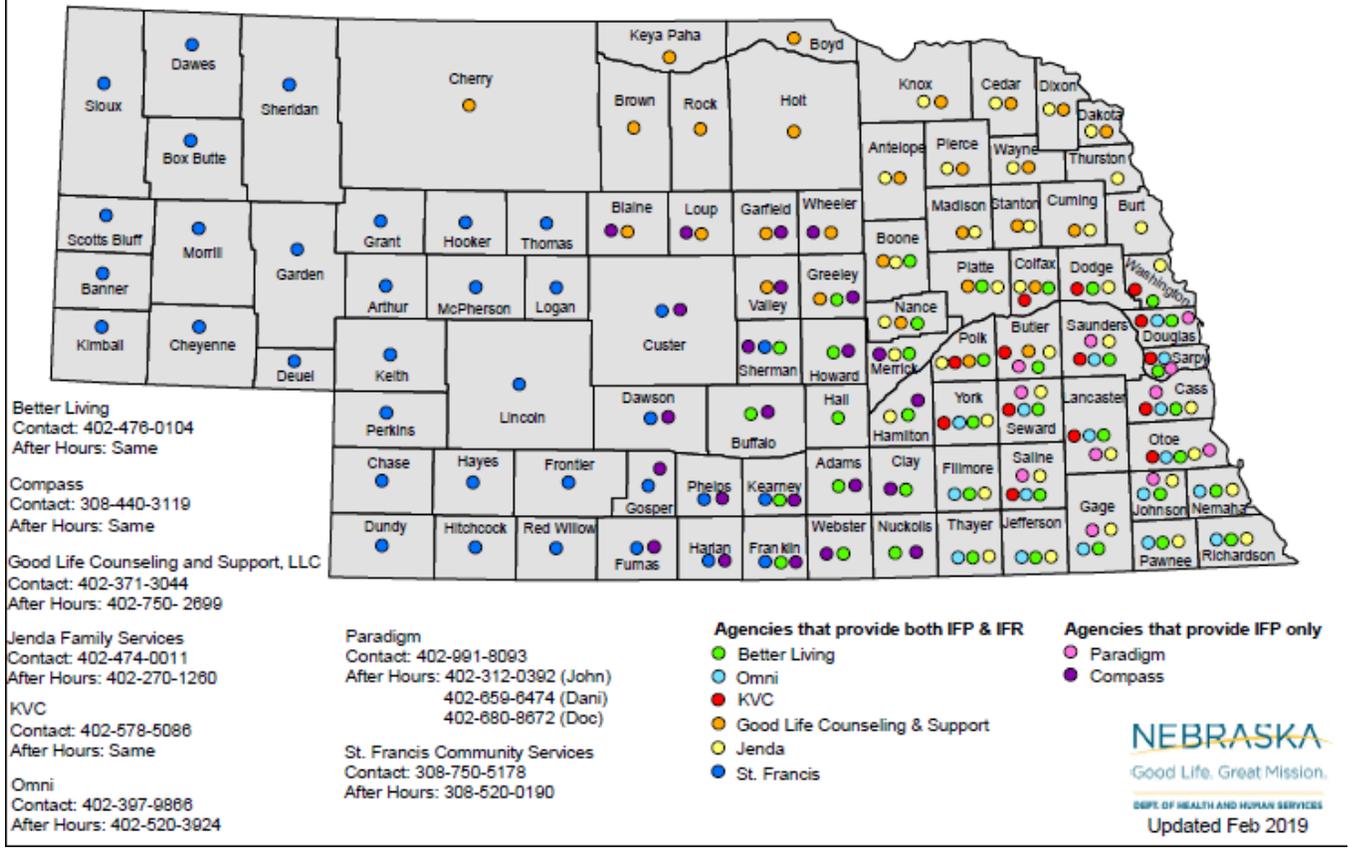
To address the statewide need for an intensive in-home service for families working on reunification, a service, in consultation with the National Family Preservation Network (NFPN), was created in April 2018. The service was Intensive Family Reunification (IFR) and built upon the core components that NFPN researched and posted on their website. This service started as a pilot for outcome driven contracts. Small amounts of compensation were included in the contract for those providers that achieved the desired outcomes of creating safe home environments and mitigating the risk factors that were keeping families in foster care placements. IFR service providers input weekly data into a database for contract monitoring purposes and monthly reports are generated, similar to the IFP reports. The below chart shows the number of families each of the contracted providers discharged with families who had their children back in their home or the family was discharged from the service with their children not living in the home. Post service discharge data will be made available late spring into early summer months

of 2019. Providers will also receive their agency specific data for this service.



When implementing both IFP and IFR services, DHHS wanted to ensure there was service access for all counties. While this did not happen immediately, over the course of the last two years, contracted providers have worked to recruit and retain staff in rural and frontier areas. The map below shows which contractors are providing IFP and/or IFR in each county.

## IFP and IFR Services Map- Agencies Can Refer to by County

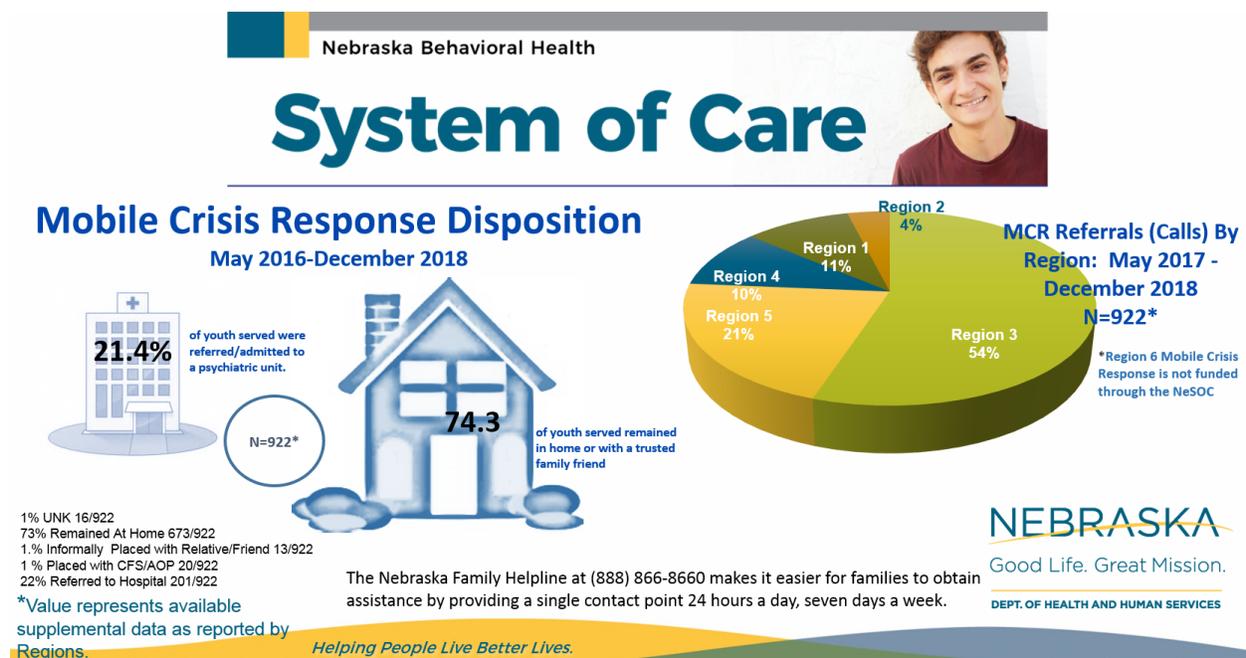


To address service capacity in the Western Service Area, DHHS worked on two specific services in the area that could be utilized by both families in and out of the child welfare system. By focusing on different funding streams from the beginning, allows the service provider to stay sustainable when child welfare referrals are low. In the spring of 2018, DHHS worked with Cathedral Home for Children in Wyoming to become a Nebraska Medicaid provider so that youth in the panhandle counties of Nebraska could travel less than 2 hours for their residential treatment, rather than 8 hours to Omaha or Lincoln. DHHS also worked with the Behavioral Health Region and the Lincoln County Community collaborative to pilot Family Centered Treatment (FCT), an evidence based model of an intensive in-home service, in the North Platte-Lexington area and surrounding communities. The implementation process for FCT began in spring of 2017 and the first 6 families started the service in January 2019. DHHS receives monthly fidelity data reports from the provider and also meets with the contractor weekly to discuss which referrals are the most appropriate. It is anticipated that FCT will positively impact families through the thorough assessment process, strong foundation in family engagement, and addressing the underlying trauma that has historically led the family to unsafe behaviors.

In 2016, the Division of Behavioral Health received a SAMHSA grant for developing a Children’s System of Care. Over the past three years DCFS has collaborated with the Division

of Behavioral Health to ensure that service development benefitted both the youth involved with the child welfare system and worked to prevent youth from having to enter the child welfare system. Nebraska System of Care (NeSOC) consists of a network of partnerships among public and private agencies, as well as families and youth organized by the DHHS Division of Behavioral Health. NeSOC offers community-based services and support for youth at risk for mental health or other challenges. Three services that have emerged from this grant include:

- **Youth Intensive Outpatient Program:** Began operations on March 16, 2018 in Behavioral Health Region 1 (seven counties in the Panhandle).
- **Early Intervention:** Includes school-based therapy and assessments, in Behavioral Health Region 2 (17 counties around North Platte).
- **Statewide Youth Mobile Crisis Response (YMCR):** Crisis response teams provide on-site mental health crisis counseling, stabilization, and refer families to mental health resources in their communities. This is a free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in the state. YMCR therapists are available 24/7 through the Nebraska Family Helpline and help is provided in the community, home, or through video consultation within one hour of the call. The below chart indicates that out of the 922 calls that were made to YMCR between May 2017 through December 2018, 74.3% of the youth served remained in home or with trusted family or friends.



Circle of Security-Parenting™ (COS-P) is an evidence based parenting class that focuses on building strong attachments between caregivers and their children. Over the last few years, this program has gained much popularity in Nebraska and several stakeholders including the Department of Education, court officials, and private agencies, who have collaborated to allow this class to be accessible statewide. Through various funding sources, Nebraska now has 225 trained facilitators in 47 communities. Many of these classes are offered to families at no charge due to several grant opportunities that Nebraska partners have been awarded. DCFS entered into a contract in 2018 with the Nebraska Association for the Education of Young Children to



do to better prepare families and ultimately increase the success of those children needing to achieve permanency.

To ensure that the service array and resource development system is accessible in the Eastern Service Area and promoting youth and family safety, permanency and wellbeing, PromiseShip implemented both a system of Network Management and Utilization Management. While this system has been in place since 2012, it has grown and developed to accommodate the needs of the youth and families served.

The Network Management team is responsible for establishing contracts, onboarding of network providers, reviewing contract requirements to ensure providers are in compliance, and reporting information on compliance back to the provider network. They also collaborate with the Utilization Management team in the identification of service capacity needs and service array gaps.

The Utilization Management team is responsible for accepting and reviewing referrals from case managers, sending referrals to members of the provider network, and securing placement, non-treatment services, and treatment services designed to meet the identified needs of youth and families. The Utilization Management teams facilitate service and placement staffings to address needs and barriers and to ensure that what is in place is assisting youth and families in addressing the issues that brought them to the attention of DHHS.

The Network and Utilization Management teams are responsible for ensuring services and placements are available that assess the strengths and needs of children and families. Assessing needs is accomplished through utilizing multiple tools and methodologies, such as the completion of the SDM strengths and needs assessment by the case manager. The information is shared with providers as part of the service referral or upon request depending on which service is being referred. PromiseShip has been developing services within the array that require utilization of a standardized assessment to guide provider agencies in identifying, with the family and family team, the areas of focus. Most commonly used is the North Carolina Family Assessment Scale (NCFAS), which PromiseShip began using in March of 2018. Case managers are trained to write goals within the service referral that are directly related to the NCFAS domains. This allows for the case manager, provider, and family to speak the same language and to define what areas of focus need to be addressed to achieve reunification or preservation; ultimately leading to case closure. Utilization of a consistent standardized assessment allows for PromiseShip and providers to identify where the network as a whole is achieving outcomes, where there are barriers or need for improvement, as well as in capturing gaps within the service array.

The collaborative service development efforts between Network Management, Utilization Management and the PromiseShip provider network has focused on ensuring that there are services available to the family, as well as the individual, that focus on sustainable permanency and reunification. Services developed include:

*Intensive In-Home by calendar year (based on date of referral)*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Referred Outcome Achieved</b>	<b>Top 3 NCFAS domains identified for primary focus</b>		
<b>2014</b>	9	33%	Parental Capabilities	Environment	Family Safety
<b>2015</b>	325	51%	Parental Capabilities (n=125)	Environment (n=55)	Family Interactions (n=39)
<b>2016</b>	535	64%	Parental Capabilities (n=233)	Child Well Being (n=69)	Family Safety (n=54)
<b>2017</b>	594	79%	Parental Capabilities (n=216)	Child Well Being (n=69)	Self Sufficiency (n=67)
<b>2018</b>	552	86%	Parental Capabilities (n=175)	Family Safety (n=86)	Family Health (n=70)

*Integrated Family Care by calendar year (based on date of referral):*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Average LOS in days</b>
<b>2014</b>	0	0
<b>2015</b>	2	66
<b>2016</b>	7	160
<b>2017</b>	14	96
<b>2018</b>	14	110

*Better Together by calendar year (based on date of referral):*

<b>Calendar Year</b>	<b>Number of Families Served</b>
<b>2014</b>	0
<b>2015</b>	2
<b>2016</b>	4
<b>2017</b>	18
<b>2018</b>	14

*Pathways to Permanency by calendar year:*

*Average days from service referral to full case closure – 272 days*

<b>Calendar Year</b>	<b>Number of Families</b>	<b>Number families closed by calendar year</b>	<b>Families by service start year with youth reunified within 365 days</b>
<b>2015</b>	3	0	0
<b>2016</b>	11	0	2
<b>2017</b>	22	19	13
<b>2018</b>	83	27	20

*Permanency Services:*

*Average number of days from legally available to adoption: 589 days*

*% of placement stability: 92%*

<b>Calendar Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Number of Families</b>	37	78	57	74	41

The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

**CF SR Finding:** Nebraska received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that although the state has made efforts in recent years to improve how well the state individualizes services to meet the needs of children and families, there is variation across the state. Stakeholders reported that individualizing services to meet the needs of non-English-speaking families is a challenge in some areas of the state even though translation/interpreter services are generally available. Some stakeholders also said that placement resources are not individualized to meet the needs of youth with high needs and, as a result, such youth are placed in homes/facilities because they are available and not based on the youth’s needs. Stakeholders were also concerned about whether services are routinely individualized for relatives providing care for children in foster care.

**Updated Data and Information:**

To ensure Nebraska child welfare services identified in item 29, such as IFP, IFR, Family Support, and Agency Supported Foster Care are individualized to meet the unique needs of children and families, DHHS developed Service Quality Reviews for each contracted provider. This was a goal that was established in the last CFSP and became a reality with the first review taking place by the Contract Monitoring team in March 2017. Service Quality Reviews take place on an annual basis and upon request from administration. Service Quality Reviews are

done per service and not per agency so more than one Service Quality Review can take place on a specific service and provider during the course of a year. In the last year, the Contract Monitoring team completed 162 Service Quality Reviews, which encompassed 25 contracted providers. Nebraska also looks at the post-discharge data made available for IFP and IFR to determine the successfulness of the service and how well the provider tailored the interventions to the needs of the family for sustainability. For more information, refer back to data on Item 29.

In 2016, Placement Support Plans were developed for all foster care placements (both licensed and relative) for the purpose of individualizing each placement for the needs of the youth in care. These plans are to be in place within seven days of placement and given to the foster parent, youth, and DHHS case manager. These plans should be developed with the foster parent and youth and are the responsibility of whoever is supporting the foster care home, whether that be the contracted Agency Supported Foster Care provider or DHHS Resource Development staff. They are updated as necessary-when there are changes in the child's behavior or it is determined that more supports are needed. Youth with high behavioral needs are also staffed prior to placement to determine specific supports that are needed for both the youth and foster home to ensure the placement is successful.

In July 2018, the Well-Being Program Specialists from DHHS central office began facilitating weekly meetings with each of the contracted Nebraska Medicaid Managed Care Organizations (MCOs) and DHHS case manager. During each of these weekly meetings, individual children are discussed to ensure that his or her physical, behavioral, and pharmaceutical needs are being addressed. The MCO care coordinator and DHHS case manager discuss strengths, needs, and next steps. Some of these meetings lead to additional conversations to ensure the child is receiving the needed care that addresses any identified concerns. Over 220 individual children have been staffed in the past nine months since the weekly meetings began.

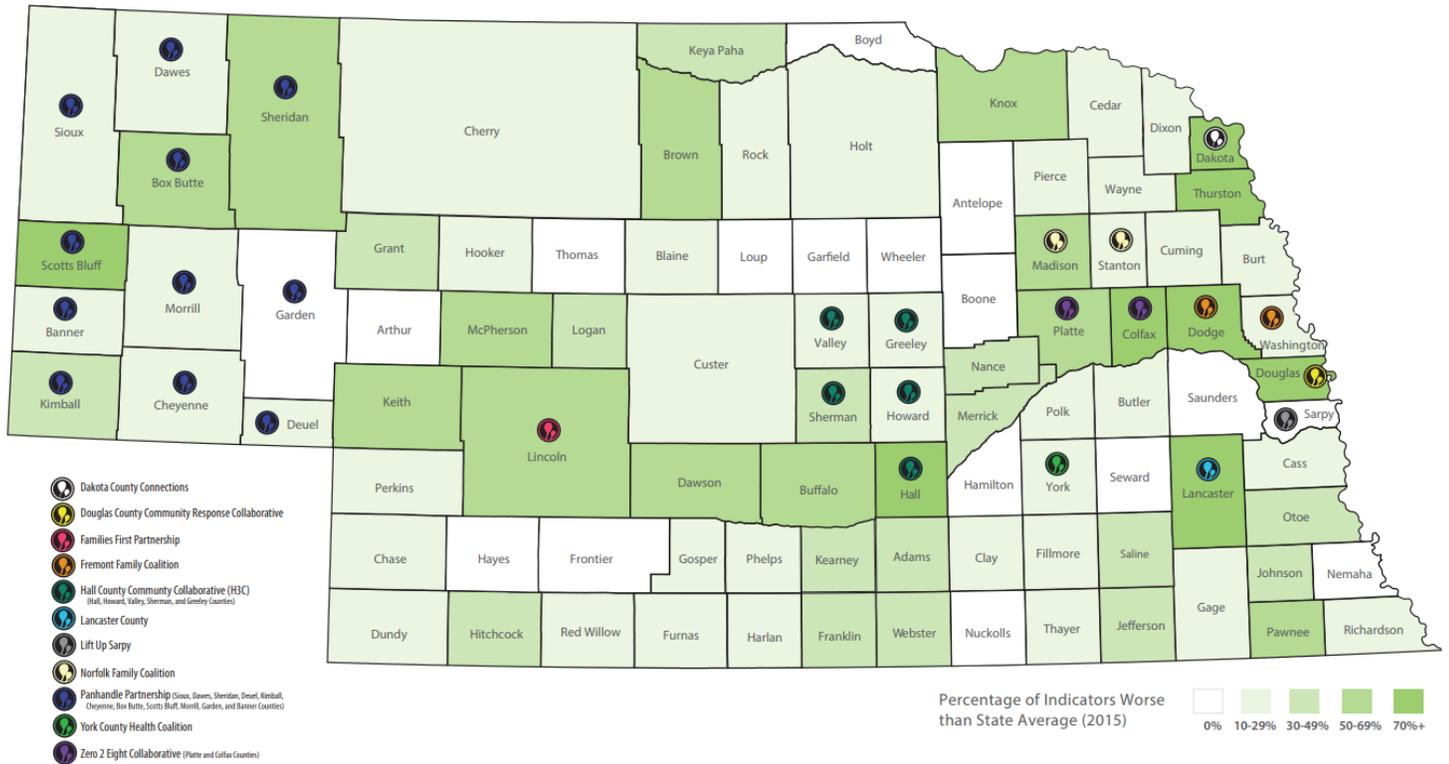
Through the last several years, the State of Nebraska approached accessing and individualizing services for families through a statewide primary prevention focus called Bring Up Nebraska.<sup>8</sup> Through a public-private partnership and local leaders, communities are accessing new resources to address issues related to poverty and neglect. They are empowered to identify what the unique qualities, strengths, and needs are of their families and start to problem solve through a number of different initiatives. For more information on Bring Up Nebraska, please see *ACYF-CB-IM-18-05*.

Bring Up Nebraska has a number of different community groups, called Community Response and the following map indicates where the different Community Response programs are throughout the state. It is also color coded to show which communities have lower scores on the Community Well-Being Indicators that one of the private agencies tracks and uses to inform decisions and educate stakeholders about the needs in Nebraska. The darker green represents those communities that have lower scores than the statewide average.

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<sup>8</sup> <http://www.bringupnebraska.org/>

## Percent of 2015 Community Well-Being Indicators Worse than the State Average, by County



This figure presents data on the ten Community Well-Being indicators that Nebraska Children currently tracks and uses to inform the investments it makes in communities across the state. These indicators are as follows: 1) infant death rates, 2) teen birth rates, 3) juvenile arrest rates, 4) child abuse and neglect rates (substantiated cases), 5) foster care rates, 6) high school graduation rates, 7) the percentage of individuals age 5 plus who live in a household where the language spoken at home is one other than English, 8) the percent of the population who reported incomes that place them below the poverty line, 9) the percent of children in single-parent households, 10) the percent of third grade children who tested proficient in reading.

Note that indicator data for all 10 indicators is not available for all counties, especially those counties with smaller populations. As a result, the percentages above reflect the number of indicators worse than the state average divided by the number of indicators for which data was available in a given county. For example, because infant death rates are only calculated when there are 5 or more such events—since rates calculated with fewer than five events are considered to be unstable—such rates are not calculated for any county with 1-4 infant deaths over the course of calendar year 2014. In such cases, the percentage presented above is based on a denominator of 9 rather than 10 indicators.

Nebraska will continue to collaborate with various stakeholders to improve access and increase the individualization of services as the system works to implement provisions of the Family First Prevention Services Act. See CFSP for future planning.

### *Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1):*

Funds provided under the Stephanie Tubbs Child Welfare Services Program can be used for the following purposes: (a) protecting and promoting the welfare of all children; (b) preventing the abuse, neglect, or exploitation of children; (c) supporting at-risk families through services that allow children to remain with their families or return to their families in a timely manner; (d) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (e) providing training, professional development, and support to ensure a well-qualified workforce.

It has been identified that Nebraska will utilize these funds to for family support services and parenting time/supervised visitation.

Family Support Service continues to be defined as the provision of face-to-face assistance with coaching, teaching, and role modeling by a trained professional in the family home or community based setting to maintain and strengthen family functioning and alleviate stresses in the home. This service can be accessed for any adult or child involved with and referred by DHHS. The purpose of Family Support Service is to assist with the prevention of out-of-home placement of children, and with the preparation of the natural family, including a child in placement, for the return of a child to the home.

Per contract, the Family Support Service worker shall work cooperatively with the case manager, parent, and involved professionals in assisting the family with meeting goals designed to (1) prevent or remedy abuse and neglect; (2) improve basic daily living and coping skills; and/or (3) better manage the home, income, and resources. The Family Support Service Worker shall have knowledge of community and program resources and assist families with arranging for and obtaining: necessary medical care and treatment, appropriate support systems, and necessary training and education as identified in the service referral.

Family Support Service promotes child and family well-being, enhances the protective factors through increased knowledge of parenting and child development, builds personal resilience by helping parent(s) and/or family members overcome obstacles, promotes meaningful social connections, provides concrete supports, and encourages social and emotional competence.

Parenting time/supervised visitation is defined as supervised and monitored visits between parents and their children that are long enough in length to promote parent-child attachment. The safety and best interest of the children involved are the primary considerations. Parenting time/supervised visitation workers engage, teach, and role model nurturing parenting practices during the supervision of parenting time. These services are provided in the family home whenever possible; or in the least restrictive, most home-like community based setting that meets the needs for safety and that improves the stability of family members and the family unit.

The provider of this service will follow the parenting time plan developed by the DHHS case manager in accordance with the court order, and as described in the service referral. Whenever possible and appropriate, the parenting time plan shall be developed together with the parent(s), non-custodial parent, family members and other adults with whom the child(ren) has a significant attachment to. The provider will assist parents with developing the necessary skills and parenting practices that improve and promote a positive and healthy relationship between themselves and their child(ren) and that assist with the reunification of the family.

*Services for Children Adopted from Other Countries (section 422(b)(11) of the Act):*

DHHS continues to have a contract for post adoption support and services to all families who reside in Nebraska, which includes families who adopt internationally. The contract with Right Turn will be extended until Spring 2020. DHHS will be awarding a new contract for Post Adoption Services in 2020.

Families will have access to case management services that will assess for ongoing safety and risk within the family. The contractor will complete prevention plans with the family.

The prevention plan will be completed on approved DHHS form. This prevention plan will be aligned with the Family First Prevention Services Act (FFPSA). The case management will include such services as advocacy, intervention, crisis management, mental health referrals, respite care, training and education, support groups for parents and children, and mentoring. The Contractor will manage and/or deliver an array of services to the family. Services will be well-supported, supported or promising evidence based practices that align with the FFPSA to prevent children from re-entering foster care. The services will be delivered in the family home, neighborhood and community where the child and family reside.

DHHS, Children and Family Services Division and Division of Behavioral Health are preparing to implement the National Adoption Competency Mental Health Training Initiative (NTI). DHHS is developing a training implementation plan for training to begin in the 2020 calendar year for staff. DHHS will assess, when and which contracted providers would be most appropriate to receive the training. NTI provides strategies and tools to enhance the skills of professionals who in turn will be able to best support the unique needs of adoptive families.

### *Services for Children Under the Age of Five (section 422(b)(18) of the Act)*

Below are areas regarding services for child under the age of five. The first area outlines new approaches the Division of Children and Family Services (CFS) will be implementing over the next five years. The second area includes successful strategies from the 2014-2019 CFSP that continues to be built upon. The final area includes a description of those community stakeholders who already have initiatives that address the developmental needs of vulnerable children under the age of five.

1. The CFS division will be implementing the following new approaches over the next 5 years that supports the healthy growth and development of infants, toddlers, and preschoolers who are at risk of child maltreatment or have experienced the trauma of child abuse and neglect. These approaches will also help to reduce the length of time young children, under the age of five, are in foster care without a permanent family, and address the developmental needs of all vulnerable children under five years of age.

### Preschool Development Grant Birth through Five (PDG B-5)

Nebraska is fortunate to have received the Preschool Development Grant Birth through Five (PDG B-5). This effort will be coordinated with the Family First Prevention Services Act (FFPSA) to build an approach designed to conduct a comprehensive statewide birth through five needs assessment. This assessment will be followed by in-depth strategic planning, while enhancing parental choice and expanding the current mixed-delivery system consisting of a wide range of provider types and settings. These settings include child care centers and home-based child care providers, Head Start and Early Head Start programs, state prekindergarten (preK) programs, and home visiting service providers across the public, private, and faith-based sectors.

The release of both the PDG B-5 and FFPSA will create more opportunity for collaboration and coordination among early childhood and child welfare to help “strengthen, engage, and stabilize

families and their infants and young children”. (PDG B-5 Funding Opportunity Announcement (FOA), pg. 7). Nebraska was one of 45 states and territories who received the PDG B-5 Initial Grant Award in December 2018; receiving \$4,141,560.

#### Child Welfare Adaptation of Healthy Families America (HFA)

Another approach that CFS will be implementing is the Child Welfare Adaptation of Healthy Families America (HFA) which is designed to serve child welfare referred families. Healthy Families America (HFA) is a well-supported home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. The target population is to enroll families prenatally or within three months of birth.

HFA created a child welfare adaptation in response to the FFPSA called the HFA Child Welfare Adaptation. One component of this adaptation is it allows target children up to the age of 24 months at time of intake. CFS is collaborating with the Division of Public Health, who oversee the Nebraska-Maternal, Infant & Early Childhood Home Visiting Programs. The plan is to pilot the HFA Child Welfare Adaptation in two sites, one rural and one urban: In the Western Service Area with the Panhandle Partnership and in the Southeast Service Area with the Lancaster County Health Department.

#### Nebraska Expectant and Parenting Grant (NEPG)

Nebraska was again very fortunate to receive the NEPG. Over the next two years, Nebraska will implement strategies to positively transform parenting behaviors and outcomes from those experienced by expectant and parenting young people whose lives are affected by involvement in foster care, juvenile justice, homelessness, runaway, and/or sexual exploitation. The NEPG will accomplish this by building personal and parenting skills and young adult resilience by aligning and developing dual generation community supports and services needed to increase protective factors essential for individual and family well-being.

The overarching goal of this grant is to prevent two-generation involvement in the child welfare system among 0-5-year-old children whose parents are in, or formerly were in, the foster care system and/or have experiences in the juvenile justice system, homelessness, sexual exploitation or were missing from care.

This services offered through this grant are currently available in Douglas, Lincoln, Madison, Boone, Stanton, Pierce and Wayne counties in Nebraska. Next year the plan is to expand the service to Lancaster and Sarpy counties. The model used for this grant is Family Thrive and the CFS is researching this model as it relates to the FFPSA.

CFS will continue to build upon successful approaches from the previous CFSP over the next 5 years. These approaches also support the healthy growth and development of infants, toddlers, and preschoolers who are at risk of child maltreatment or have experienced the trauma of child abuse and neglect. These approaches also help reduce the length of time young children under the age of five are in foster care without a permanent family, and address the developmental needs of all vulnerable children under five years of age.

### The Bridge Mom and Me Program

The Bridge's Mom and Me Program is a great divisional collaboration between CFS, and the divisions of Behavioral Health, Medicaid and Long-Term Care and Public Health. This program is a big step towards preventing removals, keeping families together by connecting mothers to needed substance abuse treatment, and decreasing the trauma children often suffer when they are removed from their homes.

The Bridge's Mom and Me Program continues to be an effective substance abuse treatment community model for Nebraska. The program provides long-term (6-18 months), residential treatment for substance abusing adult women for whom short-term treatment is deemed inadequate. The Mom and Me programming focuses heavily on pertinent parenting issues. Over the last year, CFS provided dollars for the program to expand and include a 12-bed campus in Hastings that will accommodate dependent children, age eight (8) and under, who are in their mother's care while they live in the therapeutic community. By allowing children to live with their mothers when they are receiving necessary treatment, their time in foster care is decreased and provides families with a greater likelihood of staying together.

### Early Development Network

CFS will continue to utilize the Early Development Network (EDN) to help prevent or minimize negative effects of exposure to risk factors such as abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA) requires that CFS refer a child under the age of three who is involved in a substantiated case of child abuse or neglect to EDN for early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA). Agencies providing Part C services are required to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities or developmental delays and their families regardless of whether the family is involved with the child welfare system.

Representatives from the Division of Children and Family Services, N-FOCUS, Division of Medicaid and Long-Term Care and the Nebraska Department of Education meet quarterly. These meetings center around reviewing data, discussing what is working well and what are the barriers are to engaging parents for participation in services. This group provided recommendations regarding the Early Development Network Standard Work Instruction (SWI). Particularly, the recommendations regarding the guidance to the CFSS on how to better engage parents with this service. Refer to the Engagement with Parents section in the attached draft SWI.

### Impact from Infancy Program

A local initiative in the Eastern Service Area (ESA), which began in October of 2014, will continue to target families with children birth to five involved in the juvenile court and child welfare systems. The ESA provides service to over 40% of the children in these systems. Three dedicated case coordinators serve as early childhood resources who support case professionals and encourage the use of best practices at the beginning of the case such as attachment informed decisions and permanency considerations from day one. Coordinators encourage case professionals to ensure that the physical, developmental, social-emotional and medical needs of all children in the program are met. Cases can be referred to a specialized treatment team comprised of professionals who specialize in the needs of maltreated children birth to five to include:

- Schools/Early Development Network
- CASA

- County Attorney
- Department of Health and Human Services
- PromiseShip
- Medical
- Adoption specialists
- Foster Care Review Office
- Home visitors
- Triage Center
- Domestic violence advocates
- Infant mental health therapists

2. There are several organizations and stakeholders in Nebraska who also recognize the critical developmental period of children ages 0-5. Over the next five years, the CFS will continue to work with these stakeholders and find ways to connect these resources with the families that DCFS serves, as well as the general population.

#### University of Nebraska-Nebraska Resource Project for Vulnerable Young Children<sup>i</sup>

The Nebraska Resource Project for Vulnerable Young Children was formerly known as the Nebraska Infant/Toddler Court Improvement Project (CIP), which was created under the Through the Eyes of the Child Initiative as a way to address the needs of young children involved in the child welfare court system. In 2015, the program branched off from the Nebraska CIP and became an independent program.

“The Nebraska Resource Project for Vulnerable Young Children (the “Project”) provides systemic and case level support to court and system practitioners to address the needs of very young children who have been maltreated by their parents or guardians. The early years of a child’s life are some of the most critical in ensuring his or her social, cognitive and emotional well-being.

The most notable work identified by the Project was the establishment of the Nebraska Center on Reflective Practice in the NRPVYC. The early childhood workforce is engaged in work that is both rewarding and taxing. The emotionally intrusive nature of the work often leads to high rates of vicarious trauma, stress and burnout - all of which affect the quality of services provided by an organization. Reflective practice assists in mitigating the effects of the emotionally intrusive nature of the work by helping individuals examine their current and past actions, emotions, experiences, and responses in order to evaluate their work performance and learn to improve in the future. It is a relationship-based practice that relies on using people’s own experiences to help them become more resilient in the face of work stress. Reflective practice also promotes a workplace culture of collaboration and accountability.

#### Sixpence:<sup>9</sup>

Sixpence was established in 2006 when major state agencies and private philanthropy came together to create an endowment providing sustainable funding for high-quality early learning opportunities targeting Nebraska's youngest vulnerable children. A governor-appointed Board of Trustees representing public and private sector interests awards the endowment's investment earnings to

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<sup>9</sup> <https://www.singasonofsixpence.org/>

community-based early learning partnerships through a competitive grant process. The grant process is managed by Nebraska Children and Families Foundation, which also provides specialized guidance to promote program quality. Encouraged by Sixpence's success in improving children's school readiness, the State Legislature has twice approved additional investments of public funds to extend its reach to more of Nebraska's youngest children statewide.

#### *Types of Sixpence Grants:*

While each Sixpence-funded partnership is unique and specifically designed to meet local needs, all are supported through three general grant models:

- **Family Engagement/Home-Based Services:** These programs match families with skilled professionals trained to model and coach parents in high-quality, developmentally positive interactions with their youngest children. Family engagement professionals are trained in early education practice, are skilled in assessing and addressing specific developmental challenges in young children, and help parents grow as effective, resilient caregivers and teachers.
- **Center-Based Early Care and Education Services:** Sixpence funds center-based programs operating in close partnership with local school systems. These centers follow proven curricula, emphasize parent involvement, maintain appropriate adult-to-child ratios and reflect professional requirements for staff similar to those endorsed by the Nebraska Department of Education. Center-based programs funded through Sixpence offer part- and full-day care throughout the academic year and participate in Step Up to Quality, Nebraska's child care quality and rating system.
- **School-Child Care Partnerships:** In 2015, Sixpence made it possible for schools to enter into early learning partnerships with a wider range of independent child care providers in their communities. The new partnerships enable more center- and home-based child care providers to benefit from Sixpence funding and resources, connects these providers to program improvement supports through *Step Up to Quality*, and increases the availability of developmentally positive, year-round child care opportunities for Nebraska families.”

#### First Five Nebraska:<sup>10</sup>

First Five Nebraska was awarded a Pritzker Grant. Nebraska will receive a \$100,000 to develop a policy framework to advance high-quality early learning opportunities for the state's youngest children. The Pritzker Children's Initiative (PCI) Prenatal-to-Age-Three State Grant Competition was designed to identify states who demonstrate strategic vision and cross-sector collaboration in support of infants, toddlers and their families. This grant is exploring what barriers exist in keeping low income families out of quality daycare programs and teams up well with the PDG grant mentioned previously. The Pritzker Children's Initiative, a project of the J.B. and M.K. Pritzker Family Foundation, is committed to building a promising future for our country by investing in and supporting solutions in early childhood development for children prenatal to age 3, with the goal of every child reaching kindergarten ready to learn.

#### Communities for Kids:<sup>11</sup>

The Communities for Kids Initiative (C4K) was created in 2017 with private philanthropy funding, in response to community requests for assistance with shortages of high quality early care and education programs - shortages that both impact children's optimal development and pose a challenge for

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<sup>10</sup> <http://www.firstfivenebraska.org/about>

<sup>11</sup> [www.communitiesforkids.org](http://www.communitiesforkids.org).

communities hoping to attract and retain the viable workforces they need to thrive. C4K aims to partner with communities' public and private entities to support and coordinate a plan to address this need. Existing collaboratives with additional partners will customize the planning efforts to address each community's unique assets and needs.

Through a collective impact approach Nebraska Children provides expertise and coordination to support 18 communities with developing a plan to address the following:

- Engage stakeholders in taking inventory of the current early care and education resources in their community; identify strengths and gaps in early childhood services to promote optimal development and well-being.
- Utilize informed decision making and planning to determine strategies and desired outcomes most relevant to meeting the priority needs identified in the community assessment.
- Connect communities with experts and acquire information regarding research, best practices, implementation, quality measurements, financing, use of government/public resources, and physical environmental designs, etc.
- Explore and assist with applying for all available sources of funding to implement and sustain the identified strategies.

C4K collaborates with other stakeholders to host an annual statewide conference- Thriving Children, Families and Communities: The role of Early Childhood Programs. Last year, participants heard from experts on topics such as High-Quality Early Care and Education: What It Is and What It Takes, Developing and Supporting Nebraska's Early Childhood Workforce, Redesigning child Care to Promote Education, Support Families, and Build communities, Community Champions: Early Childhood Spurs People Attraction. In addition, C4K communities were able to dive deeper into these, and other topics, receive individual consultation from these experts, and network with each other. The next Thriving conference will be September 16-17, 2019. <sup>12</sup>

#### *Rooted in Relationships:*<sup>13</sup>

Started in 2014, Rooted in Relationships (RIR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family child care homes and centers. In addition, communities develop and implement a long-range plan that influences the early childhood systems of care in the community and supports the healthy social-emotional development of children.

Rooted in Relationships is currently supporting ten communities in these efforts with three more communities starting by July 2019. Communities are given the opportunity to continue expansion both inside and out of county lines to support additional child care providers to implement the Pyramid Model. Utilizing 38 coaches to support 309 center and home-based child care providers in 113 programs RIR impacted over 4,000 children, of which 9% were English language learners and 22% qualified for child care subsidy.

Additionally, RIR supports a state leadership team focused on infant/early childhood mental health, Coach Collaboration Team, training and other infrastructure support for practices such as Circle of Security™-Parenting, and other EBP's for therapists PCIT, CPP and Reflective Practice.

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<sup>12</sup> <https://buffettinstitute.nebraska.edu>

<sup>13</sup> [www.rootedinrelationships.org](http://www.rootedinrelationships.org).

Throughout the implementation of the RIR initiative, quantitative and qualitative evaluation data has been collected to monitor progress, maintain fidelity and measure outcomes on both the Pyramid Model implementation and systems of care. Funding for this project is a partnership between the Buffett Early Childhood Fund (beginning in 2013) and Nurturing Healthy Behaviors funding made available through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 with an additional funding source beginning in 2019 from the Child Care Development Fund.

The third Nebraska Young Child Institute (NYCI) will be held June 16-17, 2020. NYCI is a state-wide conference for multidisciplinary professionals to connect on issues to improve outcomes for young children. The conference focuses on addressing the needs of young children and their families from prevention to intervention. Collaboratively planned by several sponsoring agencies including Nebraska Children, the conference is designed for judges, attorneys, caseworkers, Guardian ad Litem, Early Development Network services coordinators, home visitors, Court Appointed Special Advocates (CASA), mental health providers, and other early childhood professionals. This conference is held every other year.

Nebraska's Medicaid managed care program, [Heritage Health](#), combines Nebraska Medicaid's physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated program for the state's Medicaid and Children's Health Insurance Program (CHIP) enrollees. Heritage Health members enroll in one of three statewide health plans to receive their health care benefits. Each plan offers value added services to its members, including those 0-5 and their caregivers.<sup>14</sup>

### *Efforts to Track and Prevent Child Maltreatment Deaths:*

The State of Nebraska uses all available resources to gather data for NCANDS. Child deaths that may be attributed to abuse or neglect of the child are identified through a number of different avenues. Information is gathered from Law Enforcement agencies, Multidisciplinary Teams (MDT) coordinated through the Child Advocacy Centers (CAC), the Office of the Inspector General for Child Welfare, Vital Statistics and the Nebraska Child and Maternal Death Review Team (CMDRT). If the child death was not investigated by or reported to CFS, the child is subsequently reported in the Agency File to the National Child Abuse and Neglect Data System (NCANDS). These situations may include reports from the Coroner's Office or reports compiled by the State's Child Death Review Team.

Nebraska does not have a state medical examiner's office. There are forensic pathologists located across the state who perform autopsies when necessary. The findings of the autopsy are provided to law enforcement. This is then shared directly with CFS or reviewed at a multidisciplinary team meeting when there is concern that the fatality may have resulted from maltreatment. Program staff are identified to review data from NFOCUS and compare to critical incident reports to ensure accurate information is reported to NCANDS.

The State of Nebraska has begun developing a comprehensive plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners. On April 25, 2019, sixteen stakeholders gathered to discuss the development and implementation of Nebraska's Prevention Plan for Child Maltreatment Deaths. This workgroup includes members of Nebraska's

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<sup>14</sup> <https://www.neheritagehealth.com/>

Child and Maternal Death Review Team (CMDRT); representatives of the Douglas County Fetal Infant Mortality Review Team; Division of Public Health representing Lifespan Health Services and Maternal Child Health Epidemiology; Office of the Inspector General of Nebraska for Child Welfare; a County Attorney; Nebraska Alliance for Child Advocacy Centers; PromiseShip; Ponca Tribe; Santee Sioux Nation Society of Care; Winnebago Tribe Child Welfare Director; Court Improvement Project; Stephens Group (consultant for DHHS).

The workgroup reviewed the following information:

- “Other State Best Practices in Child Fatality Review” by the Stephens Group
- “Summary – What We Know about Child Deaths in Nebraska” by DHHS
- “Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities” by the Commission to Eliminate Child Abuse and Neglect Fatalities.
- The requirements of the Family First Prevention Services Act (ACYF-CB-PI-18-06, p. 5 and ACYF-CB-PI-19-02 p. 31)

The workgroup agreed to meet at least quarterly and more often as needed in order to ensure the plan is developed and action steps are being taken. The workgroup is committed to spending the next year on the following tasks in order to ensure that a comprehensive, actionable plan is developed and implemented.

Proposed Meeting Dates	Proposed Tasks
June 27, 2019	Define Scope of the Nebraska’s Plan by reviewing additional data presented by an epidemiologist from the Division of Public Health. Specifically, the workgroup will review child maltreatment deaths during the previous five years – the characteristics of children who died and family circumstances or agency actions (or failures to act) that put them most at risk.
September 30, 2019	Identify and review existing recommendations (state and national) that fit within the scope of the plan.  Prioritize recommendation with assistance from Douglas County Health Department which has experience with the data gathering stage of the cycle of improvement.
November 20, 2019	Determine what affinity groups are needed based on the prioritized recommendations.  Identify members for each affinity group.  An affinity group is a group formed around a shared interest or common goal, to which individuals formally or informally belong.
January 2020 – June 2020	Affinity groups meet to develop the implementation plan by June 30, 2020. The

	implementation plan will include goals, strategies and measures of success. The plan and data will be available on the state public website and updated annually.
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Nebraska is well-positioned to collaboratively develop a framework to prevent child maltreatment deaths and support positive child, parent, family and community outcomes.

*Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)*

Community Response (CR), a family preservation service was developed in 2012, as an answer for communities to create a system of coordinating efforts across community well-being partners to align and maximize resources that best serve families in their local prevention systems. Community Response is a voluntary system that is available for all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community. Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

A fully developed Community Response system serves a range of citizens from birth to death through the braiding of resources. For the purpose of Nebraska Children Community Response, the public funding, including family preservation, specifically targets supporting families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as: adequate housing, early childhood development, educational goals, meeting of basic needs, or in meeting a family crisis. These children are usually are between 0-14 years of age, however, when a community braids resources and involves multi-sector partners in a Community Response system the focus can be on the lifespan (the full age spectrum of children, individuals and partners).

The goal of Community Response is to coordinate existing resources within the community to help children, youth, and families either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase family and community Protective Factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

- Meeting basic needs like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics
- Building life skills such as job searching, budgeting, and money management
- Strengthening family support systems and building community connections so all families feel they have partners who provide a “safe zone” to ask for help

A Community Response team is contacted when families with multiple crises (e.g., housing, basic life skills) cannot be resolved by one or two services or organizations and, if left

unresolved, would likely result in higher end system involvement, homelessness, and/or out-of-home placements. The team helps families who are willing to work to resolve crises and access assistance to strengthen their family and remain intact.

There are eleven communities under the Community Response umbrella including:

1. Douglas County Community Response
2. Lift Up Sarpy (Sarpy County)
3. Lancaster County
4. Dakota County Connections
5. Families 1st Partnership (Lincoln and Keith Counties)
6. Fremont Family Coalition (Dodge and Washington Counties)
7. Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley Counties)
8. Norfolk Family Coalition (Madison, Wayne, and Stanton Counties)
9. Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner Counties)
10. York County Health Coalition
11. Zero2Eight Collaborative (Platte and Colfax Counties)

Family Support dollars support evidence-informed or evidence-based services for children and families at the community level. Each Nebraska community that receives family support dollars has the ability to select and implement services, which are focused on strengthening families based on their individual community assessments of need. All of the services enhance child and family protective factors which are the key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect; while the cumulative buffer of multiple protective factors is associated with the probability of positive outcomes in children, families, and communities. A protective factor is a characteristic or situation that reduces or buffers the effects of risk and promotes resilience. Protective factors are assets for individuals, families, and their communities.

Circle of Security Parenting is a Family Support service. Circle of Security is a relationship-based intervention designed to change young children's (Birth to 5) behavior through changes in parents' behavior and enhanced attachment between parents and children. Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery. Circle of Security was implemented over the past 12 months in communities including the Panhandle Partnership, Hall County, and Families 1<sup>st</sup> Partnership (Lincoln County).

Parent Child Interaction Therapy (PCIT) is a Family Support service. It is an empirically supported treatment for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-

social behavior and decreasing negative behavior. Outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness. PCIT was implemented in five Nebraska Community Well-Being communities (Dakota County Connections, Fremont Family Coalition, Families 1<sup>st</sup> Partnership, Norfolk Family Coalition, and Zero2Eight). Eleven therapists trained and certified to carry out PCIT in these communities submitted data for this report. A total of 69 families and 69 children participated in PCIT sessions during the past 12 months.

Parents Interacting with Infants (PIWI) model is a Family Support service based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau

The Lincoln Community Learning Centers (CLCs) is a Family Support Service. The CLC's are designed to develop partnerships which bring concentrated resources to high-need schools in the community of Lincoln. The initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. The CLCs was a strategy that supported 26 schools in the Lincoln Public Schools district. CLC was implemented in Lincoln Schools through community partnering organizations. The network in Lincoln helped connect schools to communities who, in turn, provided enriching out-of-school time activities for children and families. The CLC supports increased school attendance, positive behavior and academic performance, increased access to learning opportunities and behavioral supports, stronger community prevention infrastructures, and parent engagement.

FAST is a Family Support service. It is a set of multifamily group interventions designed to build relationships between families, schools, and communities to increase community well-being. Family activities are led by the parents, with support to be authoritative and warm. Participants work together to enhance Protective Factors for children, including parent-child bonds, parent involvement in schools, parent networks, family functioning, parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans. KIDS FAST is for all families of children 4-5 years old in communities with high risk factors. FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school. Hall County Community Collaborative and Panhandle Partnership both implemented FAST.

Family Reunification: means the services: 1) Provided to a child who is removed from the child's

home and placed in a foster family home or child care institution or a child who has been returned home, and (2) Services provided to the parents or primary caregiver of such child. In both cases, these services must facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services shall only be provided during the 15-month period that begins on the date the child returns home. These services include but not limited to:

- a. Individual, group, and family counseling;
- b. Inpatient, residential, or outpatient substance abuse treatment services;
- c. Mental health services;
- d. Assistance to address domestic violence;
- e. Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- f. Peer-to-peer mentoring and support groups for parents and primary caregivers;
- g. Services and activities designed to facilitate access to and visitation of children by parents and siblings; and
- h. Transportation to or from any of the services and activities described in this subparagraph.

Family Reunification funds are used primarily for family finding. This service is provided in all 93 counties in Nebraska and is sub-awarded through the Nebraska Children's Home Society. Per Neb. Rev. Stat. § 43-2203, this service is to include engagement, searching, preparation, planning, decision-making, lifetime network creation, healing and permanency in order to:

- a. Search for and identify family members and engage them in planning and decision-making
- b. Gain commitments from family members to support a child through nurturing relationships and to support the parent or parents when appropriate
- c. Achieve a safe, permanent legal home or lifelong connection for the child, either through reunification or through permanent placement through legal guardianship or adoption.

Adoption promotion and support services are to support pre-adoptive families and adoptive families. CFS has utilized funds for the Nebraska Foster and Adoptive Parent Association (NFAPA) to provide a variety of services to assist pre-adoptive and adoptive families statewide. They provide a statewide phone line, newsletters, provide mentoring services. CFS plans to continue to utilize these funds to support the contract with NFAPA.

*Service Decision-Making process for Family Support Services (45 CFR 1357.15(r)):*

Nebraska will continue to leverage the Family Support funding stream to support community-based prevention efforts (see previous section). Through the Bring Up Nebraska initiative, national, state and community partners are working with the Nebraska Children and Families Foundation, the Governor designated lead agency for Community-Based Child Abuse Prevention programs, to bring resources and solutions together to address and support prevention efforts at the community level. Bring Up Nebraska is a community-owned effort that works to prevent families from reaching crisis and reduces the likelihood of child

maltreatment. “Community” is defined by each local area. Communities can be one county, one school district, or multiple counties and school districts coming together (particularly effective in maximizing rural resources.)

To be eligible for funding, communities must complete a needs assessment, commonly known as Service Array, and develop a community plan based on the strengths and needs identified through the Service Array process. The Service Array is shared and used by the entire community collaborative in prioritizing the use of braided funds to address gaps in prevention services across the area. The community then explores potential evidence informed and evidence-based programs and practices that may result in improved outcomes for children, young people, and families. Community Plans must describe both needs and strengths in the community and how funding will be used to address identified needs.

Nebraska’s approach is premised on a belief that collaboration between community-based providers and public child welfare agencies is a critical component to effectively providing “front-end” primary prevention. Such collaboration is especially important in light of challenges such as high worker turnover, new practice requirements, and restricted funding streams. At the core of this theory of change is the expectation that, by simultaneously 1) enhancing children’s and families’ protective factors and 2) building the capacity of communities to co-create an environment that values and actively supports prevention, positive outcomes can be realized for children and families.

Promoting Safe and Stable Families (PSSF) is a formula grant for four categories of services: family preservation, family support, time-limited family reunification and adoption promotion and support. CFS receives approximately \$1.2 million annually. CFS partners with community-based agencies to deliver services to children and families:

- 25% is spent on family preservation services primarily, via a sub award with the Nebraska Children and Families Foundation for community response.
- 25% is spent on family support services via a sub award with the Nebraska Children and Families Foundation for evidence-based programs.
- 20% is spent on time-limited reunification primarily via a sub award with the Nebraska Children’s Home Society for family finding.
- 20% is spent on adoption promotion and support services primarily via a sub award with the Nebraska Foster and Adoptive Parent Association for training, support groups, and a recruitment/inquiry line.
- 10% is spent on administrative costs.

FFPSA revised the definition of “family support services” at section 431(a)(2)(B)(iii) of the Act to include community-based services “to support and retain foster families so they can provide quality family-based settings for children in foster care.” The change in the statutory definition became effective upon the enactment of FFPSA on February 9, 2018.

FFPSA revised and renamed the definition of “family reunification services” (formerly “time-limited family reunification services”) at section 431(a)(7)(A) effective October 1, 2018 (the first day of FY 2019). The change in definition removes the previous time limit for providing reunification services to the family of a child in foster care, and allows reunification services to be provided for a period of up to 15 months once the child is returned home.

At this time, Nebraska does not plan to make changes in the use of the funds and service array as a result of the revised statutory definitions of family support and family reunification. Family support funds are used to support evidence-based programs via a sub award with the Nebraska Children and Families Foundation. Time-limited reunification funds are primarily used to support family finding via a sub award with the Nebraska Children’s Home Society.

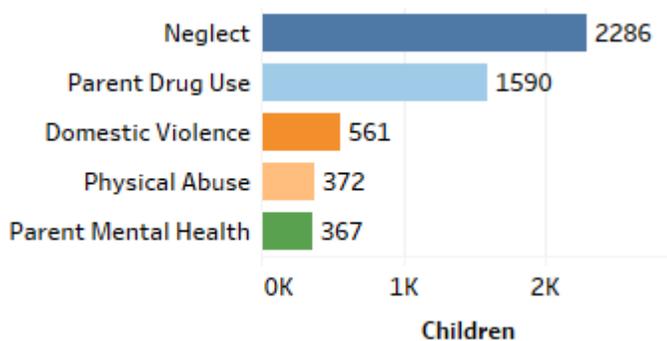
*Populations at Greatest Risk of Maltreatment*

A complex interplay of risk factors, including those associated with the parent or caregiver (e.g., depression, substance abuse, and mental health issues), as well as contextual factors (e.g., social isolation, poverty and violence) may contribute to child abuse and neglect. Risk factors for victimization include child age and special needs (e.g. developmental and intellectual disabilities) that may increase caregiver burden.

Neglect continues to be the most common reason for children entering out-of-home care in Nebraska. According to the Foster Care Review Office (FCRO) December 2018 Annual Report, 63.5% of children were removed following an adjudication of parental neglect. Parental substance abuse is the second most common reason for removal. See the 2018 FCRO Annual Report: <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2018-annual-report.pdf>

The FCRO conducted 3,600 reviews on children who were in an out-of-home placement under NDHHS custody in FY2017-18, and the figure below shows the adjudicated reasons for removal of those children. Children may have multiple reasons. For children reviewed more than once the data reflects their most recent review.

**Figure 2.1: Adjudicated Reasons for Removal from the Home by Major Category, n=3,600**



Factors that protect or buffer children from maltreatment are known as Protective Factors. Over the next five years, Nebraska will continue to focus on enhancing child and family Protective Factors to prevent maltreatment in partnership with communities through the Bring Up Nebraska initiative.

Bring Up Nebraska is an initiative that focuses on community-based prevention efforts. Led by the Nebraska Children and Families Foundation, DHHS is working in partnership with communities, state and national partners to bring additional partners, resources and solutions together to address and further support prevention efforts and overcome barriers in the current community collaboratives.

This initiative was developed not only because of the clear need for prevention in the data but also because government is a poor substitute for a family. And large, top-down approaches like the child welfare system are expensive, hard on families, and by design, become involved only AFTER a crisis has happened. Bring Up Nebraska is about doing business a different way. It is designed to be a community owned effort that works to prevent families from reaching crisis. Communities lead the way and discover their own challenges and strengths with the funding, support and encouragement of many partners. Community Collaboratives can also be a valuable resource for each other as they share what they've learned and determine together the best possible solutions. The cornerstone of Bring Up Nebraska is prevention. People working together locally to help families build on strengths and deal with challenges BEFORE they become a crisis and before the family becomes involved in the child welfare or other higher end system of care.

Nebraska is poised to be a model for other states when it comes to communities leading the way in prevention work and keeping families strong and together. This initiative has identified barriers that communities want to solve with additional supports and resources. The first five areas to address include: 1) high rates of children being removed due to neglect and poverty; 2) high rates of children removed due to substance abuse/behavioral health issues; 3) the limited resources for prevention (e.g. early childhood, home visitation, parenting supports); 4) high rates of pregnant and parenting young adults coming out of the foster care and other systems and 5) the limited amount of affordable and safe housing options for families. The Bring Up Nebraska effort has already identified opportunities to address each of these issues and community and state leaders will have a voice and leadership to make sure this will work for children, youth and families in each of their communities.

1) High rates of children removed due to neglect and poverty. DHHS Community Support Specialists and Community Collaborative members and Coordinators are working together on the following opportunities:

- Community Response. Community Response (CR) is a voluntary service available to all families, connecting them with resources and support to help meet their goals, strengthen their relationships within the community and prevent unnecessary involvement in higher end systems like child welfare and juvenile justice. CR addresses immediate needs of help, seeks and builds longer-term relationships meant to increase family protective factors, strengthen parent and child resiliency and increase self-sufficiency and realize positive life outcomes over time. Family-driven goals can include: meeting basic need like housing, utilities, food, and transportation; developing parenting support and skills; navigating challenging behavior and seeking further education on parenting topics; building life skills such as job searching, budgeting and money management;

strengthening family support systems and building community connections so families have partners.

- **Alternative Response.** Alternative Response is a DHHS response to an accepted child abuse and/or neglect intake which focuses on partnering with families to safely care for their children in their own home. Families in Alternative Response are assigned to a Child and Family Services Specialist (CFSS) who completes the comprehensive assessment process and connects families to the services and resources within their community to increase protective and promotive factors for individual and family well-being.

- **Family Action Support Team (FAST).** Within DHHS Economic Assistance, families referred from CPS hotline can receive volunteer Family Action Support Teams (FAST) to address their immediate crisis with economic assistance programs, community response, churches, schools and other supports.

2) High rates of children removed due to substance abuse/behavioral health issues

- System of Care
- Comprehensive Addiction and Recovery Act for substance exposed infants
- Families First Prevention Act implementation

3) Limited resources for prevention (e.g. early childhood, home visitation, parenting supports)

- Families First Prevention Act to create more home visitation and parenting support programs.
- **Communities for Kids** - This initiative was created in response to community requests for assistance with shortages of high-quality early care and education programs — shortages that both impact children’s optimal development and pose a challenge for communities hoping to attract and retain the viable workforces they need to thrive. Communities for Kids aims to partner with communities’ public and private entities to support and coordinate planning for access to high-quality early care and education for all children birth through age eight. These partnerships will be customized to address each community’s unique assets and needs — so each community can grow and prosper into the future.

4) High rates of pregnant and parenting young adults coming out of foster care and other systems

- **Annie E Casey/Jim Casey Youth Opportunities Initiative** to support pregnant and Parenting Young Adults to develop state level policies and strategies.
- **Federal Grant from the Office of Adolescent Health** received by the Nebraska Department of Health and Human Services, Division of Public Health - (DHHS-DPH) will implement the Nebraska Expectant and Parenting Grant (NEPG) project in partnership with the Nebraska DHHS-Division of Children and Family Services and Nebraska Children and Families Foundation as the state’s selected sub recipient organization. Nebraska’s project promotes holistic well-being of a population of focus statistics show is at high risk of child welfare system involvement. Of 936 parents with foster care experience statewide whose 0-5 year old children are now also state wards, 548 of those parents reside in NEPG counties (58% of two-generation child welfare system involved parents with 0-5 year old children are located the NEPG target area).

Due to this cyclical involvement in child welfare and other high-end systems of care, the purpose of the project is to positively transform parenting behaviors and outcomes from those experienced by expectant and parenting young people ages 14-25 whose lives are affected by involvement in foster care, juvenile justice, homelessness, runaway, and/or sexual exploitation. The NEPG will accomplish this by building personal and parenting skills and resilience by aligning and developing dual generation community supports

- Bridge to Independence (b2i) Program extends services and supports to young adults aging out of foster care until age 21. The b2i program is designed to help build young adult stability and sustainability. Ultimately, providing this additional support will improve outcomes for young adults who age out of foster care to include reducing the number of children who are removed from parents that were formerly in the foster care system.

5) Limited amount of affordable and safe housing options for families

- New Partnerships with Nebraska Housing partners and developers
- New HUD Rural Housing for Youth Grant: The University of Nebraska–Lincoln is launching a project to help curtail youth homelessness in greater Nebraska. Led by the Center on Children, Families and the Law, the development of a coordinated community plan is being funded through a \$3.28 million award from the United States Department of Housing and Urban Development’s Youth Homeless Demonstration program. The award is one of 11 projects funded nationwide through the HUD program. The Center on Children, Families and the Law will partner with Nebraska Children and Families Foundation and the Nebraska Balance of State Continuum of Care on the initiative. The federal funding will directly serve youths and young adults under 24 years old across the state outside the Lincoln and Omaha metropolitan areas.

Bring Up Nebraska

State and National Partners

- First Lady of Nebraska Susanne Shore
- Center for the Study of Social Policy
- Children and Family Coalition of Nebraska (CAFCON)
- Nebraska Department of Health and Human Services
- Nebraska Department of Education
- Nebraska Child Abuse Prevention Fund Board
- Nebraska Children and Families Foundation
- Administrative Office of Courts and Probation
- Nebraska Court Improvement Project
- Casey Family Programs
- Annie E. Casey Foundation
- Community Collaboratives
- Growing Community Connections (Dakota County)
- Douglas County Community Response Collaborative
- Families First Partnership (Lincoln County)
- Fremont Family Coalition
- Hall County Community Collaborative (H3C)
- Lancaster County

- Lift Up Sarpy
- Norfolk Family Coalition
- Panhandle Partnership (Sioux, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Scotts Bluff, Morrill, Garden, and Banner Counties)
- York County Health Coalition
- Community and Family Partnership (Platte and Colfax Counties)

*Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits:*

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training (section 436(b)(4)(B)(i) of the Act).

Since FY 2015 states have been required to ensure the total number of monthly caseworker visits is not less than 95 percent of the total visits that would be made if each child were visited once per month. In addition, at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence (section 424(f) of the Act).

The current federal goal for monthly contact with children in out-of-home care is 95%. Nebraska has created a Standard Work Instruction (SWI) that outlines our state's standards for content and frequency of caseworker visits for children that are placed in foster care.

DCFS will continue to utilize the Monthly Caseworker Visit Formula Grant for training opportunities for staff, as listed below, and used the grant to purchase laptops for staff use for documentation purposes, portfolios for workers to use during caseworker visits to take notes and carry tools that help support their work, purchase multiple car seats in each of the service areas, service area travel to visit children placed in foster care, Safety Organized Practice materials such as wipe boards, markers, paper, stickers and continue funding of Dragon Speak, a dictation machine that allows caseworkers to dictate their narrative directly into N-FOCUS to assist in documentation.

- American Professional Society on the Abuse of Children Colloquium
- National Indian Child Welfare Association Training
- NO More Crimes of Power & Control
- Alcoholism & Addictions Conference
- Investigating Crimes of Power and Control
- CWLA Conference
- Children's Summit
- Medication-Assisted Treatment (MAT) for Substance Disorders Training
- Safe & Together Symposium

*Additional Services Information Child Welfare Waiver Demonstration Activities (applicable States only):*

The Administration for Children and Families (ACF) granted Nebraska authority under section 1130 of the Social Security Act to implement a child welfare waiver demonstration project. The project allowed Nebraska to implement two interventions, Alternative Response (AR) and Results Based Accountability (RBA) in an effort to reduce the number of children entering the formal child welfare system and to improve outcomes for children and families.

Both interventions were implemented in 2014. RBA began in July 2014 and AR began in five pilot counties (Scotts Bluff, Hall, Lancaster, Dodge and Sarpy) in October 2014. AR is now implemented in all 93 counties across Nebraska, as of October 1, 2018.

Additionally, the RBA program has transformed into the Provider Performance Improvement program (PPI) which integrated Continuous Quality Improvement (CQI) data with performance measure data. The program includes three services: Family Support, Intensive Family Preservation and Agency Supported Foster Care. These three services are the most utilized services and all have a direct impact on child and family outcomes.

These two interventions advanced the goals outlined in the 2015-2019 CFSP and the DCFS Operations Plan. In the 2015-2019 CFSP, DCFS identified several broad goals that addressed priority concerns. The Title IV-E Demonstration Project interventions were designed to assist DCFS with two of the identified priorities.

- **Priority #1: Prevention and Early Intervention.** One of the primary interventions in the Title IV-E Waiver Demonstration Project is AR. The Waiver Demonstration Project provided resources to develop and implement an AR model that was best for Nebraska. DCFS believes that AR is a critical strategy to help build local infrastructures to support at-risk families.
- **Priority #2: Service Array.** The strategies specific to this priority in the DCFS Operations Plan focused on the operationalization of a formal service array assessment. The Title IV-E Waiver Demonstration project interventions supported the furtherance of assessing and building capacity of the service array in the following ways:
  - Alternative Response promotes linking parental protective factors to evidence based, evidence informed and promising practices identified to enhance parental protective factors. The DCFS analysis of diminished and enhanced parental protective factors in each Service Area helps to identify gaps in the current service array.
  - Provider Performance Improvement aims to enhance the quality of services as individual providers are accountable to achieve the established performance measures for each service.

The significance of the Title IV-E Waiver Demonstration Project was not only in how AR and PPI would aid DCFS in accomplishing the identified goals, the evaluation component also affords DCFS an invaluable learning opportunity. Furthermore, throughout the years, the evaluators provided summary reports. In addition to the requirements for the demonstration project, the contracted evaluator submitted an annual evaluation to assess the overall impact of the two interventions. These reports granted DCFS the opportunity to make programmatic and procedural adjustments to improve outcomes. Since the Title IV-E Waiver in Nebraska is set to end on September 30, 2019, the contracted evaluator is presently gathering information to compile into the final annual evaluation, which will be completed in December 2019.

For the final evaluation, the contracted evaluator has worked collaboratively with CFS and arrived at a mutually agreeable plan to limit the case file review for the final evaluation to only cases that had been a) fully worked through AR and b) had opened and closed between July 1, 2015 and December 31, 2017 (due to program changes). In order to include enough cases to allow for service area level analyses, it was determined that approximately 150-200 cases would be reviewed. During the planning for this revised process, it was agreed upon between the contracted evaluator and CFS that designated CFS staff would pull the cases identified by the evaluator, redact information that would violate HIPPA and provide files to evaluator as part of the final evaluation process. If the case file reviews cannot be completed by June 2019, this effort will not be feasible within the timeframe of the demonstration project.

For Nebraska to sustain successful waiver interventions, starting October 1, 2019, Nebraska will continue to work towards providing prevention and early intervention in services by continuing AR along with the implementation of FFPSA. Throughout the past several years the DCFS has diligently been committed to the way in which we serve families from intervention to prevention. From 2017-2019 we have safely reduced the number of children in out of home care by 15%. For our children in out of home care, since 2014 we have increased our use of relative/kinship resource homes by 12% and decreased our congregate care placements by almost 3% (to a low of 5%). FFPSA will help further our efforts and align with our vision of serving more families in the home with improved prevention evidenced based programs. The implementation of FFPSA will allow for Nebraska to be reimbursed by Title IV-E for up to 50% of expenditures. This will help to maintain programs being implemented via FFPSA. Additional resources for funding will include state general child welfare funds and grants to help sustain existing services.

#### *Adoption and Legal Guardianship Incentive Payments (section 473A of the Act):*

In the event that CFS is awarded Adoption Incentive funds at any time during the next 5 years, CFS would:

- Assemble a team consisting of individuals who were adopted while receiving supports from the child welfare system, adoptive parents who adopted from the child welfare system, Children and Family Services staff including a permanency administrator, permanency program specialist, foster care program specialist and quality assurance staff.

- This team would review the CFS Operations Plan to determine how funding could be used to support goals and strategies outlined in the plan.
- Provide examples of actual services CFS would consider; supportive educational items for adoptive families, continued payment for conferences for staff to receive ongoing education to support adoptive and guardian families, membership dues for programs and associations that help connect biological family relationships.
- Create additional Training Services, Nebraska will access the National Adoption Competency Mental Health Training Initiative. The training plan will be developed. The training is free to states, however we may need additional services and support from the Center for Adoption Support and Education

As outlined in the CFS Operations Plan, Finance Chapter, a grants report is produced quarterly indicating the amount of the grant and the allocation and expenditures timelines. Upon receipt of the funds, it would be the responsibility the Permanency Administrator, the Permanency Program Specialist, the Foster Care Program Specialist and Deputy Director of Finance to ensure the Adoption Incentive funds are allocated and expended timely in accordance with federal law.

*Adoption Savings (section 473(a)(8) of the Act)*

The Division of Children and Family Services has a Request for Proposal (RFP) to contract for a provider to offer foster and adoptive parents support groups and a peer mentoring program. CFS will continue offer a 1-800 phone line made available for the public to call if interested in providing foster care and adoption services.<sup>15</sup> The Division of Children and Family Services will also contract for recruitment activities that may include routine newsletters for foster and adoptive parents, on-going trainings for foster, adoptive and relative kinship families. CFS has not had an unused savings in previous years and does not anticipate any challenges in spending the funds in the future.

## 5. Consultation and Coordination Between States and Tribes

The four federally recognized tribes with governmental headquarters within Nebraska's borders are the Omaha Tribe, the Ponca Tribe of Nebraska (hereafter "Ponca Tribe"), the Santee Sioux Nation and the Winnebago Tribe. The Sac and Fox Nation of Missouri in Kansas and Nebraska (hereafter "Sac and Fox Nation") and the Iowa Tribe of Kansas and Nebraska (hereafter "Iowa Tribe") also each have reservation land that extends into Richardson County in southeastern Nebraska. The Oglala Sioux and the Rosebud Sioux Tribes have reservations in South Dakota that border

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<sup>15</sup> For more information see <http://dhhs.ne.gov/Pages/Adoption.aspx>.

northwestern Nebraska, and both of these tribes currently have the highest numbers of tribal youth involved in Nebraska's child welfare system of any of the 573 federally recognized Tribes. A recent report from Nebraska's data management system, N-FOCUS, indicates approximately seventy-five percent of youth to whom the ICWA applies or may apply are affiliated with the following four Tribes in descending order: Oglala Sioux, Rosebud Sioux, Omaha Tribe and Ponca Tribe of Nebraska.

Contact with these tribes varies in frequency depending on each Tribes' needs and requests. Contact ranges on a continuum from email, phone and in-person contact for training and meetings both on and off reservations. Contact has been frequent and at the high end of the continuum with the four headquartered Nebraska Tribes. Oglala and Rosebud Sioux Tribes have been frequently contacted with ICWA case issues via phone, email and at least annually in-person, given the high number of their tribal youth involved in the Nebraska child welfare system. CFS routinely forwards emails of interest to all regional tribes, such as from the ACF, BIA and Capacity Building Center for Tribes.

Current regional Tribal representatives with whom CFSCFS are in contact include, but are not limited to, the following:

<b><u>TRIBE</u></b>	<b><u>TRIBAL REPRESENTATIVES CONSULTED and/or CONTACTED</u></b>
Cheyenne River Sioux Tribe	<b>Diane Garreau, ICWA Program Director</b> , <a href="mailto:dgarreau61@hotmail.com">dgarreau61@hotmail.com</a> P.O. Box 590, Eagle Butte, SD, 57625, 605-964-6460
Crow Creek Sioux Tribe	<b>LeeAnn Piskule, ICWA Director</b> , <a href="mailto:ccst.icwa@hotmail.com">ccst.icwa@hotmail.com</a> P.O. Box 143, Fort Thompson, SD, 57339, 605-245-2581
Flandreau Santee Sioux Tribe	<b>Jessica Morson, ICWA Administrator</b> , <a href="mailto:Jessica.morson@fsst.org">Jessica.morson@fsst.org</a> P.O. Box 283, Flandreau, SD, 57028, 605-997-5055
Iowa Tribe	<b>Michelle Maguire, Social Services Director</b> <b>Georgia Beck, Case Manager / ICWA</b> , <a href="mailto:nafscm@iowas.org">nafscm@iowas.org</a> <b>Norma Garlington, Fiscal Officer</b> , <a href="mailto:nafs@iowas.org">nafs@iowas.org</a> Native American Family Services 3313 B Thrasher Road, White Cloud, KS, 66094, 785-595-3260
Lower Brule Sioux Tribe	<b>Jera Brouse-Koster, ICWA</b> , <a href="mailto:JeraBrouse@lowerbrule.net">JeraBrouse@lowerbrule.net</a> or <a href="mailto:j_lou_koster@yahoo.com">j_lou_koster@yahoo.com</a> P.O. Box 244, 187 Oyate Circle, Lower Brule, SD, 57548, 605-473-5514 or 8051
Oglala Sioux Tribe	<b>Arlyn Eastman, CPS/ICWA Director</b> , <a href="mailto:arlyn@oglala.com">arlyn@oglala.com</a> <b>Jake Little, ICWA Supervisor</b> , <a href="mailto:jake@oglala.com">jake@oglala.com</a> <b>Paul Forney, ICWA Specialist</b> , <a href="mailto:paul.forney@oglala.com">paul.forney@oglala.com</a> ONTRAC, P.O. Box 604, Pine Ridge, SD, 57770, 605-867-5752
Omaha Tribe	<b>Sarah Rowland, Acting Chief of Tribal Operations</b> , <a href="mailto:sarah.rowland@omahatribe.com">sarah.rowland@omahatribe.com</a> <b>Cheyenne Robinson, Acting Deputy of Tribal Operations</b> , <a href="mailto:cheyenne.robinson@omahatribe.com">cheyenne.robinson@omahatribe.com</a> <b>Paul Hofmann, Attorney General / Tribal Prosecutor</b> , <a href="mailto:paul.hofmann@omahatribe.com">paul.hofmann@omahatribe.com</a> <b>Mosiah Harlan, Acting Director of Child Welfare Operations / ICWA Director</b> , <a href="mailto:mosiah.harlan@omahatribe.com">mosiah.harlan@omahatribe.com</a> <b>Kash Echtenkamp, CFS Case Lead / ICWA Specialist</b> , <a href="mailto:kash.echtenkamp@omahatribe.com">kash.echtenkamp@omahatribe.com</a> <b>Windessa Cline, CFS Case Lead</b> , <a href="mailto:windessa.cline@nebraska.gov">windessa.cline@nebraska.gov</a>

**Pam Grant, Resource Developer**, [Pam.Grant@nebraska.gov](mailto:Pam.Grant@nebraska.gov)  
**Joette Blackbird, CFS Specialist**, [joette.blackbird@nebraska.gov](mailto:joette.blackbird@nebraska.gov)  
**Joe Fleming, CFS Specialist**, [joseph.fleming@nebraska.gov](mailto:joseph.fleming@nebraska.gov)  
**Bailey Wimmer, CFS Specialist Initial Assessment**, [bailey.wimmer@nebraska.gov](mailto:bailey.wimmer@nebraska.gov)  
**Niza Parker, CFS Specialist**, [niza.parker@nebraska.gov](mailto:niza.parker@nebraska.gov)  
**Glorine Lovejoy, CFS Specialist**, [glorine.lovejoy@nebraska.gov](mailto:glorine.lovejoy@nebraska.gov)  
 Omaha Tribe Child and Family Services Department  
 CFS Department 106 Tallman Street, Walthill, NE, 68067, 402-837-5331  
 ICWA Department P.O. Box 500, Macy, NE, 68039, 402-837-4330

**Ponca Tribe**  
**Stephanie Pospisil, Director of Social Services**, [spospisil@poncatribes-ne.org](mailto:spospisil@poncatribes-ne.org)  
**Tiffani Spencer, Case Manager**, [tspencer@poncatribes-ne.org](mailto:tspencer@poncatribes-ne.org)  
 Ponca Tribe Department of Social Services  
 1701 E Street, Lincoln, NE, 68508, 402-438-9222  
  
**Lynn Schultz, ICWA Specialist**, [lschultz@poncatribes-ne.org](mailto:lschultz@poncatribes-ne.org)  
 Ponca Tribe Department of Social Services  
 1800 Syracuse Avenue, Norfolk, NE, 68701, 402-371-8834  
  
**Falon McAlpin, Executive Director of Tribal Affairs**  
**Donna Larson, Case Manager Coordinator**, [dlarson@poncatribes-ne.org](mailto:dlarson@poncatribes-ne.org)  
 Ponca Tribe Department of Social Services  
 2602 J Street, Omaha, NE, 68107, 402-734-5275

**Rosebud Sioux Tribe**  
**Shirley Bad Wound, ICWA Specialist**, [rsticwa9@gwtc.net](mailto:rsticwa9@gwtc.net)  
 P.O. Box 609, Mission, SD, 57555, 605-856-5270

**Sac and Fox Nation**  
**Chasity Davis, Director ICW / Social Services**, [cdavis@sacandfoxcasino.com](mailto:cdavis@sacandfoxcasino.com)  
 Sac and Fox Nation of Missouri in Kansas and Nebraska  
 401 N Arch Street, Reserve, KS, 66434, 785-742-4708

**Santee Sioux Nation**  
**Danielle LaPointe, DTSU Director**, [Danielle.lapoint@nebraska.gov](mailto:Danielle.lapoint@nebraska.gov)  
**Clarissa LaPlante, CFS / ICWA Director**, [Clarissa.LaPlante@nebraska.gov](mailto:Clarissa.LaPlante@nebraska.gov)  
**Karen RedOwl, ICWA Specialist**, [Karen.RedOwl@nebraska.gov](mailto:Karen.RedOwl@nebraska.gov)  
**Eliza Thomas, CFS Specialist**, [eliza.thomas@nebraska.gov](mailto:eliza.thomas@nebraska.gov)  
**Larry Thomas, CFS Specialist**, [larry.thomas@nebraska.gov](mailto:larry.thomas@nebraska.gov)  
 Dakota Tiwahe Service Unit, Route 2, Box 5191, Niobrara, NE, 68760, 402-857-2342

**Sisseton-Wahpeton  
Oyate Tribe**  
**Evelyn Pilcher, ICWA Director**, [evelyn.pilcher@state.sd.us](mailto:evelyn.pilcher@state.sd.us)  
 P.O. Box 509, Agency Village, SD, 57262, 605-698-3992

**Standing Rock Sioux  
Tribe**  
**Raquel Franklin, ICWA Director**, [rfranklin@standingrock.org](mailto:rfranklin@standingrock.org)  
**Rebecca Grey Bull, ICWA Program Assistant**, [rgreybull@standingrock.org](mailto:rgreybull@standingrock.org)  
 P.O. Box 770, Fort Yates, ND, 58538. 701-854-3095

**Three Affiliated Tribes  
Mandan, Arikara, &  
Hidatsa**  
**Vincent Roehr, ICWA Specialist**, [vroehr@mhanation.com](mailto:vroehr@mhanation.com)  
 404 Frontage Drive, New Town, ND, 58763, 701-627-8168

**Turtle Mountain Band  
of Chippewa Indians**  
**Marilyn Poitra, ICWA Coordinator**, [marilynpo@tmcwfs.net](mailto:marilynpo@tmcwfs.net)  
 Child Welfare and Family Services, P.O. Box 900, Belcourt, ND, 58316, 701-477-5688

**Winnebago Tribe**  
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[Chiara.Cournoyer@winnebagoTribe.com](mailto:Chiara.Cournoyer@winnebagoTribe.com)  
**Kitty Washburn, CFS Program Manager**, [katherine.washburn@winnebagoTribe.com](mailto:katherine.washburn@winnebagoTribe.com)  
**Marian Thomas, CFS Lead Caseworker**, [marian.thomas@winnebagoTribe.com](mailto:marian.thomas@winnebagoTribe.com)

**Elexa Mollet, ICWA Worker**, [Elexa.Mollet@winnebago-tribe.com](mailto:Elexa.Mollet@winnebago-tribe.com)  
Winnebago Human Services Department  
P.O. Box 723, Winnebago, NE, 68071, 402-878-2379

Yankton Sioux Tribe

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**Ida Brown, CFS Director**  
P.O. Box 1153, Wagner, SD, 57361, 605-384-5712

As referenced throughout this PI, states are expected to consult, collaborate and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA; the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations.

The four federally recognized tribes with governmental headquarters within Nebraska's borders are the Omaha Tribe, the Ponca Tribe of Nebraska (hereafter "Ponca Tribe"), the Santee Sioux Nation and the Winnebago Tribe. The Sac and Fox Nation of Missouri in Kansas and Nebraska (hereafter "Sac and Fox Nation") and the Iowa Tribe of Kansas and Nebraska (hereafter "Iowa Tribe") also each have reservation land that extends into Richardson County in southeastern Nebraska. The Oglala Sioux and the Rosebud Sioux Tribes have reservations in South Dakota that border northwestern Nebraska, and both of these tribes currently have the highest numbers of tribal youth involved in Nebraska's child welfare system of any of the 573 federally recognized Tribes. A recent report from Nebraska's data management system, N-FOCUS, indicates approximately seventy-five percent of youth to whom the ICWA applies or may apply are affiliated with the following four Tribes in descending order: Oglala Sioux, Rosebud Sioux, Omaha Tribe and Ponca Tribe of Nebraska.

Contact with these tribes varies in frequency depending on each Tribes' needs and requests. Contact ranges on a continuum from email, phone and in-person contact for training and meetings both on and off reservations. Contact has been frequent and at the high end of the continuum with the four headquartered Nebraska Tribes. Oglala and Rosebud Sioux Tribes have been frequently contacted with ICWA case issues via phone, email and at least annually in-person, given the high number of their tribal youth involved in the Nebraska child welfare system. DCFS routinely forwards emails of interest to all regional tribes, such as from the ACF, BIA and Capacity Building Center for Tribes.

### Tribal Operations and CQI Meetings

DCFS facilitates monthly Tribal Operations and CQI meetings with the four headquartered Nebraska tribes. These meetings have provided many opportunities to ask for input, share information, discuss barriers and identify strategies to improve child welfare case practice in the furtherance of child safety, permanency and well-being.

The opportunity for Tribal CFS and DCFS staff members to build relationships and network is one of the most valuable aspects of continuing this collaborative process. DCFS ensures that the correct program staff are present at meetings to discuss specific topics and to ensure the correct information is being shared with Tribal CFS staff. DCFS and the Tribes discuss the importance of having quality data and the need for accurate and timely data entry. Discussions have focused on identifying challenges that prevent workers from entering data in an accurate and timely manner and brainstorming strategies to address identified barriers. Regular discussion occurs on case practice and protocols and provides opportunities for DCFS to involve the tribes in program discussions. Tribes are asked to provide input as to any necessary changes to practice and protocols that impact the work of the case manager and to improve services provided to children and families. The Tribes and DCFS share and discuss Disaster Plans and how plans can be improved, and the Tribes have been invited to be involved in the statewide Health Care Oversight Committee, Strengthening Families Act (SFA) Human Trafficking task force, and the multiple Family First Prevention Services Act (FFPSA) workgroups developed in the past year. The Tribes have shared information on the Services for Children under five to ensure there is collaboration and inclusiveness in State activities and support to the tribes.

The plan in the next year to have at least one or two presentations each month by experts with specialized knowledge to maintain child safety, permanency and well-being. DCFS will work with the Tribes to identify specific needs and begin scheduling these presentations on an annual basis as refresher information and for new Tribal CFS staff members. Presentations may at times be scheduled at each Tribal CFS office to ensure all relevant CFS staff members are present. Current hot topics identified by the Tribes and DCFS to be addressed in the near future and during the next and subsequent years include:

- Medicaid and child care subsidy for Tribal wards,
- Title IV-E eligibility
- guardianship subsidy
- Tribally licensed foster homes for the purposes of Title IV-E eligibility,
- Family First Prevention Services Act (FFPSA),
- Chafee Independent Living and Education and Training,
- Child Abuse Prevention and Treatment Act (CAPTA),
- Comprehensive Addiction and Recovery Act (CARA),
- Interstate Compact for the Placement of Children (ICPC) process.

Information will continue to be provided to and solicited from the tribes during Tribal Operations and CQI meetings. Stephanie Pospisil, Director of Social Services for the Ponca Tribe, participates on the Health Care Oversight committee and has agreed to provide updates at Tribal Operations meetings.

An in-person meeting with DCFS and CFS staff from both the Sac and Fox Nation and the Iowa Tribe to share information about each entity's child welfare systems, to develop relationships and to establish more coordination and collaboration is an activity that DCFS will be facilitating in the future. DCFS will continue to send monthly reports to each of these Tribes to verify their ICWA case data. DCFS will continue to communicate with the Sac and Fox Nation and the Iowa Tribe regarding their respective ICWA cases in Nebraska.

The Nebraska Court Improvement Project (CIP) coordinates Through the Eyes of a Child Teams (TEOC) in each State jurisdiction. These teams meet to coordinate efforts and address concerns within the child welfare and juvenile justice systems. CFS is part of the Douglas County team and has been participating in a subcommittee working on improving family and parent engagement. CFS regularly attends the Lancaster County team meetings. Mary Ann Harvey, a Project Specialist with Nebraska CIP, participates in Tribal Operations and CQI meetings and ICWA Systems Workgroup meetings as her schedule permits. These collaborations facilitate sharing concerns among State and Tribal Judicial Branches and CFS Departments.

A TEOC team has been established with the Omaha Tribe. CFS and Ms. Harvey will continue to talk with the Omaha Tribe's Acting Director of Child Welfare Operations about resuming these meetings to better coordinate with the Omaha Tribe's child welfare system partners.

The Winnebago Tribe has had a TEOC team established for several years. CFS and Ms. Harvey have asked to attend an upcoming meeting for more than a year and were recently informed by the Winnebago CFS Program Manager, Katherine (Kitty) Washburn, that a meeting of their TEOC team has not been scheduled for a few months. CFS and Ms. Harvey will talk with the TEOC for Winnebago to determine why these meetings have not continued and identify possible solutions.

The Santee Sioux Nation has had a multi-disciplinary team that meets regularly at the Santee Community School to discuss and coordinate tribal child welfare systems. CFS is working with Ms. Harvey to determine if the Nebraska CIP would like to become involved. CFS and Ms. Harvey will plan to attend a future meeting to provide information about other state and tribal TEOC teams and how Nebraska CIP may be able to assist the Santee team with setting goals and collecting data.

The Nebraska Commission on Indian Affairs (NCIA) periodically invites CFS to present information about ICWA compliance to the NCIA Commissioners. When invited, the DCFS Program Coordinator will attend future meetings to provide details of DCFS ICWA case compliance review reports and the updated agreements with the Omaha, Santee and Winnebago Tribes that provide funding for additional CFS staff members.

All of the opportunities described above, though not all-inclusive, have provided for mutual learning, an avenue for soliciting and receiving input and feedback from the Tribes, as well as a means to identify barriers and brainstorm potential solutions to achieving the outcomes of child safety, permanency and well-being.

CFS meets monthly and as needed with the four Nebraska headquartered Tribes' CFS Directors, Program Managers and Supervisors. When requested or necessary, CFS also meets with the Tribes' Prosecutors, Attorneys General, Tribal Operations Administrative staff members, Tribal Councils and other Tribal CFS staff members who provide child protective services through agreements with DCFS (Omaha Tribe, Santee Sioux Nation and Winnebago Tribe), as well as Tribal members involved in State ICWA or Tribal child welfare cases. While the Ponca Tribe of Nebraska does not currently have child welfare or Title IV-E agreements with DCFS as the other three headquartered Tribes do, the Ponca Tribe attends most meetings to provide input to the DCFS Child and Family Services Plan (CFSP) and Annual Progress and Service Reports (APSR) development, ICWA case issues, and training and education needs.

Future meetings are being planned to review the other Tribes' agreements and discuss how best to draft an agreement with the Ponca Tribe. The current agreements with the other three headquartered Tribes have been shared and will be reviewed more thoroughly together in the near future.

The following meetings and trainings are examples of how DCFS will continue to gather input from the tribes throughout the 2020 – 2024 CFSP timeframe:

1. Tribal Operations and Continuous Quality Improvement (CQI) Meetings.

DCFS facilitates monthly Tribal Operations and CQI meetings with the four headquartered Nebraska tribes. Representatives of all four of the headquartered Nebraska tribes make concerted efforts to participate in every meeting. The Operations portion of the meetings allows for discussion of policy and program issues, child welfare agreements and APSR topics. The CQI portion of the meeting focuses on data related to achieving positive outcomes for children and families related to CFSR measures of child safety, permanency and well-being.

2. Training.

New worker and in-service training schedules are shared, and the four headquartered Nebraska Tribes send their CFS staff to any of these DCFS trainings. The Tribes provide input as to in-service training they want their staff to receive and trainings will also be scheduled and held on reservation. These requests are submitted through the in-service training approval process. Field Training Specialists from the Center on Children, Families, and the Law (CCFL) are available to spend time on the reservations to provide one-on-one technical assistance, as needed and requested.

3. Quality Assurance Program Accuracy Specialist and Tribal CFS Partnerships.

Program Accuracy Specialists (PAS) from the DCFS Quality Assurance (QA) teams are assigned to connect with each of the three Nebraska tribes with child welfare agreements with DHHS. The QA PAS and Tribal CFS Partnership was initiated in July 2017. The QA PAS plans to visit their assigned Tribal CFS department in person at least once per quarter and follow up via email, phone or Skype during other months. The Tribes have all expressed how helpful their QA PAS has been and have been reaching out to them with questions and technical support needs.

Nebraska Court Improvement Project (CIP) DCFS and Through the Eyes of the Child (TEOC) Meetings.

DCFS attends monthly meetings held by the Nebraska Court Improvement Project (CIP). ICWA compliance and tribal child welfare issues are a standing agenda item. Additionally, DCFS continues to work with a CIP Project Specialist to assist in developing and implementing Tribal TEOC teams.

4. Title IV-E Planning Grant Meetings.

CFS will participate in meetings with the Omaha and Winnebago Tribes regarding their Title IV-E planning grants, offering and arranging technical assistance with other DCFS Program Specialists as needed.

5. Nebraska Commission on Indian Affairs (NCIA).

The Nebraska Commission on Indian Affairs (NCIA) periodically invites DCFS to present information about ICWA compliance to the NCIA Board members.

Chafee Foster Care Independence Program (CFCIP).

DCFS consistently provided information about and attempted to initiate Chafee Foster Care Independence Program sub awards with the each of the Nebraska headquartered Tribes throughout the 2015 – 2019 CFSP timeframe.

Tribes have concurrent jurisdiction with the State of Nebraska over children who are members of or are eligible for membership in a federally recognized tribe who reside outside of a reservation. Additionally, as provided by the federal ICWA, the State of Nebraska has had child welfare agreements with the three land-based Tribes in Nebraska for several years.

DCFS provides funding through child welfare agreements for the Omaha and Winnebago Tribes and the Santee Sioux Nation to provide case management and services for the children they serve under Tribal jurisdiction. Personnel, operations and indirect costs are included in this funding. Title IV-E funding for eligible tribal wards in eligible placements is paid directly to the placement resource by DCFS. No Title IV-E funds are passed directly to the Tribes.

The Omaha, Santee Sioux and Winnebago Tribes renegotiated their child welfare funding agreements with DCFS during 2017 resulting in agreements that provide sufficient funding for the Tribes' CFS Departments to hire additional CFS workers to significantly decrease caseload sizes. The Omaha and Winnebago Tribes also budgeted for two Investigators, two Family Support Workers and two Cultural Support Specialists in addition to some additional contracted services. The increase Santee received beginning January 1, 2018 allowed them to hire an Investigator and Family Support Worker.

The three Tribes with child welfare agreements utilize the DCFS data management system, N-FOCUS, to document, track and report the work they do with children and families. The Omaha, Santee Sioux and Winnebago Tribes report that their primary population are children who are wards of the tribal court, although they have been working with some non-court involved families to prevent entry in to the Tribal child welfare system. Additionally the Omaha, Santee Sioux and Winnebago Tribes joined the DCFS Alternative Response (AR) initiative through a Title IV-E waiver demonstration project. To date, all three Tribes have been assigned at least one AR case. DCFS plans to implement Family First Prevention Services Act (FFPSA) in October 2019, and the Tribes will continue to be involved in these on-going discussions and plans.

Tribal staff with the three contracted Tribes have been trained on Structured Decision Making® (SDM®) tools. Each tool assists the Tribal worker with key decision points during the course of working with a family. Utilization of SDM® tools has been and will continue to be a topic at the Tribal Operations and CQI discussions. The Tribes indicate an understanding that it is important

to use the SDM® tools to help guide decision making, though use of the tools remains sporadic. Barriers include staff turnover and time constraints.

Tribal staff are required to visit children in out-of-home care each and every month. Discussion of these contacts and case planning occurs during the monthly Tribal Operations and CQI meetings. The Tribes report that they do see the children in their care regularly, but they struggle with timely documentation of the contacts in N-FOCUS. The Tribes have worked very hard to make infrastructure changes to assist with ensuring accurate and timely data is entered into N-FOCUS. Discussions at Tribal Operations and CQI meetings have led to a form being developed for Tribal CFS workers to use when conducting home visits and family team meetings that can be scanned in to N-FOCUS as documentation. Tribal CFS workers have been informed they must enter the date and type of contact in the appropriate place, as well, with a note to see document imaging for meeting notes. Through the QAS PAS and Tribal Partnerships, Tribal CFS workers continue to receive on-site technical assistance to understand this process.

Each Tribe has court jurisdictions that operate under tribally specific law and order codes. There is challenge for the Tribes' CFS Departments at times due to delays in scheduling CFS cases on the court's docket. Additionally, each Tribe has expressed some difficulties in obtaining law enforcement reports in a timely manner. While each Tribes' CFS Department serve families who are non-court involved, point in time reports from N-FOCUS indicate no data on non-court involved youth.

As of May 27, 2019, N-FOCUS indicates the Omaha Tribe CFS Department is currently serving 200 tribal court involved youth and two Alternative Response families. This is a more than fifty percent increase since July 1, 2018, when they were serving 130 court involved youth.

The Omaha Tribe's CFS Department and Tribal Court has had many changes during the past couple of years. The Omaha Tribal Court was without a juvenile court judge for several months and eventually hired a judge that had practiced in the Winnebago Tribal Court. The backlog of juvenile court cases is still being docketed, and the Omaha Tribe's CFS Department indicates that several of their CFS cases are late in having review hearings or hearings to finalize guardianships.

The Omaha tribe hired, two new Investigators and several new CFS Specialists, Family Support Workers and Case Aides have been hired, which will greatly aid the Omaha Tribe's CFS Department in reducing caseload sizes and providing consistent services to children and families once all new staff members have been trained. Mary Ann Harvey with Nebraska Court Improvement Project is also planning to continue working with the Omaha Tribe's child welfare system in more fully developing a Through the Eyes of the Child (TEOC) team on the Reservation to assist in bringing the Tribal Court, law enforcement, school and CFS Department together to brainstorm what the group believes to be the most important goals for improving the child welfare system on the Omaha Reservation and how best to collect and analyze data regarding tribal wards.

As of May 27, 2019, N-FOCUS indicates the Santee Sioux Nation DTSU is currently serving 20 court involved youth and two Alternative Response families. This is fifty percent fewer court involved youth than on July 1, 2018, when they were serving 40 court involved youth. Recent IV-E eligibility and claiming reports indicate the Santee Sioux DTSU is able to claim IV-E placement maintenance funding for 22 percent of their Tribal wards.

As of May 27, 2019, N-FOCUS indicates the Winnebago Tribe CFS Department is currently serving 176 tribal court involved youth and one Alternative Response family. This is only a three and half percent increase since July 1, 2018, when they were serving 170 court involved youth. The Winnebago Tribe's CFS Department and Tribal Court will be working on timely permanency and Title IV-E eligibility during the next five years

The Ponca Tribe's Department of Social Services (PTN DSS) manages very few, if any, of their Tribal youth's child welfare cases through the Ponca Tribal Court. The Ponca Tribe's Director of Social Services confirmed in April 2019 that the PTN DSS continues to work with the Capacity Building Center for Tribes as needed for technical assistance regarding the capacity of their DSS to begin transferring more ICWA cases to the Ponca Tribal Court.

### Nebraska ICWA and Training

DCFS is working in consultation with the tribes who participate in the Tribal Operations and CQI, ICWA Systems Workgroup and NICWC meetings regarding necessary policy and protocol revisions.

DCFS and CCFL have collaborated to provide a one-hour ICWA in-service training that is offered online. Areas of focus during the past few years have included active versus reasonable efforts, reason to know versus reason to believe, and ICWA case documentation in N-FOCUS. Future topics will include more information on active efforts, coordination with tribes, and identification of culturally responsive prevention services.

DCFS staff can locate resources through the Nebraska Resource and Referral System Native American Resources sections (<https://nrrs.ne.gov/icwa>), which is detailed on page thirteen of the ICWA Case Management Guide in Attachment A. These services and providers were identified as being culturally responsive by tribal representatives who are part of the Nebraska Indian Child Welfare Coalition (NICWC).

DCFS ICWA Program Specialist continues to hold monthly phone calls for ICWA case staffing with the Omaha and Ponca Tribes' ICWA Departments. These calls are beneficial to the Tribes in monitoring both court- and non-court involved cases, or that are being case managed by DCFS to receive feedback from the Tribe on the management of the case and assistance in identifying additional active efforts which can be taken. DCFS ICWA Program Specialist plans to work with the Oglala, Rosebud, and Yankton Sioux Tribes to schedule similar case staffing calls in the future.

With regard to culturally responsive permanency planning, DCFS continues to provide education about the Tribes preferring guardianship over adoption as an alternative permanency option.. As previously mentioned, the Ponca and Winnebago Tribes have already included Customary Adoption in their Tribal Code, and the other two Nebraska Tribes are currently considering this option.

Through the concerted efforts of several members of the Nebraska Indian Child Welfare Coalition (NCWIC), Qualified Expert Witness (QEW) trainings have been held by request with more than 25 individuals trained. .

DCFS will work with NICWC to identify all members who are designated by Tribal Councils to serve as QEWs for their Tribe.

The Nebraska Court Improvement Project (CIP) may develop a Guide for Tribes to the Nebraska ICWA and Juvenile Court System and a Guide for Parents to the Nebraska ICWA and Juvenile Court System similar to what is already in existence on their website.<sup>16</sup>

Internal discussions have occurred with DHHS Legal staff attorneys about providing additional ICWA compliance training, specifically as it relates to the BIA Regulations regarding ‘reason to know’ and other enhanced ICWA compliance provisions. DHHS attorneys consulted believe it will be most beneficial to provide Continuing Legal Education training units. This discussion is on-going and will continue this year.

#### N-FOCUS Changes

Enhancements have made in several areas to more accurately capture ancestry information, tribal affiliation, tribal involvement, and correspondence between DCFS and tribes.

Continuous guidance and instruction is needed for DCFS workers in utilizing these and other data points to better assess and report ICWA compliance. Very few ICWA cases currently have intervention, transfer and QEW data documented. Further guidance in the form of QuickTips sent via email to DCFS workers about the importance of entering ICWA compliance data will continue ongoing.

N-FOCUS data continues to be evaluated for reliability and accuracy, as well as to identify additional information DCFS may need to track to ensure ICWA compliance across the state.

CFS continue to work with the N-FOCUS Business Analysts to develop and update reports to assess whether data is being entered and is valid and reliable. DCFS recognizes the importance of compliance with the ICWA and strives for full ICWA compliance. DCFS Program Specialist and N-FOCUS Business Analysts are developing a plan for a redesign of the tribal tab and ICWA related functionality within the state case management system. The goal of these changes is to increase the ease of documentation for front-line staff as well as improve data collection for internal compliance reviews.

Examples of planned changes include:

- Remove “No Tribal Affiliation” indicator from the Detail Tribal Information Window in order to ensure workers mark the ICWA indicator as either “Yes”, “Reason to Know”, or “No” on every case.
- Change how the tribal affiliation is entered as we need to be able to List the Tribe and then within the tribe record, need to have a history of the Status with Status Date, as well as all the

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<sup>16</sup> See, <https://supremecourt.nebraska.gov/programs-services/court-improvement-project/youth-families/parents>.

other fields that are associated for each tribe: Primary Tribe indicator, Enrollment Number, Verification Document Received (enrollment papers) and Signed By.

- Streamline the process for creating ICWA inquiry and notice to Tribes by creating the ability to select multiple children and create multiple notices at a time while storing the ancestry information that has been previously entered.
- Move where workers enter QEW and Tribal Intervention information from the Tribal Tab to the Legal Actions section so that it is easier for workers to find and document.
- Create functionality to add Tribal ICWA Specialists as professional relationship in the case so that they can be more easily contacted for case planning purposes.

### ICWA Compliance Case Reviews and Other Initiatives

The ICWA Case Compliance Tool in Attachment I developed by DCFS CQI staff was reviewed with tribal representatives and other interested stakeholders for feedback and input at the Tribal Operations and CQI, ICWA Systems Workgroup and NICWC meetings. Since the initial development of the ICWA Case Compliance Tool, it has been changed several times to help increase reliability within the tool, therefore it is difficult to determine actual changes in compliance over time. Through discussions with DCFS Service Area Administrators, it has also been determined that the way compliance findings have been reported out is difficult to interpret what changes are necessary to increase compliance.

The DCFS ICWA Program Specialist is working with DCFS CQI staff, DHHS Legal, and DCFS service area ICWA Advocates to modify the ICWA Case Compliance Tool to increase inter-rater reliability and improve how the information is reported out. Modifications will also be made to address the accuracy of the language in the tool to be more consistent with the terminology used in federal and state ICWA legislation, primarily the removal of the term “reason to believe” which was created through DCFS Policy and was not updated to reflect the legal terminology of “Reason to Know”. After initial modifications are made to the ICWA Case Compliance Tool, the DCFS ICWA Program Specialist will share the Tool with interested stakeholders to solicit feedback and make any necessary modifications.

The DCFS ICWA Program Specialist is working with service area ICWA Advocates to develop a spreadsheet for use by supervisors to track the requirements and compliance of the ICWA cases on their individual teams. The spreadsheet is currently being used in the Central Service Area and is being modified to better fit the needs of supervisors and reflect the items that will be included in formal CQI reviews in the future.

### ICWA Data

As of April 2019, 432 youth involved in the Nebraska child welfare system identified as American Indian / Alaska Native and/or were identified as involved in an ICWA case.

DCFS workers are trained on the ICWA placement preferences and limited good cause reasons to deviate. DCFS policy requires supervisory approval for any placement outside of a relative or kinship home.

DCFS will continue to work on entering placement data for all ICWA cases and better assess how to capture the data to accurately reflect whether ICWA placement preferences have been met or whether good cause was found to deviate from the preferences. One aspect needing further consideration is how and where to document whether a Tribe has Tribal placement preferences that must be followed.

### ICWA Advocates

There are currently identified ICWA Advocates across the five service areas.

The role of the service area ICWA Advocates is to provide technical assistance to DCFS staff within their Service Area as well as support and backup to other ICWA Advocates across the state. Technical assistance may include, but is not limited to the following:

- Cultural Plans – educate on what constitutes a good plan and who the worker should involve in the development of the plan;
- Notice to Tribes – assist workers in identifying tribes to send notice, ensure notice is sent properly, and contact tribes regarding notice or specific case with the assigned CFSS;
- Active Efforts – provide feedback to colleagues on whether active efforts are being provided, educate on what constitutes active efforts and how to properly document active efforts; and
- Placement Preferences – ensure and assist colleagues in following the placement preference guidelines for foster care and adoption and connect with tribes to identify or clarify specific tribes' placement preferences.

ICWA Advocates help to facilitate communication between DCFS staff within their Service Area and the Tribal ICWA Specialists. Contact information for the DCFS ICWA Advocates has been shared with Tribal ICWA representatives from all of the identified regional tribes as well as the CFS departments of the four headquartered Nebraska tribes. This information is updated and sent out as it changes.

DCFS ICWA Advocates meet a minimum of quarterly with the DCFS ICWA Program Specialist and play a key role in identifying areas of policy, documentation, training, and communication that are working well across the state and areas in which their Service Areas are struggling. As DCFS ICWA Advocates receive more training, they will be expected to have a greater role in increasing ICWA compliance statewide through training and technical assistance.

### Nebraska Indian Child Welfare Coalition Meetings

The Coalition includes representatives from all four Nebraska headquartered Tribes; PromiseShip, formerly Nebraska Families Collaborative (NFC); Santee Sioux Nation Society of Care; Nebraska Appleseed; Legal Aid of Nebraska; Foster Care Review Office; Nebraska Court Improvement Project (CIP); DHHS, independent and tribal attorneys; University Professors, Trainers and Evaluators; and, other stakeholders and advocates. As needed or requested, other agencies and

organizations such as the Nebraska Probation Office and Center for Children, Families and the Law (CCFL) participate in Coalition meetings to obtain feedback from the Tribes and other Coalition members regarding ICWA compliance training and initiatives.

DCFS participates in monthly meetings with all Board members, where all four headquartered Nebraska Tribes are represented.

#### Child Welfare League of America State ICWA Managers Meetings

DCFS participates in a monthly conference call hosted by the Child Welfare League of America. These calls bring together state government representatives nationwide who work with Tribes and ICWA compliance in their respective states to share ICWA initiatives and projects they are working on and to troubleshoot challenges they are facing. These calls also include updates from the National Indian Child Welfare Association (NICWA) on national policy and legal challenges affecting Tribal communities and ICWA.

#### Capacity Building Center for Courts ICWA Constituency Group Meetings

Nebraska representatives participate in a monthly conference call hosted by the Capacity Building Center for Courts. The purpose of this Constituency Group is to connect and share knowledge among judges, juvenile court system professionals, and child welfare stakeholders interested in CIP efforts to promote ICWA compliance.

The Ponca Tribe had a Chafee Foster Care Independence Program (CFCIP) sub award through DCFS. The Santee Sioux Nation continued to receive CFCIP funds directly from the federal government. The Omaha and Winnebago Tribes did not enter into a CFCIP sub award with DCFS. To ensure that native youth receive the same Chafee services, Omaha and Winnebago Tribal CFS workers were encouraged to send referrals to Central Plains Supportive Services for Independent Living Instruction.

The sub award identifies the purposes of CFCIP Funds. Each Tribe has the opportunity to have ongoing consultation about CFCIP programming and allowable services through CFCIP. Consultation is done through a collaborative effort between Tribes and DCFS to ensure that Native American youth are receiving services through CFCIP. DCFS and the Tribes will continue to have monthly Tribal Operations and CQI meetings and additional discussion of CFCIP programming can be discussed when requested. Ongoing education and reminders are provided to each of the Tribes about Education and Training Vouchers. Please refer to the Chafee Foster Care Independence Program section for further details.

Upon approval of the 2020 – 2024 final report, DCFS will provide a copy of the approved Consultation and Coordination between States and Tribes section of the DCFS CFSP to each of the four headquartered Nebraska Tribes at a Tribal Operations and CQI meeting along with a flash drive containing the full document for their use in disseminating the plan to their Tribal Councils and other interested Tribal stakeholders. DCFS will mail a hardcopy of the approved Consultation and Coordination between States and Tribes section of the DCFS CFSP with a flash drive containing the entire DCFS CFSP to the CFS Directors of the Iowa Tribe and the Sac and Fox Nation.

DCFS will also ask the four headquartered Nebraska Tribes and the Iowa Tribe and Sac and Fox Nation to provide a copy of their approved 2020 – 2024 CFSP to DCFS at a Tribal Operations and CQI meeting or by mail. DCFS will review each Tribes' CFSP and share relevant information with DCFS Administration, Service Area Administrators and Program Specialists. Information needing to be shared with CFS Supervisors and Specialists will be highlighted to ensure information is relayed to front-line workers, as well.

DCFS will also post the final, approved 2020 - 2024 CFSP to the Nebraska DHHS website with all subsequent APSRs.

Through the Chafee Foster Care Independence Program (CFCIP), DCFS continues to partner with the tribes regarding changes to policy specific to children identified as Another Planned, Permanent Living Arrangement (APPLA). DCFS will continue to communicate changes made to the case plans related to Public Law 113-183 as they are developed, designed and implemented

## 6. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

The DCFS is responsible for administering the Chafee Foster Care Independence Program (CFCIP). DCFS sub-grants via a sub-recipient relationship with the Nebraska Children and Families Foundation (NCFE) to deliver Chafee services for older youth across Nebraska, except those who live on Santee reservation and enrolled with the Ponca Tribe of Nebraska. DCFS described in detail how DCFS provides oversight of the CFCIP funds in the 2019 ASPR.

The partnership between DCFS and Nebraska Children and Families Foundation has offered an opportunity for older youth and young adults to be provided additional services as funding has increased as community partners have come together to provide services collaboratively. Through this work, Nebraska's Connected Youth Initiative (CYI) can focus on:

- Youth and young adults being in control of their future and having the skills, resources, relationships, and equitable opportunities to thrive as a productive member of their community.
- Decreasing generational involvement in the child welfare system by increasing protective and promotive factors of youth and young adults and their children to have the resources, relationships, and equitable opportunities to thrive.

Nebraska's Chafee services strive for youth and young adults to be in control of their future and have the resources, relationships, and equitable opportunities to thrive as a productive member of their community. This includes access to safe, affordable housing near public transportation, school and/or work; pathways to education and training that lead to employment in high skill, high demand careers; sufficient income to support themselves by obtaining and retaining employment and achieve postsecondary goals with little-to-no-debt; access to quality and

affordable health care (physical, mental and dental); access to quality parenting support and childcare; and ability to maintain all important documents.

In the next five years, DCFS will focus on quality youth and young adult services and supports which help them be in control of their future. This focus will move into the realm of prevention services to help youth exit quickly to permanency and enhance youth and young adult's capacity and resources needed to make a successful transition to adulthood. While all our work contributes to this outcome, four primary goals will drive the work over the next five years:

1. 100% of youth 14 years of age and older will have a youth-driven Transitional Living Plan (TLP) completed with a focus on needs, strengths, supports and services.
2. 100% of youth and young adults involved with Connected Youth Initiative will identify an increase in social connections by identifying at least one sustainable adult.
3. 100% of youth will experience normalcy by learning life skills in their kinship or foster homes.
4. Increase the number of services and social supports for pregnant and parenting youth and young adults who are state wards or who are former state wards involved in DCFS

In the next five years as DCFS moves towards reaching the goals identified above, DCFS in collaboration with Nebraska Children and Families Foundation will collaboratively create and implement a robust training to include best practices focusing on protective and promotive factors within the workforce. This training could be offered to CFS Specialist, Bridge to Independence Coordinators, foster parents, host homes, congregate care and kinship homes. Providing this training will provide program delivery that is constant, no matter what services or supports the youth or the young adult is connected too. This program delivery will focus on:

- Impact of trauma on youth or young adult's development;
- Youth resilience
- Importance of social connections;
- Helping youth and young adults better understand their own development,
- Teaching youth or young adults on how to access concrete supports in times of need;
- Enhancing social, emotional, behavioral, intellectual and moral competence in youth and young adults.

The following paragraphs will describe how DCFS intends to strengthen each of the identified goals.

**Goal #1:** DCFS implemented a monthly report "Youth 14 and over Independent Living Plan Status Report". This report will be summarized on a monthly basis and provided to Service Area Administrators. The current report is available to all staff within DCFS. However, providing focus on the completion of the TLP's may encourage staff to work harder with TLP completion. DCFS also completes quality reviews on TLP's. These quality reviews will educate staff on where improvements can be made within the TLP. These reviews are also available to all staff.

DCFS Program Specialist for Transitional Age Youth will send out the reports when they are available. By implementing this strategy, it will provide focus on the TLP.

**Goal #2:** In the aforementioned paragraph, it explains that the DCFS has TLP quality reviews. This quality review also monitors youth that exit foster care and if they are connected to adults. NYTD data collection and CYI surveys also focuses on this area by asking youth and young adults if they feel connected to a supportive adult. In the next five years, CYI is focusing on enhancing social connections and will be putting together a plan on how to achieve this.

**Goal #3:** Through discussions with youth and young adults in various focus groups, DCFS has been informed that youth do not feel they are learning life skills in foster homes. Many youth and young adults describe their situations in which they were taught life skills by a professional person who is employee by an agency. Even though the youth had an excellent relationship with this professional, they also realized that learning these skills in a formal way is not normal. Youth and young adults have vocalized they want to learn skills in the foster home earlier in life and be able to practice these skills on a daily basis instead of waiting until their life skills coach makes another appointment with them. DCFS wants to enhance the life skill training in the foster homes and encourage foster parents to provide normal life skill opportunities for youth. DCFS will be working with foster parent agencies to engage in these conversations on how we can enhance this opportunity for youth. A key component to ensure youth know life skills is have an assessment to determine the youth's needs. Currently, Nebraska utilizes the Ansell Casey Life Skills Assessment. The Young Adult's CRP reported to DCFS two significant issues they see with the current assessment. First, youth do not routinely see the results of the Ansell Casey Life Skills Assessment. Secondly, it is easy for youth to say they know a skill even if they don't. The recommendation to DCFS was to have an assessment that would require the youth to demonstrate the skills. DCFS will explore different options for life skill assessments that could enhance the delivery of instruction to ensure youth are prepared for self-sufficiency.

**Goal #4:** In the next five years, DCFS and NCFE will regularly review the quality of youth and young adult services and supports offered. Discussions will take place to transform these services as prevention services to help youth and young adults exit foster care and make a successful transition to adulthood. NCFE has already started to align central navigation for older youth with community response (prevention services) central navigation for sustainability and increase the services available, especially for parenting youth. Young parents can access supports and resources from both community response (early childhood supports such as home visiting, parenting classes, Parent Child Interaction Therapy, Parents Interacting With Infants, quality childcare, etc.) and still be eligible for all older youth services and supports.

The 2014-2019 CFSP for Nebraska, DCFS identified the following Chafee goal:

*DCFS will strengthen future CFCIP funded Independent Living service provision by seeking and utilizing the input of young adults and youth who have experienced the current program.*

This goal was summarized in the 201-2019 APSR. Identifying the past goal is noteworthy as DCFS, and the Nebraska child welfare system values the importance of youth and young adult inclusion into CFCIP policy development. Since the implementation of this goal in 2014, DCFS has increased the frequency of engaging youth and young adults as equal partners. Specifically, for the 2020-2024 CFSP. DCFS Transitional Age Program Specialist reached out to NCFE Advisory Board for recommendations on Chafee goals for the next 5 years. Their suggestions have been incorporated into DCFS future goals. DCFS also reviewed the Young Adult CRP report and included the recommendations of the CRP into the goals for CFCIP.

Most importantly, DCFS has been involved with youth and young adults in numerous conversations in the last year for the purpose of youth and young adult voice in policy and program development. The feedback that DCFS has obtained this past year has been valuable in creating the 2020-2024 CFSP for CFCIP. The following committees or advisory boards include youth/young adults and DCFS working together on different topics as it relates to Transitional Living:

- Bridge to Independence Advisory Committee
- Another Planned Permanent Living Arrangement (APPLA) Subcommittee Meeting
- Youth & Family Engagement Workgroup
- Strengthen Families Advisory Committee
- NCFE Advisory Board
- Youth Citizen Review Panel
- Governor's Youth Advisory Committee
- Youth Homeless Demonstration Grant Action Board
- LEAP Ambassadors

CYI has incorporated the approach of positive youth development (PYD) by working with youth that emphasizes building on youths' strengths and providing supports and opportunities that will help them achieve goals and transition to adulthood in a productive, healthy manner. CYI has encouraged and trained stakeholders in local communities to use a PYD model that can be used to enhance their local youth-serving programs. Using PYD, Nebraska has seen the increase in positive relationships and development of programs that provide supportive connections for youth and young adults.

CYI incorporates the following Positive Youth Development principles:

- Youth Thrive™ framework to promote protective and promotive factors in youth and young adults. Youth Thrive™, developed by Center for the Study of Social Policy is a strength-based approach designed to counteract Adverse Childhood Experiences (ACEs) to strengthen older youth and their families across the lifespan.
- Trauma-informed practices to include the Reaching Teens toolkit or other approved trauma-informed practices to reduce additional trauma to older youth and their families.
- Nebraska Connected Youth Initiative Pyramid of Leadership:
  - Connection to self, leadership and community: youth and young adults explore getting to know themselves; peer-to-peer activities

within leadership group; exploration of organizations and people outside of the leadership group

- Skill development: experiential learning, soft skills, hard skills, youth-led organizing
- Leadership curriculum and training: self-advocacy, youth-led organizing
- Leadership development: youth practice skills by facilitating meetings, writing agenda's, and taking minutes
- Advocacy: explore advocacy in community, civic engagement, legislative/policy work.

NCCFF also adopted the following PYD core competencies identified by Jim Casey Youth Opportunities to be followed throughout the CYI work. These youth leadership principles are used as guiding principles and shows how Nebraska is also implementing national best practices.

- Use the self as an instrument of change: the ability to use oneself to move a result;
- Understand and apply a result accountability and equity frame: the ability to take aligned actions to move a results agenda forward for a population to close disparities
- Exhibit professional acumen: the ability to demonstrate flexibility and reliability, and to take initiative to support the team in meeting results
- Understand and use foundational knowledge: the ability to understand and use key content areas in taking action to improve results
- Understand and use data: the ability to use data to move a results agenda forward for a population to close disparities
- Understand adaptive and technical leadership: the ability to be aware and accountable for addressing the impact of values, habits, beliefs, attitudes and behaviors in taking action to improve results

Nebraska administers the basic 22 question NYTD survey. DCFS has decided to utilize the basic NYTD survey due to the other opportunities for data collection from youth and young adults through CYI. CYI offers surveys to all youth and young adults in the months of April and October to those who are involved with any service or support through CYI during the months of the surveys. Additionally, Opportunity Passport also provides a survey on a yearly basis for youth and young adults who are participating in the Opportunity Passport Program. DCFS has access to the results of both of these surveys. Details about the outcomes of the surveys can be found in Nebraska's APSR. Though limitations to both NYTD and the CYI evaluations exist, it is hoped that the findings will nevertheless help inform future decisions and actions of those who seek to support youth and young adults.

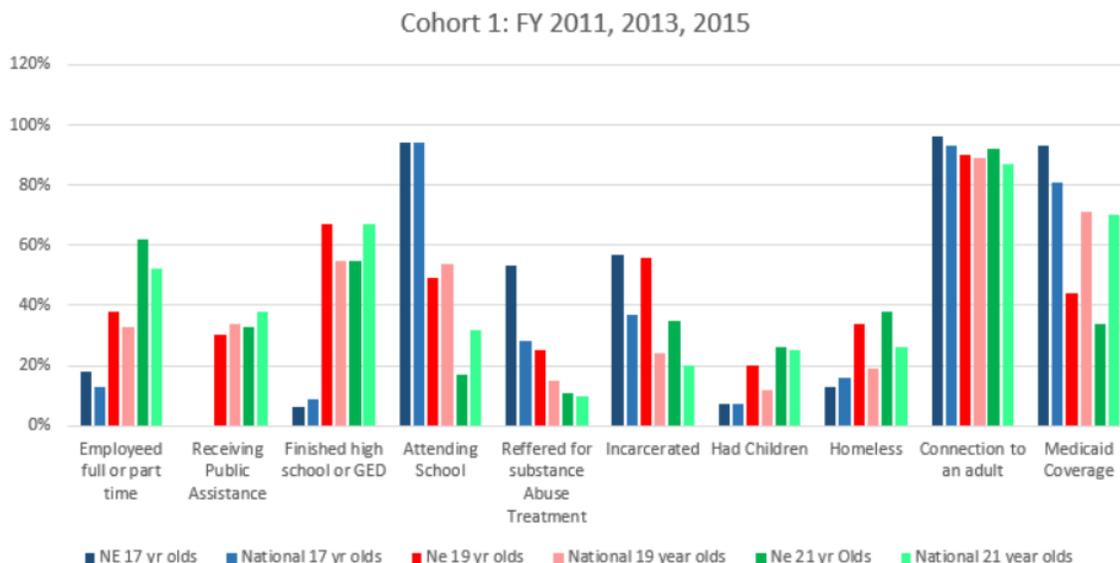
DCFS could strengthen our responsibility of sharing NYTD data. Historically, DCFS has shared NYTD data with Nebraska Children and Families Foundation and a few stakeholders. DCFS

recently received the most current NYTD cohort data and made comparison to the national results. In the next few months, DCFS Program Specialist for Transitional Age Youth will be providing the differences between cohorts 1 and 2 to Court Improvement Project, Nebraska Children and Families Foundation, Strengthening Families Committee, Bridge to Independence Advisory Committee and the Citizen Review Panels. Nebraska has seen some vast improvements in outcomes, but still significantly different than the national average.

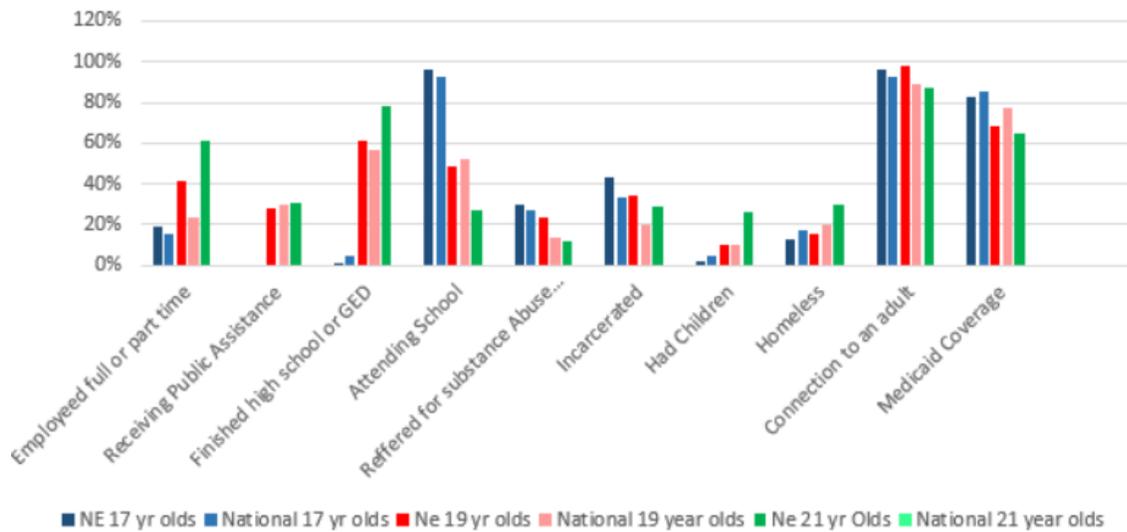
CYI supports a shared system of both output and outcome data collection across the state which involved more in depth questions. Nebraska Children and Families Foundation compiles and shares back both at the state and community levels for continuous quality improvement and learning purposes. Specifically, results are regularly reviewed and discussed with the following groups, among others: community-based collaborative groups, internal Nebraska Children staff, Bring Up Nebraska statewide prevention workgroups, Youth Advisory Board, and community-based youth councils. DCFS has provided the results of CYI data elements for the last three years in the 2019 CFSP.

DCFS and Nebraska Children and Families Foundation are in continuous discussions about data to address needs, gaps and successes of CFCIP. When interpreting results of the data, stakeholders consider how successful transitions to adulthood may look different for subpopulations of youth and young adults involved with CFCIP services.

The following graphs compares Nebraska NYTD data according to the National NYTD data for Cohort 1 and Cohort 2. A cohort measures the same youth as they transition from 17 to 21 years of age. The charts are self-explanatory. Nebraska has made positive progress in areas of employment and Medicaid coverage. Please note data for 21 year olds has not been published for Cohort 2.

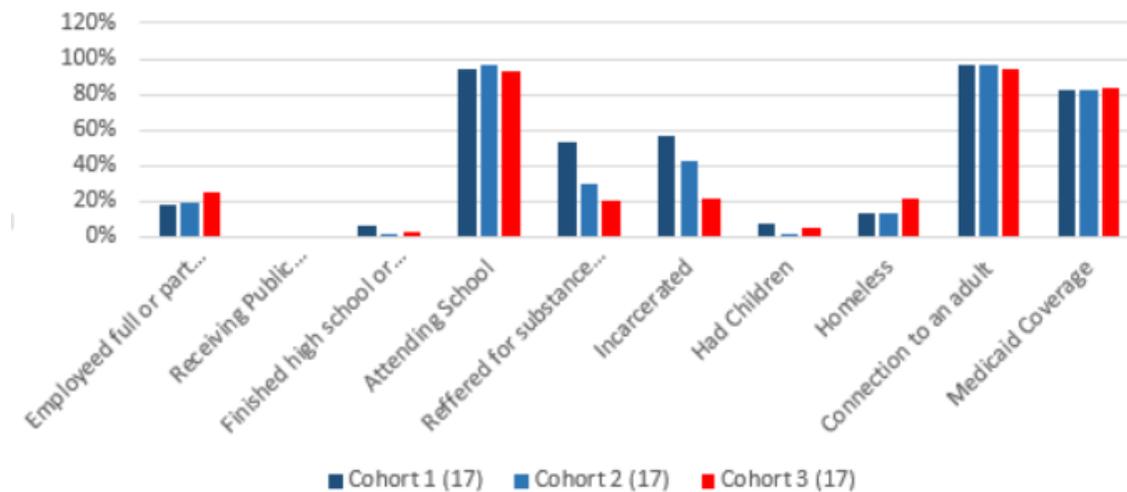


Cohort 2: FY 2014, 2016, 2018



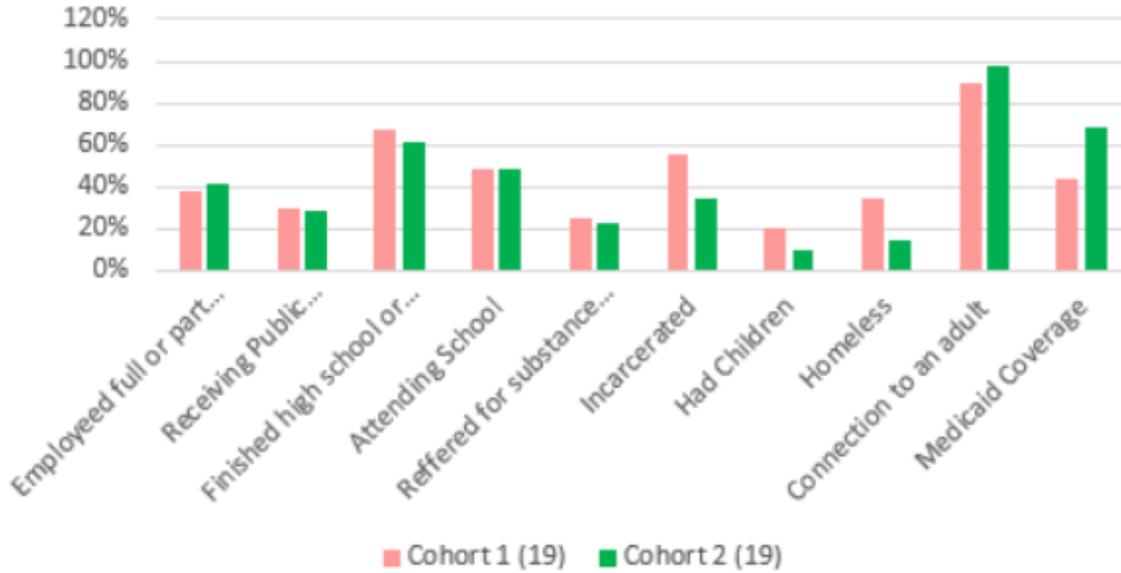
The following chart compare different cohorts, which include different youth at age 17, in FY years 2011, 2014 and 2017. Nebraska has seen an increase of youth being employed, decrease for youth being involved in substance abuse treatment, and significant decrease with incarceration.

NE Cohort 1, 2, & 3; 17 year olds



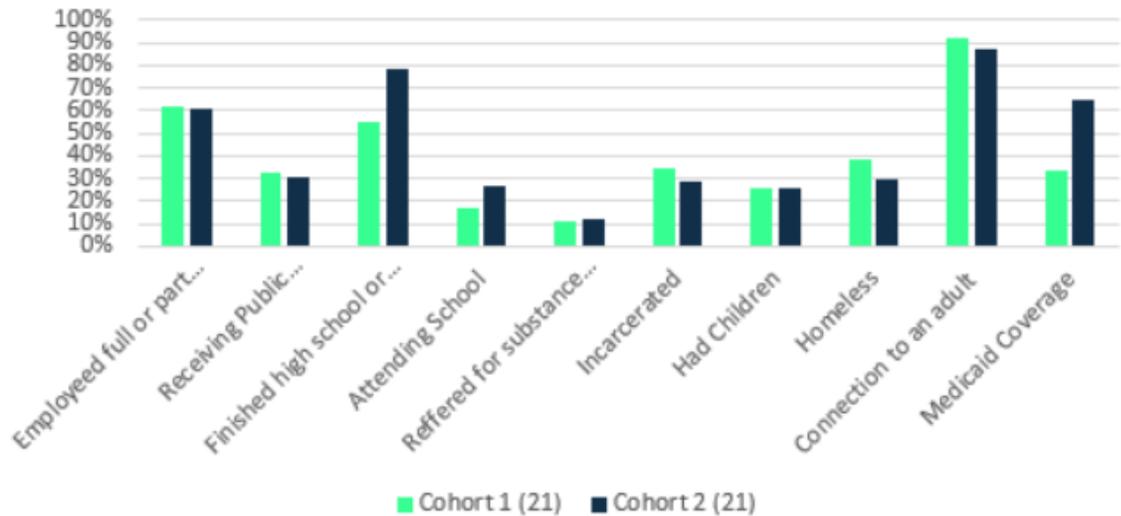
The following chart compare different cohorts, which include different youth at age 19 but in FY years 2013 and 2016. Nebraska increased with young adults being employed, decrease in participation with public assistance, decrease with young adults participating in substance abuse treatment, incarceration, homeless, and parenting. Nebraska has increased connections to an adult and Medicaid coverage.

### NE Cohort 1 & 2; 19 year olds



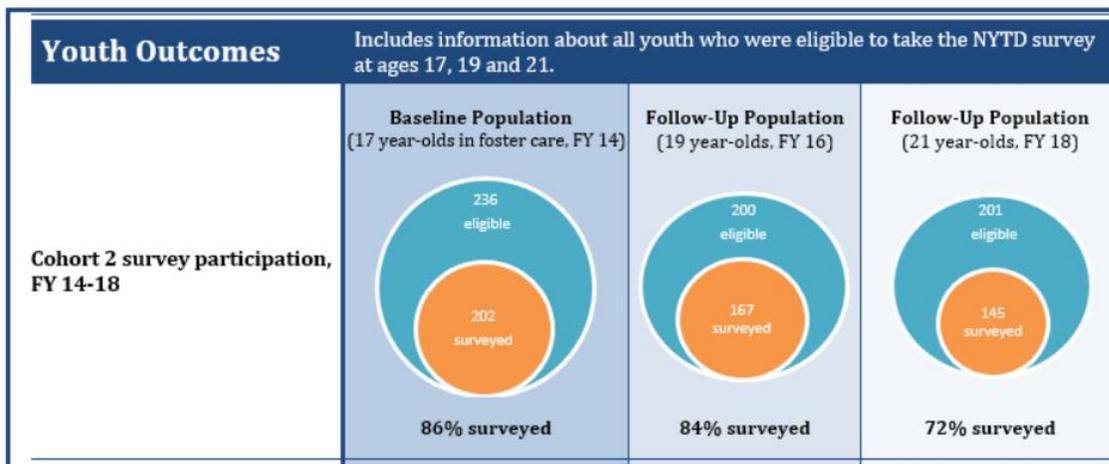
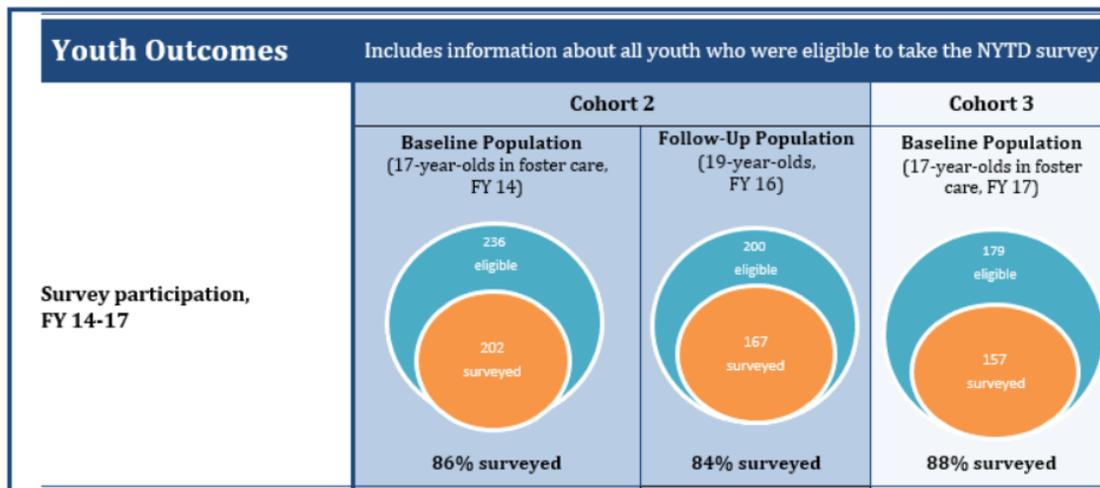
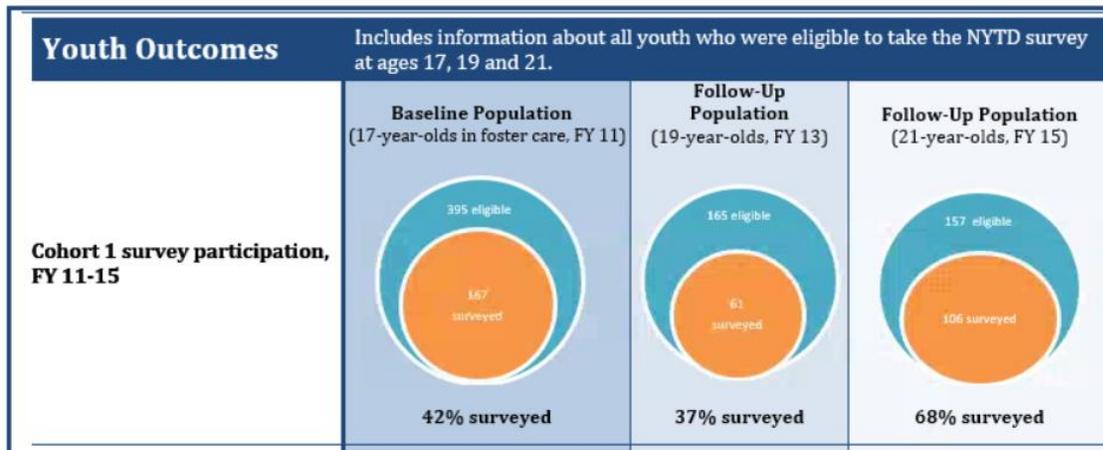
The following chart compares different cohorts, which include different youth at age 21 but in FY years 2015 and 2018. Nebraska saw a significant increase in school completion and young adults attending school. Incarceration and homelessness has decreased. Unfortunately connections with an adult has also decreased.

### Ne Cohort 1 & 2; 21 year olds



DCFS continues to focus on timely and accurate NYTD data collection. In 2013, DCFS was not in compliance with NYTD requirements for the 19 year old follow up population as only 31% of the needed population completed the follow up surveys. Since 2013, DCFS has significantly

increased the collection of data. The following charts demonstrates the commitment that DCFS towards the importance of NYTD collection.



Since the implementation of NYTD, Nebraska has been able to enhance collection of NYTD and foresee that the following efforts will continue to provide quality data:

1. Age of Majority is 19, NYTD surveys are collected within the first 30 days when the cohort is announced. This allows CFS Specialist to invite youth prior to aging out of the system.
2. Nebraska chose to extend foster care several years ago which has allowed DCFS to locate 21 year olds easily, as the young adult may still be in Bridge to Independence or recently left Bridge to Independence.
3. During the 17 year old and 19 year old surveys, CFS Specialists gather family contacts from the youth. These family contacts are contacted to locate the youth, if DCFS cannot locate the youth.
4. During the 17 year old and the 19 year old surveys, CFS Specialists collect e mail addresses from the youth, so we can reach out to the youth/young adults as needed.
5. Nebraska has an excellent computer system (NFOCUS) which encompasses numerous programs from other divisions. This allows DCFS to see current telephone numbers, addresses and narratives about services the youth/young adult is involved with.
6. DCFS Program Specialist has access to Lexus Nexus which is a search engine when we are unable to find current information through NFOCUS.
7. DCFS has included the ability to share information about names who are participating in Education Training Voucher Program and CYI. This allows DCFS to reach out to the agencies administering these programs to invite the youth/young adult in the survey.
8. Nebraska participated in a pilot audit which allowed Nebraska to correct and enhance data collection. For complete details of Nebraska's NYTD improvement plan please refer to 2017 APSR.
9. A Standard Work Instruction will be completed in the next year documenting the roles of the Program Specialist and CFS Specialist as it relates to NYTD collection.

DCFS Program Specialist has utilized NYTD collection to ensure young adults are also connected with community supports and services. It has become a valuable time to discuss the needs of the youth/young adults during the conversations when conducting the survey. During the conversation with the youth/young adult, the DCFS Program Specialist has been able to get numerous youth/young adults on Medicaid, referred to ETV, additional educational programs, provide coaching and offer needs based funds for those youth and young adults who need crisis financial assistance.

It is vitally important for DCFS to have meaningful information to share with partners, stakeholders, the tribes and courts therefore, DCFS will continue to work diligently on the above strategies and will incorporate any additional strategies that might be of benefit.

NCCFF has been working with communities involving private and public sectors to develop community plans to address the needs of transitional age youth in their local communities. This process also involves coordination with CFS representatives from each Service Area. The goal is to create and maintain a supportive system of government, private, and community resources to

support youth wherever they live. DCFS 2015-2019 APSR provided a CFCIP Program Overview which described services and the populations that are eligible through Nebraska's older youth work.

Additionally, CYI utilizes:

Community inclusion - approach to ensure all youth and young adults have equitable opportunities.

Cultural inclusion - requires an ongoing partnership with the community in the assessment, planning, implementation, evaluation and sustainability of services to ensure that those youth and young adults who are most likely to be excluded from community due to racial, ethnic, religious and socioeconomic status. This is done in a variety of methods:

- Partnerships between cultural organizations/coalitions and other community coalitions to complete all facets of the functions listed above.
- Education about mechanisms for race equity and inclusion, including dialogue about the wealth, power and status within the community and how this impacts persons from racial and ethnic minorities.
- Assuring that a diverse group of youth from within racial and ethnic groups fully participate and affirm the selection of programs and any cultural adaptations that might be made.
- Service delivery by people from within the culture. Establishing a community process for affirmation of those hired to provide services to assure acceptance within the community.
- Adoption of culturally relevant employment policies.
- Development of culturally competent evaluation process designed and implemented within the culture those from the culture.
- Strategies for focusing on the positive contributions from other cultures.

DCFS tracks independent living services for each youth age 14 and older who are in the custody of DCFS and those young adults participating in Bridge to Independence. The following services can be offered to any youth and young adult across the state however, the availability of a particular service may vary by the way in which that service is delivered. The following are the services DCFS will capture:

1. Independent Living Needs Assessment
2. Academic Support
3. Post-secondary Educational Support
4. Career Preparation
5. Employment programs
6. Budget and Financial Management
7. Housing education and Home management

8. Health Education and Risk Prevention
9. Family Support and Healthy Marriage Education
10. Mentoring
11. Supervised Independent Living
12. Room and Board
13. Education Financial Assistance
14. Other Financial Assistance

In addition to the services listed above, CYI provides services and supports across Nebraska and offers the following core services: (1) Youth Leadership; (2) Central Navigation; (3) Coaching; and (4) Economic Capability (5) Needs based Funds (6) Drivers Education Funding. Any Youth or Young adult who participates in CYI will have the opportunity to participate in these core services.

Earlier in this CFCIP section and in the Nebraska 2015-2019 APSR, the CYI survey was defined. The CYI survey is offered to youth and young adults twice a year, which provides a point in time snapshot of who is involved with CYI and how these youth and young adults are faring across several domains. Some of the domains the CYI survey has calculated data in the following regions:

1. Omaha Metro Area
2. Lincoln Area
3. Panhandle
4. SIF Communities in rural Nebraska

Even though the data is broken down by the aforementioned regions, NCFE has not broken down services by the region in connection to the results of the youth and young adults domains.

Currently, the NYTD Snapshot does not offer a breakdown of regional or local service information. DCFS does not have access to relevant data on how CFCIP services vary by region or county. DCFS collects data on independent living services paid through CFCIP on a monthly basis through NFOCUS. This data collection will summarize the month in which the service was offered to the youth or young adult. However, the services are not connected to a region and a specific date in which the service was provided. Therefore, the data cannot pull the region in which that specific service was offered to a youth. It would require significant modifications to our NFOCUS system to be able to gather this data. At this time, DCFS does not feel the required modifications to NFOCUS to gather this information is a priority.

Even though data has not been created on location of services, DCFS is aware of various gaps with services across the state as DCFS has engaged in meaningful conversations between NCFE, community stakeholders, youth and young adults. With CYI services and supports varying across the state and the need to connect youth and young adults with the local Community Collaborative teams across state, youth will be provided additional services. As systems intertwine, DCFS believes a better tool to track services being offered would be working with NCFE and map out the services and supports that are offered across the state by each community. This tool then can become public and offered to CFS Specialists.

*Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)*

Please refer to the graph in Nebraska's 2015-2019 APSR CFCIP Program Overview that outlined youth of various ages and various stages identified services and supports that can be offered.

The 2015-2019 APSR did not go into detail about the role of the "Coach". DCFS believes that the "Coach" that CYI can offer to youth and young adults is a vital role in the development of life skills. DCFS clarified NCFE's expectations of what type of services and supports we want offered through CYI for each age group.

Age 14-15: The Coach will meet quarterly with family team meeting to focus on Independent Living (IL), participate in the development of Transitional Living Plan (TLP) at a Family Team Meetings; assist with the IL skills assessment with the Caregiver, Youth, Case Manager and family team; share resources with the Caregiver, Case Manager and Youth that are available to help the meet their goals; review credit reports with the family team and help address 'hits' ; provide Independent Living Plan (ILP) that is consistent and shared with DHHS TLP at a minimum of each quarter.

Age 16-17: In addition to what is provided at age 14 and 15, in collaboration with the Caregiver and Case Manager, connect youth to supports including, but not limited to: driver's education (e.g. learner's permit), job applications, beginning budget, identify people for letters of recommendations (e.g. jobs, scholarships), Opportunity Passport™; sexual and reproductive health education, healthy relationships - in person and online; develop college plan (e.g. college applications and visits); public transportation; gather youth input for ILP, assist with Casey Life skills assessment; introduction to Connected Youth Initiative (CYI); review credit report with youth and address concerns; meet at least quarterly and more often as approach graduation or based on individual goals with the young person; the provider ILP must be consistent and shared with assigned Case Manager at a minimum each month; the provider will complete and provide a monthly report to DHHS, attend or provide an update for the IL court hearing (specific to graduating at age 18 or planning to close case as IL after age 18).

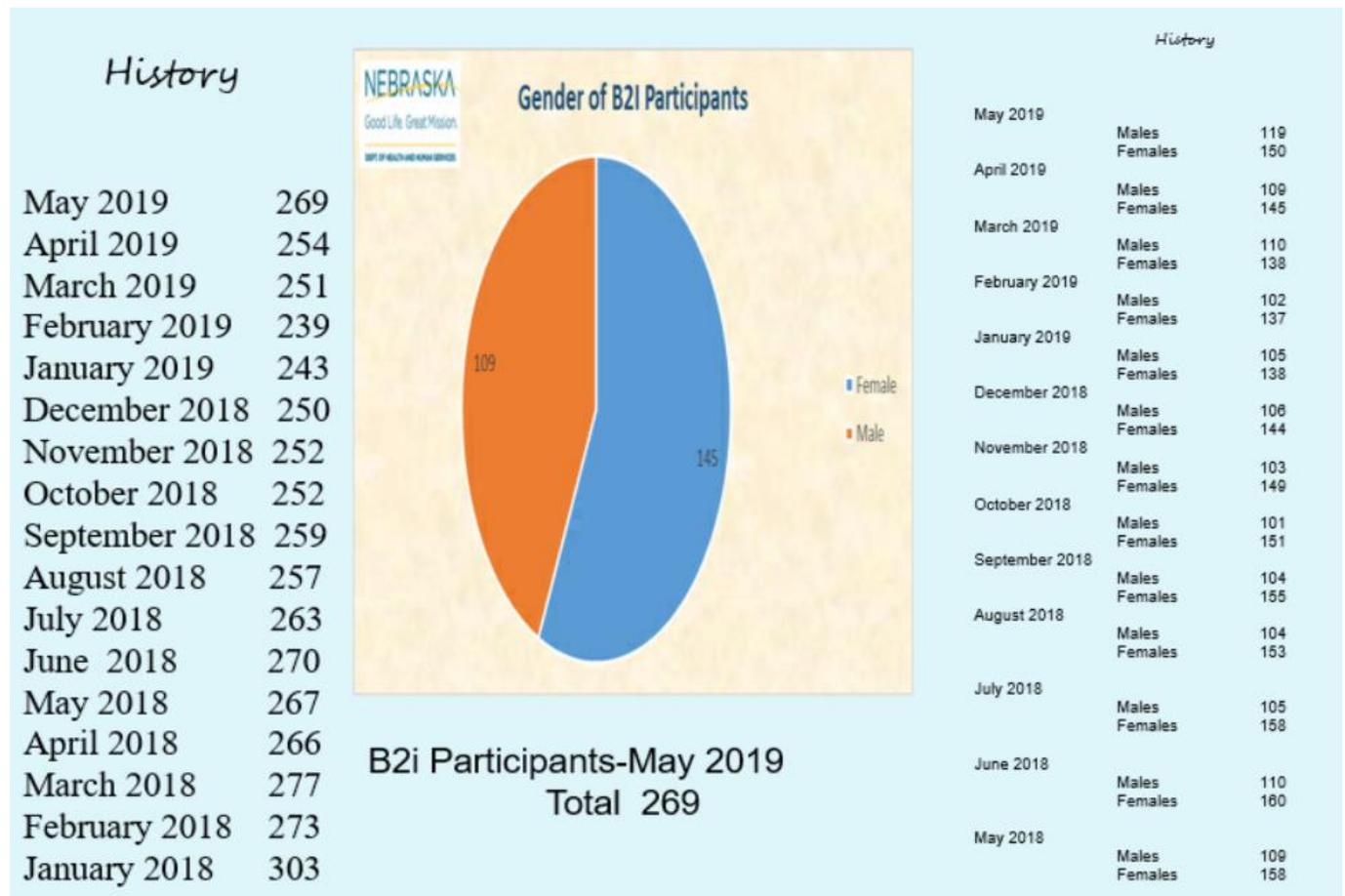
Age 18-19: In addition to what is provided at ages 16-17, in collaboration with Case Manager, plan for housing; prepare and complete FAFSA, Education and Training Voucher (ETV); driver's education; register for school; college visits; college applications; Economic Assistance application; Bridge to Independence (B2i) application; job training programs; review credit report with youth and address concerns; participate monthly in care meetings for youth who are placed in a higher level of care to help plan for transition; participate in transition team meetings and/or Family Team meetings; understand how various case closure options impact older youth future; understand various DHHS program eligibility and application process; attend or provide an update for the IL court hearing; advocacy and youth leadership; financial case management; pregnant and parenting education and parenting support to older youth that are expectant and/or parenting.

Age 19-26 (Chafee up to age 23; ETV up to age 26): In addition to what is provided at all previous age-appropriate stages, provide housing resources; financial case management; advocacy and youth leadership; employment resources; plan for health insurance (Medicaid to age 26); pregnant and parenting education and parenting support; development of informal support system; debt repayment plan; build credit.

DCFS will provide young adults from the age of 19-21 years of age with case management that will include the same services outlined in Age 18-19 and Age 19-16 above.

DCFS implemented the Bridge to Independence Program (b2i) on October 1, 2014. B2i enables DCFS to extend services and supports to age 21 for young adults aging out of foster care, exited foster care through Independent Living, guardianship and the ability to extend guardianship and adoption assistance. The purpose of the program is to provide a voluntary, young adult driven service to improve the outcomes of young adults in Nebraska. Since 2016, young adults entering b2i within 30 days of exiting foster care has ranged from 80 to 90%. Nebraska’s young adults are recognizing the value of the extended supports as b2i enrollment is above the national average for young adults voluntarily choosing to remain in foster care.

The following chart outlines b2i participation since January, 2018.



B2i offers case management, a monthly stipend and medical coverage if the young adult qualifies for IV-E Funding. Case management duties focus on the following areas:

- Employment needs;
- Obtaining needed identification;
- Financial Needs;
- Connecting young adults with community resources;
- Educational needs;
- Health Care Needs;
- Social and family Connections;
- Accessing Pregnancy and Parenting resources and services.

In June 2017, DCFS implemented a CQI process which allows DCFS to monitor monthly data within the program. This CQI framework has been instrumental in monitoring trends within the program. The CQI report provides many data elements including: monthly visitation with young adults, number of pregnant and parenting young adults, reasons for young adult's exiting b2i, number of youth entering b2i from foster care and highest educational level.

Since the inception of b2i, Nebraska has not been able to monitor if participants in b2i are more successful with the transition into adulthood by being a participant in b2i. Success will look differently for each individual. NCFE has contracted with Child Trends to evaluate b2i the quality of the program and recommendations on continued program improvements. Child Trends is currently in the process of the evaluation. The following questions will be accessed in the evaluation:

1. Does b2i participation improve young adults' outcomes (education, employment, financial, housing, parenting, and well-being) during the transition to adulthood, during and after the program?
2. How does b2i case management and the stipend influence young adult outcomes during and after graduating from the program?
3. What personal or life characteristics influence success in b2i?
4. Is the b2i program targeting the right population?
5. Do length of time in foster care, number of placement changes, substance use, or mental health challenges, impact success?
6. Do young adults who participate in b2i self-report gains in knowledge, skills, and relationships?
7. How is the b2i program implemented in different communities?
8. What are the successes and challenges to implementing b2i?

To conduct the evaluation, Child Trends has conducted focus groups with young adults and are currently participating in telephonic interviews with additional b2i participants who reside in the rural area. Child Trends wants to gather input from urban and rural participants who are currently enrolled in b2i and those young adults that are no longer enrolled in b2i. This evaluation will provide valuable feedback for future program development.

In the next year, b2i will be modifying its regulations due to a new bill which passed during the current legislative session. The bill that was passed will provide eligibility changes for young adults in the b2i program. The following changes will impact b2i:

1. Youth who have been adjudicated as 43-247(8) at age 16 or older will now be eligible for b2i. This population are those youth in which a guardianship has been disrupted.
2. Young adults who were adopted at age 16 or older may choose to come into b2i.
3. Young adults must be a Nebraska resident, unless living out of state due to DCFS placing the youth out of state due to an ICPC placement. This is will be change, currently young adults can reside and be residents of another state and still participate in b2i as long as they met the eligibility requirements.
4. Young adults who do not meet the level of care for a nursing facility, a skilled nursing facility, or intermediate care facility for persons with developmental disabilities. This is a change as currently b2i does not have any restrictions on young adults who have developmental disabilities.

Since 2010, Nebraska has been providing services for young adults until age 24. For a young adult who is seeking services and support, the services will not change. DCFS and NCFE will have greater flexibility on maximizing the private/public funds. In 2018, CYI decided to extend services and supports to age 26. CYI has been communicating the service and support opportunities for the population extension at community stakeholder meetings, on social media, and printed materials. .

Throughout the Nebraska's 2015-2019 APSR and the CFSP CFCIP section, core services have been defined. The following information provides detail on additional services and supports provided to the extended population:

- **Financial Case-management:** Financial case-management is a best practice that promotes financial empowerment.
- **Financial Empowerment:** Financial Empowerment is the process of increasing the capacity of people to make choices and transform those choices into actions and desired results. Financial empowerment includes financial education and financial literacy, but it is focused both on building the ability of individuals to manage money and use financial services and on providing access to products that work for them. Financially empowered individuals are informed and skilled; they know where to get help with their financial challenges.
- **Housing:** Youth have access to available, safe, stable, and affordable housing in the community to help provide a place of belonging and self-reliance. Housing should be dependable and in order to be self-reliant youth must be able to have an affordability plan to maintain their housing opportunity.
- **Youth Support Services Funds:** Youth Support Services Funds are flexible funding for older youth (current or former foster youth ages 16-23) to access an array of basic needs and support in emergency situations where support is not available through other sources which may include: housing (e.g. rent or utilities), employment (e.g. uniform or work boots), daily living (e.g. food), physical/mental/dental healthcare (e.g. copay), education (e.g. textbooks or fees), parenting (e.g. childcare), transportation (e.g. car repairs) and other needs identified by the youth or community partners. Youth Support Services Funds do

not cover traffic tickets, court costs, child support, deb (e.g. credit cards, fines, IRS), cable, Internet, IDA deposits, Opportunity Passport™ deposits, entertainment or electronics.

- **Opportunity Passport™**: A unique matched savings program that helps older youth and young adults improve their financial capability when transitioning from foster care or navigating other youth-serving systems. The program includes financial literacy training that equips participants with tools for planning for the future, saving money for important expenses and essential financial skills critical for success.
- **Postsecondary Support and Employment**: Older youth receive sufficient supports and resources to achieve educational goals and have access to employment trainings/internships to enable them the opportunity to obtain and retain employment.
- **Physical and Mental Health**: Older youth have sufficient and affordable health insurance and services for both physical, dental, and mental health. Health services should also provide special considerations for addiction, medications, and supports for parenting and pregnant unconnected youth.
- **Youth leadership and Advocacy**: Members serving on a standing or ad-hoc community committee, council, and/or leadership group, in order to provide a consistent avenue for youth voice at an agency, community, and system level.
- **Youth Individual Development Accounts**: A matched savings account, which could be personal bank account or an Individual Development Account (IDA), designed to help an individual establish a pattern of regular savings and accumulate assets. An “asset” is something of value that is likely to return substantial long-term benefits to its owner—benefits like security, stability, and opportunities for more income.
  - Nebraska Youth IDA provides financial literacy curriculum to increase youth knowledge around financial matters and
  - Helps youth identify their credit score and financially coach the youth through a process of establishing, repairing, or maintaining their credit scores

**Your Money Your Goals**: Consumer Financial Protection Bureau’s Your Money, Your Goals is a financial empowerment toolkit for social service program(s), human service case managers, system case managers, and front-line workers. Your Money Your Goals has online booklets and materials to help front line supports for youth with financial case management in order to increase financial empowerment.

Currently, the DCFS utilizes the Ansell Casey Life Skills Assessment. This assessment is completed by youth and used by the workforce to determine individualized needs of youth and evaluate stages of development and inform provision of services. The CFS Specialist can combine the results of the Ansell Casey Life Skills Assessment with the wishes of the youth to create the Transitional Living Plan. The Bridge to Independence Program developed a life skills assessment that is congruent with the needs of young adults.

This past year, DCFS has reached out to several stakeholders, youth, young adults and the Young Adult CRP for feedback about the continuation of the Ansell Casey Life Skills Assessment or

other assessment ideas. NCFE State Leadership Team has been vocal about the Ansell Casey Life Skills. Youth and young adults believe that the assessment is not a realistic way to evaluate life skills. Youth and Young Adults suggested that Nebraska needs to implement an assessment that includes the following:

1. Assessing more realistic life skills;
2. An assessment that requires demonstration of the skill;
3. If the youth cannot demonstrate the skill, strategies on how the youth will learn the skill.

For the purposes of the CFSP, DCFS did not choose a new Independent Living Assessment as an identified goal for the State. However, over the next five years, DCFS will collaborate with NCFE to explore other options of assessments as this will enhance the success for DCFS CFCIP Goal #3.

NCFE is hopeful in the next year, they will map out what tool NCFE will use to measure the needs and outcomes for youth and young adults involved in CYI, specifically focusing on independent living needs such as housing/education/etc. CYI desires to have a future tool that will measure protective and promotive factors of young people as identified in Youth Thrive. Additionally, CYI is also exploring the use of the Youth Thrive survey as a coaching and goal-planning tool. The Youth Thrive survey measures protective and promotive factors of youth and young adults.

Nebraska has a strong public/private partnership which has afforded the state an opportunity to maximize funding streams to provide additional services to older youth and young adult population. In 2013, DCFS entered into a Memorandum of Agreement (MOA) with NCFE and the Sherwood Foundation. The goal is to create and maintain a supportive system of government, private, and community resources to support youth and young adult's transition into adulthood. In the last six years, this partnership has provided an opportunity to expand services to youth and young adults, enhance community partnership, collaboration and communication.

NCFE has been working with communities involving private and public sectors to develop community plans to address the needs of transition youth in their local communities. Using a cross-sector community based collaborative approach, Agency Independent living providers, Agency Life Skills Coaches, and DCFS participate and engage in local Community Well-Being (CWB) and CYI workgroups improve the effectiveness of the organizations and systems in place to serve and support older youth and young adults and re connect them to their community. The planning in each of these communities has addressed the following:

1. Identify supports and services currently available in and around the surrounding communities.
2. Identify gaps in services.
3. Collaboration to create a youth-driven, community-based infrastructure that establishes connections to vital services and lifelong relationships.

This community collaboration which embraces strategic partnerships promote evidence-based programming, core components and best practices which enhances a multi-level system change

in key areas including employment, daily living, housing, transportation, health, community engagement and economic stability.

The following are examples how Nebraska's stakeholders in their local communities are designing services for youth and young adults:

Continued Flexibility: FFPSA has provided states with flexibility in how we can offer Chafee services. With these new opportunities for service provision, Nebraska has encouraged and invited youth and young adults who have been involved in the foster care system to be involved in leadership opportunities by participating in state and community meetings, sitting on local boards and providing feedback through peer meetings. Youth can provide valuable input on how DFCS can offer Chafee services. DCFS Transitional Age Program Specialist meets regularly with Project Everlast to discuss barriers and gaps in Chafee Services Nebraska is offering.

Positive Youth Development: NCFE has been a strong influencer to promote positive youth development strategies and training across the state to stakeholders. NCFE has offered training on utilizing best practices (e.g. Youth Thrive™, Families Thrive™, Your Money Your Goals, Reaching Teens or other trauma-informed approach) to implement in community services and supports. By having partners trained in best practices which utilizes protective and promotive factors designed to counteract ACE's, it allows community members and others working closely with youth and young adults to better understand the process of age-appropriate brain development. Additional Positive Youth Development is discussed in the Positive Youth Development section of this Chafee section.

Peer to peer relationships: NCFE has developed a three tier youth leadership system in Nebraska for youth and young adults who have been involved in the foster care system. The local level allows youth to be connected with other youth or young adults in positive relationships who have shared experiences.

Innovation: Local communities have come together to braid local funding into services and supports for youth and young adults. Many communities have partnered together to obtain different grants which provides additional funding for services and supports which enhances services and supports for those barriers youth and young adults have identified for successful transitioning into adulthood. Please refer to 2019 DCFS APSR for the details of these grants.

Targeting and tailoring Services: Intentional efforts to engage older youth in activities and meetings to address policy changes, system/service coordination, and/or leadership roles within organizations, the community, or their schools. Additionally, through the collection of data through NYTD, Opportunity Passport surveys, and CYI surveys Nebraska has been able to gather information about independent living services and supports. This information is shared routinely throughout the year with state and local communities and allows communities to tailor services and supports towards their specific needs..

Role of Adults: Due to the age of this population, education and employment are often major focuses in the lives of youth and young adults being served through CYI. The collaborative nature of CYI allows community organizations and resources to work together along with

employers to wrap around the youth or young adult and provide opportunities for education, training, and skill building. Adult and youth/young adult relationships are also built through the local level through meetings and planning sessions.

Nebraska's CYI has clearly identified youth and young adults that are considered eligible for services and supports. The benefit of the private public partnership is that Nebraska can expand to serve additional populations that Chafee funding cannot cover. DCFS will provide verification to NCFE if a youth or young adult has been involved with DCFS.

The following population definition for eligibility is consistent across the state.

Population Definitions:

- Current or Former Participation in Nebraska Foster Care System ages 14-19: Youth currently in the legal custody of DHHS living in the home of their parents or in out of home care; youth currently or previously in legal custody of DHHS living independently.
- Former Foster Care Young adults ages 19-21: Young adults who have age out of foster care, entered into independent living prior to aging out of care or entered into a guardianship at age 16 or older.
- Tribal Youth: Youth and young adults who live on the reservations or have case management through their identified child welfare office on their reservation; Ponca Tribe of Nebraska serve youth who are identified Native American and living in their Service Area Delivery Areas.
- Unconnected Youth and Young Adults Youth and young adults age 14-26 who are unconnected to adults (system or no system involvement); youth ages 14-18 that have been adjudicated as a juvenile offender, and committed to the Office of Juvenile Services due to a status offense of truancy/misdemeanors, and are within six months of case closure; youth ages 19-26 that have been adjudicated as a juvenile offender, were committed to the Office of Juvenile Services due to a status offense of truancy/misdemeanors, are at risk of being homeless and are post case closure; youth for whom it is not possible to live in a safe environment with a relative and who has no other safe alternate living arrangement; youth who have been identified as missing from care, or indefinitely or intermittently (couch surfing) homeless, for whom it is not possible to live in a safe environment and who has no other safe alternate living arrangement.

*Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)*

DCFS will fully cooperate in any national evaluation in achieving the purposes of Chafee.

Chafee Training

Contracts for the child placing agencies (CPA) in Nebraska state staff must "review and discuss the foster parent's ability to meet the needs of the youth placed in their home." All contracted CPAs across Nebraska must provide TIPS-MAPP or Deciding Together pre-service training to foster and adoptive parents who become licensed. During weeks two and nine of pre-service training, there are

practice scenarios on sexual orientation. Currently, contracts for group home facilities do not include the requirement to review the staff's ability to meet the needs of the youth placed at the group home. CFS contracts with Shelters and Group Homes to provide safe placements until permanency for the youth can be achieved. Staff in these placements are trained on a variety of subjects. The following training opportunities and content will vary depending on the Shelter or Group Home.

- Gangs and Youth Violence
- LGBTQ
- Navigating the Ansell Life Skills
- Human Trafficking
- Engagement and Building Rapport
- Driver Safety
- Effective Praise
- Permanency Planning
- Suicide Identification and Prevention
- Teaching Self-Control
- Tolerances
- Self-Harming
- Making It on Your Own
- Teen Substance Abuse
- Starving for Perfection
- Whole Brain Child

Training for Child and Family Services Specialists (CFSS) – For more details refer to the ‘Training Plan’.

Throughout this CFSP CFCIP section, different trainings have been discussed.

#### *Education and Training Vouchers (ETV) Program (section 477(i) of the Act)*

The ETV program in Nebraska is administered through a statewide contract with NCFE. IN 2018, the Nebraska Children and Families Foundation placed the ETV sub-award out for a competitive bidding process, allowing for a wide response of proposals. The ETV contract was awarded to Central Plains Center for Services. Central Plains Center for Services has been synonymous with strength based, high quality and individualized, youth-driven service for over two decades. With their extensive emphasis on relationships, Central Plains is the recognized “go-to” partner across the State of Nebraska for service providers and most importantly, for young people ages 14-26 with foster care experience. The ETV Program is provided to current and former state wards throughout Nebraska who are eligible and willing to participate between ages 17-26. Young adults will receive funds to use towards college tuition, books and fees. Even though the financial support that the ETV youth receives is extremely important, it is evident that the emotional support is of equal or greater value.

The cornerstone of Central Plains Center for Services has been their unwavering commitment to provide quality individualized service and supports through strong relationships with those with foster care experience. Through this commitment Central Plains Center for Services has been given the responsibility and the privilege to successfully administer Nebraska's Education and Training Voucher program since 2004. The quality and consistency of trained staff has been a

hallmark of their work. ETV applications are received by mail, fax or email. Each application is processed within 2 days of receipt, verifying student eligibility, as well as notifying students of acceptance. Payments to colleges, universities and specialized post-secondary schools are processed within this 2 day time frame. Central Plains also provides Education & Training Voucher Coaches who provide one-on-one support and college navigation services to students both prior to and during the student's college years.

It is critical for the efficiency of the ETV program that information is processed through a central database system. Central Plains Center for Services' database efficiently tracks student's contact information, service area within Nebraska, status in the ETV program, type of college attending, tracks contacts, documents, assessments, and calculates college completion and college retention rates. In addition to their database their financial accounting systems efficiently tracks payments by student, school, amount awarded, and payment time frame. All of these components contribute to both the efficiency and effectiveness of Nebraska's ETV program.

Central Plain's ETV workers compile the total cost of attendance of each institution at the start of each academic year. This serves as the total dollar amount a student can receive at each institution in the form of grants, scholarships, and loans. A budget is then completed with each student at the beginning of each academic year. The student provides the ETV worker with their class schedule reflecting full or part time enrollment, book costs, on or off campus living information, and financial aid awards. The ETV worker totals the full amount of financial aid for the academic year and compares that to the total cost of attendance at the respective institution. Students can received up to and equal to the total cost of attendance but may not exceed the dollar amount of the total cost of attendance. ETV Payments are figured into the students financial aid and ETV payments are made as long as there is room in their total cost of attendance. Additionally, when there is the potential "overage" in funding, ETV staff communicates directly with the financial aid office at the respective colleges to ensure students are not over awarded. This open communication directly with institutions is very valuable for many reasons, but making sure students are able to maximize ETV awards is a key reason.

The Nebraska ETV Program coordinates with many education and training programs and much of the success of the Nebraska ETV Program over the years is, in part, due to Central Plains Supportive Services strong partnerships within the education systems and the communities across the state. Aligning efforts to best meet the needs of ETV students has strengthened supports for students both on and off campus and because of this we see greater student success. Many of these programs are embedded within the existing framework of the colleges themselves and are great partners in the support of our students. The following list highlights the partnerships that have been built to strengthen and expanding Nebraska's ETV services. (Details of the programs can be located in Nebraska's 2015-2019 CFSP).

- Learn to Dream,
- Fostering Success,
- TRIO Programs,
- Reaching Your Potential, and
- Avenue Scholar

To improve and strengthen the ETV program, CB encourages states to use the development of the 2020-2024 CFSP to meet with various constituents and stakeholders specific to ETV, to review available data and to establish goals and outcomes for the ETV program, in combination with other state resources (e.g. tuition waivers), and determine how those goals are to be measured.

ETV Program also coordinates with community based programs such as the PALS Program, Social Innovation Fund, Educationquest, and Learn and Earn to Achieve Potential (LEAP) bridging and first year supports. Please refer to Nebraska's CFSP for additional details.

The ETV program gathers feedback from stakeholders through their daily work. ETV staff interact with colleges and universities, high schools, scholarship providers, educational service units, mental health practitioners, and youth serving organizations. In addition to stakeholders, the ETV program gathers feedback from youth to improve the ETV Program. Since 2013, ETV Program has administered youth assessments on every student at the time of ETV enrollment and at 6 month intervals thereafter. These assessments gather feedback from students on their thoughts about the effectiveness of the communication and support they receive from the ETV program. These assessments also provide information as to what areas the ETV Program is succeeding at, and which areas may need improvement. The results of the assessments have been described in the APSR. The ETV Program also conducts annual youth gatherings. Each year ETV students gather which provides networking between youth and ETV staff. This is a great opportunity for youth to share their ideas about the ETV Program.

In order to support the ability to provide a national picture of the use of ETVs, the 2020-2024 CFSP should contain information on the methodology to provide to CB an unduplicated number of ETVs awarded each school year (July 1<sup>st</sup> to June 30<sup>th</sup>). If the state is currently unable to provide this number as requested, outline the steps the state will take to be able to report the data in the future. Please request technical assistance through the Regional Office, if needed. (Please see Attachment F on how states will continue to report this information).

Central Plains uses a Clienttrax database to document and track the unduplicated number of youth involved with ETV. Clienttrax is a robust database system that was implemented in 2013 and was designed specifically for nonprofit organizations. Clienttrax provides a broad range of data collection capabilities including ETV enrollment and participation, student progress over time, outcome and performance data, ETV completion, and demographic information which is vital for race and gender equity. Data collected via Clienttrax specifically includes the number of ETV's awarded each year, or within any selected time frame. This data is then shared with NCFE and DCFS. Central Plains also uses a financial tracking database for all agency expenditures, including payments made for ETV. This software allows Central Plains to easily track payments and total expenditures per student.

*Consultation with Tribes (section 477(b)(3)(G)):*

CFS entered into CFCIP contracts with the Ponca Tribe of Nebraska. The Santee Sioux Nation receives CFCIP funds directly from the federal government and a contract was not executed with the Winnebago or Omaha tribe this year. Ponca's contract outlines the purposes of the funds.

All four Nebraska tribes run their CFCIP services and programs differently. The Winnebago Tribe conducts individual independent living programs on the reservation. The Ponca Tribe provides independent living programs for youth and young adults who live in their service delivery areas. The Santee Sioux Tribe receives CFCIP funds directly from the Administration for Children and Families. Native American youth and young adults living on the Omaha reservation receive independent living services through the reservation in which they reside. CFS continues to conduct monthly meetings with all four Nebraska tribes, which allows the opportunity to regularly discuss Chafee and independent living needs. Native American Youth and young adults living in the Panhandle Area, are served through Chadron Native American Center, which is funded through the private/public partnership between CFS and NCFE. Chadron Native American Center has a representative at the Panhandle CYI stakeholder meetings which helps the Chadron Native American Center coordinate services with other agencies in the area. All Native American youth and young adults living off the reservation or not in the Ponca Service Delivery Areas are able to access services through Connected Youth Initiative. Bi-annually, CFS and the Tribes have compared youth that are under tribal jurisdiction with tribal youth who have been identified with a CFS report “Identifying youth who have Tribal Affiliation”, to ensure we are capturing all Native American Youth that are in foster care and eligible for Chafee services.

The Ponca Tribe is required to submit a report specifying the population served and the services provided. Native American youth and young adults living on the Winnebago and Omaha reservations receive independent living services through the reservation in which they reside. Native American youth affiliated with Ponca Tribe living in Ponca Service Delivery Areas are served by the Ponca Tribe.

Tribal Transitional Living Plans (TLP) are documented on NFOCUS. Winnebago, Omaha and Santee Tribe of Nebraska reported difficulties with staff retention which has caused a barrier in completion of TLP’s. CFS provided a desk aide “Understanding the Youth-Driven Transitional Living Plan Process Guide for Youth and Transition Members” to all four tribes. CFS coordinated with CCFL to deliver a specialized TLP training to the Tribes. Technical assistance is provided to tribal independent living workers through NFOCUS work days in which a CCFL trainer is present to assist the tribes with completing and documenting TLP’s. All Tribal staff are invited to new worker training for Independent Living Training which also describes all of the services offered in Nebraska for youth in foster care.

Representatives from each Tribe participate in a monthly Tribal Operation meeting. This is an opportunity to discuss the Independent Living program/issues in Nebraska.

NCFE and DCFS will be setting up a meeting with all four tribes to discuss all of the benefits in CYI and how as a collaboration we can best serve Native American Youth DCFS has routinely attended meetings when requested to remind the Tribes of all of the CFCIP services.

Ponca Tribe delivers CFCIP services directly to their youth in the Ponca Service Delivery Areas. Santee delivers CFCIP to the youth on their reservation. Omaha and Winnebago youth have the opportunity to be involved in services and supports through CYI.

Below shows a brief summary of benefits and services currently available and provided to Tribal youth and young adults. Complete detailed lists of services have been outlined earlier in this CFSP identifying how youth of various ages and at various stages of achieving independence are served. Additionally, services are also outlined in a chart of identified services in the APSR:

Life Skills Assessment: Ansell Casey to determine strengths and needs

Coaching: Addressing Employment Skills Filling out job applications, resume writing and mock interviews

Education Goal Setting: College Tours, applications and placement tests

Service Referrals: Referrals to local agencies for assistance

Mentoring: Personal and emotional support to youth

Needs Based Funds: Funds made available to help youth and young adults with daily living

Housing: Housing assistance through Tribal Housing Authority

Education and Training Vouchers: Educational coaching and funds for tuition.

Bridge to Independence: Extension of foster care services and supports including a monthly financial stipend and case management.

LEAP: - Tribal youth who reside or will be attending post-secondary education in Lancaster or Douglas County can be referred to LEAP. LEAP has been identified to help our most at-risk older youth enter postsecondary education or vocational training that will lead to long-term sustainable

The state and the tribes attempted to execute sub awards with the tribes for CFCIP services. Due to the minimal funding available, sub awards were not finalized. During the sub award negotiation, tribal partners were provided drafted 'scope of services' that were planned to be included in the sub award. Feedback was shared, however, budgets from tribal partners were not received. These conversations occurred directly with tribal partners at tribal operations meetings and internally within DCFS. Additionally, tribal youth are able to access independent living services through a referral to Central Plains (current DCFS Independent Living provider). As previously documented, CFS entered into contracts with one of the four federally recognized tribes, Ponca. The contract was based on past utilization, the number of youth the tribe documented through N-FOCUS expenditures and the semiannual reports. None of the Tribes administer ETV funds. All Native American youth are eligible to apply for ETV through Central Plains Supportive Services.

**Public Access and Availability:**

The 2015-2019 Final Report, 2020-2024 CFS and other plans can be viewed at:

<http://dhhs.ne.gov/Pages/Child-and-Family-Services-State-Plan.aspx>

**Title IV-B Child and Family Services Plan and Annual Progress Services Report  
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