

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 25th, 2024

Kendall Darling
Children's Bureau Region 7
Federal Office Building, Room 349
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Darling,

The Division of Children and Family Services is submitting the attached Final Annual Progress and Services Review Report for the 2020 – 2024 CFSP Plan. We appreciate your support and direction in allowing Nebraska to complete the important work reflected.

Thank you, and please let me know if you have any questions regarding this report.

Sincerely,

A handwritten signature in blue ink that reads "Alyssa L. Bish".

Alyssa Bish, PhD
Director, Division of Children and Family Services
Nebraska Department of Health and Human Services

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Nebraska Department of Health and Human Services:
Division of Children and Family Services
Final Annual Progress and Services Review Reports for
the 2020-2024 CFSP

Submitted To: U.S. Department of Health and Human
Services

DATE: June 25, 2024

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The approved version of Nebraska's 2025 Annual Progress and Services Review Reports can be found at the following website:

<https://dhhs.ne.gov/Pages/Child-and-Family-Services-State-Plan.aspx>

The current state contact for questions regarding Nebraska's 2025 Annual Progress and Services Review Reports is Beth Buhr, Central Office Protection and Safety Administrator II. Beth can be reached at Elizabeth.Buhr@nebraska.gov or by phone at 402-471-5368.

ACRONYMS & TERMS

AABD	Aid to the Aged, Blind, and Disabled
ACES	Adverse Childhood Experiences
ACF	Administration for Children and Families
ACLA	Ansell Casey Life Assessment
ACM	Active Contract Management
ADLHCE	All Doors Lead Home Coordinated Entry System
AFCARS	Adoption and Foster Care Analysis and Reporting System
AKSS	Arizona Kinship Support Services Model
ASFA	Adoption and Safe Families Act
ASFC	Agency Supported Foster Care
APE	(CFS) Analytics Planning and Evaluation
APHSA	American Public Human Services Association
APHSA-AAICPC	American Public Human Services Association's Association of Administrators of Interstate Compact on Placement of Children
APSR	Annual Progress and Service Report
AR	Alternative Response
ARP	American Rescue Plan
B2i	Bridge to Independence
BECI	Buffet Early Childhood Institute
BH	Division of Behavioral Health
BI	Business Intelligence
BoS	Balance of State
BOT	Futures Back on Track
C4K	Communities for Kids
CAC	Child Advocacy Center
CAFCON	Children and Family Coalition of Nebraska
CANI	Child Abuse and Neglect Institute
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CASA	Court Appointed Special Advocate
CARE	Connect, Achieve, Reflect, Empower
CARES	Coronavirus Aid, Relief and Economic Security
Case Manager	CFS Child & Family Services Specialist (CFSS)
CB	Children's Bureau
CBCAP	Community-Based Child Abuse Prevention

CBC4T	Capacity Building Center for Tribes
CCDF	Child Care and Development Fund
CCFL	University of Nebraska Center on Children, Families, and the Law
CCU	Camp Catch-Up
CDT	Competency Development Tool
CDHD	Central District Health Department
CDRT	Child Death Review Team
CEBC	California Evidence-Based Clearinghouse
CFCIP	Chafee Foster Care Independence Program
CFS	Division of Children and Family Services
CFSP	Child & Family Services Plan
CFSR	Child and Family Services Review
CHAMPS	Children Need Amazing Parents
CIP	Court Improvement Project
CJA	Children's Justice Act
CMRD	Contract Monitoring Resource Development
CMS	Federal Center for Medicaid and Medicare Services
CoC	Continuum of Care
COMPASS	Children's Outcomes Measured in Protection and Safety Statistics
CoP	Community of Practice
COS-P	Circle of Security-Parenting
CPA	Child Placing Agency
CPP	Child Parent Psychotherapy
CPR	Comprehensive Provider Review
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel
CSA	Central Service Area
CSS	Community Support Specialists
CWB	Community Well-Being
CY	Calendar Year
CYI	Connected Youth Initiative
CYPM	Crossover Youth Practice Model
DACA	Deferred Action of Childhood Arrivals
DD	Developmental Disability
DHHS	Nebraska Department of Health and Human Services
DPH	Division of Public Health
DTSU	Santee Sioux Nation Dakota Tiwahe Services Unit
EBP	Evidence-Based Practice

ECICC	Early Childhood Interagency Coordinating Council
ECIDS	Early Childhood Integrated Data System
ECMH	Early Childhood Mental Health
EDC	Employment Development Center
EDN	Early Development Network
EHV	Emergency Housing Vouchers
ELT	Executive Leadership Team
ESA	Eastern Service Area
ETV	Education and Training Vouchers
FAN	Facilitating Attuned Interactions
FANN	Fostering Achievement Nebraska Network
FAU	Family Advocacy Unit
FCHD	Four Corners Health Department
FCRD	Foster Care Resource Development
FCRO	Foster Care Review Office
FCT	Family Centered Treatment
Federal Clearinghouse	Title IV-E Prevention Services Clearinghouse
FFPSA	Family First Prevention Services Act
FFPSA Plan	Nebraska's Five-Year Title IV-E Prevention Program Plan
FFY	Federal Fiscal Year
FIMR	Fetal Infant Mortality Team
FRO	Family Run Organizations
FSNA	Family Strengths and Needs Assessment
FTM	Family Team Meeting
FTS	Field Training Specialist
FUP	Family Unification Program
FVPSA	Federal Violence and Prevention Act
FY	Fiscal Year
FYI	Foster Youth Towards Independence
H3C	Hall County Community Collaborative
HCCDC	Ho-Chunk Community Development Corporation
HCO	Health Care Oversight
HFA	Healthy Families America
HFA-CWP	Healthy Families America Child Welfare Protocol
Hotline	Nebraska Child and Adult Abuse and Neglect Hotline
HUD	Housing and Urban Development
IA	Initial Assessment

ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IDTA	In-Depth Technical Assistance
IFI	Impact from Infancy
IFP	Intensive Family Preservation
IFR	Intensive Family Reunification
IL	Independent Living
Iowa DHS	Iowa Department of Human Services
IoWA-PCIT	Iowa Parent Child Interaction Therapy
JBE	Judicial Branch Education
JCAMP	Judicial, Court, and Attorney Measures of Performance
JDAI	Juvenile Detention Alternatives Initiatives
LB	Legislative Bill
LBPHD	Loup Basis Public Health Department
LEAP	Learn and Earn to Achieve Potential
LFS	Lutheran Family Services
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning Persons
LGBTQIA2-S+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual/Agender, and Two-Spirit
LIA	Local Implementing Agency
LINK-EDC	LINK-Employee Development Center
LLCHD	Lincoln-Lancaster County Health Department
LOA	Letter of Agreement
MASC	Measurement and Sampling Committee
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MI	Motivational Interviewing
MLTC	Division of Medicaid and Long-Term Care
MOU	Memorandum of Understanding
MST	Multisystemic Therapy
NAAA	Nebraska Adoption Agency Association
NACAC	North American Council on Adoptable Children
NACC	National Association of Counsel for Children
NAEYC	Nebraska Association for the Education of Young Children
NCANDS	National Child Abuse and Neglect Data System
NCAPF	Nebraska Child Abuse Prevention Fund Board
NCCD	National Council on Crime and Delinquency
NCFE	Nebraska Children and Families Foundation

NCHS	Nebraska Children's Home Society
NCHSNP	Nebraska Children's Home Society North Platte
NCMEC	National Center for Missing and Exploited Children
NCR	Nebraska Caregiver Responsibility
NCRP	Nebraska Center on Reflective Practice
NCSACW	National Center on Substance Abuse and Child Welfare
NDE	Nebraska Department of Education
NEACWCD	New England Association of Child Welfare Commissioners and Directors
NENCAP	Northeast Nebraska Community Action Partnership
NEP-MAP	Nebraska Partnership for Mental Health Care Access in Pediatrics
NeSOC	Nebraska System of Care
NFAPA	Nebraska Foster and Adoptive Parent Association
NFOCUS	Nebraska Family Online Client User System
NHTTF	Nebraska Human Trafficking Task Force
NICWA	National Indian Child Welfare Association
NICWC	Nebraska Indian Child Welfare Coalition
NIFA	Nebraska Investment Finance Authority
N-MIECHV	Nebraska Maternal, Infant & Early Childhood Home Visiting
NPCS	National Partnership for Child Safety
NRPVYC	Nebraska Resource Project for Vulnerable Young Children
NSA	Northern Service Area
NSC	Nebraska Supreme Court
NWT	New Worker Training
NYCI	Nebraska Young Child Institute
NYTD	National Youth in Transition Database
OC	Online Classroom
OIG	Office of Inspector General of Nebraska Child Welfare
OMS	Online Monitoring System
OPP	Opportunity Passport
Ops	Operations
OSRI	On-Site Review Instrument
OTN CFS	Omaha Tribe Children and Family Services Department
OVC	Office of Victims of Crime
PACT	Parents and Children Together
PAS	Program Accuracy Specialist
PAT	Parents As Teachers
PAVE	Providing Avenues for Victim Empowerment

PCIT	Parent-Child Interaction Therapy
PDG	Preschool Development Grant
PDG B-5	Preschool Development Grant Birth Through Five
PDSA	Plan, Do, Study, Act
PH	Division of Public Health
PPHD	Panhandle Public Health District
PHS	Public Health Solutions
PIP	Performance Improvement Plan
PIRKS	Personal Information Record Keepers
PIWI	Parents Interacting with Infants
POSC	Plan of Safe Care
PPI	Provider Performance Improvement
PPHD	Panhandle Public Health Department
PPP	Professional Partner Program
PPPS	Pregnancy Prevention and Parenting Support
PSI	Post-Partum Support International
PSP	Pandemic Support Program
PTN DSS	Ponca Tribe Department of Social Services
PWLE	People with Lived Experience
PYD	Positive Youth Development
QA	Quality Assurance
QARL	Quality Assurance Reports Library
QDIP	Quality, Delivery, Inventory, and Productivity boards
QEW	Qualified Expert Witness
QIC-EY	Quality Improvement Center-Engaging Youth
QRTP	Qualified Residential Treatment Program
RCAA	Residential Child Caring Agency
RD	Resource Development
RFP	Request for Proposal
Rooted	Rooted in Relationships
RPE	Research, Planning and Evaluation
RPPS	Reasonable Prudent Parenting Standards
RSO	Registered Student Organization
RSP	Risk Standardized Performance
SAA	Service Area Administrator
SACWIS	Statewide Automated Child Welfare Information System
SALT	Service Area Learning Team
SAYF	System Alignment for Young Families

SDM®	Structured Decision Making
SEAC	Special Education Advisory Council
SEDHD	Southeast District Health Department
SESA	Southeast Service Area
SFCM	State Foster Care Managers
SFM	Saint Francis Ministries
SHDHD	South Heartland District Health Department
SLP	Shared Living Providers
SNAP	Supplemental Nutrition Assistance Program
SOC	Society of Care
SOGIE	Sexual Orientation, Gender, Identity, and Expression
SOP	Safety Organized Practice
SSIT	Safe Systems Improvement Tool
SUD	Substance Use Disorder
SWI	Standard Work Instruction
TANF	Temporary Assistance for Needy Families
TCA	Tribal Customary Adoption
TEOC	Through the Eyes of the Child
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
TIPS-MAPP	Trauma-Informed Partnering for Safety and Permanence
TLE	Team of Lived Expertise
TLP	Transitional Living Plan
TPR	Termination of Parental Rights
TRPHD	Two Rivers Public Health Department
UM	Utilization Management
UNK	University of Nebraska at Kearney
UNL	University of Nebraska–Lincoln
UNO	University of Nebraska Omaha
VNA	Visiting Nurse Association
WELL	Women’s Empowering Lifeline, Inc.
WSA	Western Service Area
YAB	Youth Advisory Board
YAC	Youth Adolescent and Children
YES	Youth Engagement Summit
YHDP	Youth Homeless Demonstration Grant
YMCR	Youth Mobile Crisis Response

Section I. Collaboration

In the 2025 APSR:

- Provide an update on how the state has engaged in substantial, ongoing and meaningful collaboration in the accomplishment of the 2020-2024 CFSP goals and objectives and the development of the 2020-2024 Final Report.

Nebraska's 2025 Annual Progress and Services Report Collaboration section provides information on progress, innovation, and programmatic examples from the past year and planning for subsequent years. Our collaborative foundation is built on a culture of intentional engagement across all Department of Health and Human Services (DHHS) divisions and the inclusion of communities, stakeholders, and those with lived experience. Many of the collaborative efforts highlighted below focus on intentionally including those most proximate and impacted by DHHS programming, including a diverse representation and co-creation.

Family Advocacy Unit

Family Advocacy Unit (FAU) continues its efforts to enhance communication and elevate the voices of those with lived experience in various aspects of the Division of Children and Family Services (CFS) operations. The FAU's goal is to improve outreach efforts, enhance the client experience, and strengthen service delivery for families by:

- Partnering with community organizations to organize the Citizen Review Panels (CRP) specifically focused on family caregivers and responding to recommendations brought forth.
- Following recommendations from the Family-Run Organizations of Nebraska, the FAU acts as an impartial mediator, ensuring adherence to established policies.
- Openly sharing their lived experiences in internal and external meetings, the family advocate amplifies the voices of families, allowing parents served by CFS to relate to their perspectives and increase family and youth engagement.
- Supporting individuals with lived experiences as community leaders, representing them in CFS-led projects, and recruiting experienced individuals statewide.

Compensation for People with Lived Experience (PWLE)

Nebraska has a policy for compensating individuals with lived experience and has utilized this to reimburse individuals for their work and participation in DHHS Initiatives, including the work with the LB1173 (Reimagine Wellbeing) statewide focus groups. Access to this compensation demonstrates the importance of including lived expertise in our work.

QIC-EY

In 2024, Nebraska entered its third year of a five-year cooperative agreement with the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY). The QIC-EY is led by Spaulding for Children in partnership with the North American Council on Adoptable Children (NACAC), the New England Association of Child Welfare Commissioners and Directors (NEACWCD), the University of Nebraska-Lincoln (UNL) and the University of Washington (UW). The QIC-EY comprises five major components: Child Welfare Training, Child Welfare Coaching, Child and Youth Engagement Model, Child Welfare Systems

Assessment, and Capacity Building and Court Training. Nebraska selected the Southeast Service Area (SESA) as the Intervention site, with the Eastern Service Area (ESA) and Central Service Area (CSA) as Comparison sites.

The SESA started the first QIC-EY component of Child Welfare Training in December 2022 and successfully trained 84 caseworkers on *Transforming Engagement: Keeping Children and Youth at the Center of our Work*, with ongoing training offered to new workers as they were onboarded. The second component, Child Welfare Coaching, began in March 2023 with 19 supervisors successfully trained and ongoing training offered to new supervisors as they were onboarded. Court Training for legal professionals started in April 2023 and ran through June 2023, with 71 legal professionals trained. Child Welfare Systems Assessment and Capacity Building began in late 2023.

Nebraska began researching and identifying a Child Youth Engagement Model in April 2023 as part of the third component. A Model Selection Workgroup was developed to assist in identifying strengths and gaps in current youth engagement practices. The workgroup also researched youth engagement models to implement based on information gathered through their analysis of current practices, a survey conducted by *Think of Us* survey of former Nebraska youth in care, and a Pilot Site Assessment with feedback gathered from a *Team of Lived Expertise* (TLE). The *Permanency Planning and Court Orientation Program* was selected by CFS leadership and approved by the Children's Bureau as the model to implement in Nebraska.

Planning for implementation began in October 2023. A usability group was identified, and the first round of the six-month intervention began in February 2024. However, CFS decided to end participation in the QIC-EY project effective June 28th, 2024.

Citizen Review Panels (CRP)

The Commission manages the Citizen Review Panel for the Protection of Children. This CRP reviews cases where a child has suffered a serious injury or near fatality. The reviews allow the panel to discern current investigative, administrative, and judicial handling of child abuse and neglect cases. CRP members make recommendations that could enhance children's and families' involvement with the child welfare system.

The Nebraska Department of Health and Human Services collaborates with the Nebraska Children and Families Foundation (NCFF) to directly engage with youth and family voices. Within this framework, the Young Adult Citizen Review Panel comprises individuals aged sixteen to twenty-six with firsthand experience with Nebraska's child welfare, juvenile justice, and homeless systems. These CRP members actively participate in local youth leadership and youth-serving programs, leveraging their expertise and insights to provide annual recommendations aimed at enhancing the agency's policies and procedures. DHHS addresses ways for improvement and provides a written response. Members serve year-long terms and are involved in selecting new members twice a year.

The Parent/Caregiver Citizen Review Panel involves parents, caregivers, service providers, and community partners. These CRP members share their experiences and discuss issues affecting families involved with CFS. The panel provides recommendations to DHHS annually. DHHS

utilizes these recommendations to identify areas of improvement and responds with actions taken. The current membership spans the entire state, whereas, in previous years, membership was based on the communities engaged during that period. Parent/Caregiver CRP members are invited to attend six monthly meetings, including a follow-up meeting that includes CFS leadership.

Connected Youth Initiative

CFS believes it is vital to continue strengthening its efforts to listen to youth and young adults served by CFS and the Connected Youth Initiative (CYI) continuum of support. Coordinated and robust efforts through partnerships among CFS, NCFF, youth, and young adults are critically important in strengthening Nebraska's Chafee services. Last year, over 161 youth and young adults participated in leadership opportunities that provided a chance to share their voices and recommendations to CFS and other stakeholders that support older youth and young adult work. See *Section IV, Final Update on the Service Descriptions, John H. Chafee Foster Care Program*, for forums that have integrated youth and young adult voices into older youth program development and improvement.

TANF Workgroup

During 2022 and continuing into 2023, the Division of Children and Family Services (CFS) launched a Temporary Assistance for Needy Families (TANF) workgroup. The workgroup was created to assess low-income families' needs, provide a transparent TANF funding process, and evaluate the current TANF-funded program's performance effectiveness. In addition, the workgroup provides program funding recommendations to the director of CFS.

The workgroup has multiple internal and external stakeholders, which bring diverse views and allow the workgroup to assess families' needs comprehensively. Several of the external stakeholders are individuals with lived experience, ensuring that those who are current or past recipients of these benefits are involved in the co-creation of recommendations.

Nebraska Child and Family Well-Being Transformation Steering Committee

In December 2020, CFS launched the Nebraska Child and Family Well-Being Transformation Steering Committee. The work was facilitated through the Capacity Building Center for States. The steering committee leveraged the experiences, expertise, and insight of key individuals and organizations committed to creating a child and family well-being system oriented around preventing maltreatment and promoting child and family well-being. This steering committee included representation from CFS leadership, providers, tribal members, legal and judicial, youth and families with lived experience, foster parents, the Office of Inspector General, the Foster Care Review Office, the Children's Bureau regional office, Casey Family Programs, DHHS Divisions of Behavioral Health, Public Health, Medicaid/Long Term Care, and Developmental Disabilities.

The Well-Being Transformation Steering Committee collectively identified five priority focus areas:

1. Elevate the voices of lived experience persons in all we do.
2. Build a family and community well-being system to achieve equitable outcomes across the state.

3. Partner to eliminate silos and fragmented approaches towards a seamless continuum of care.
4. Amplify the focus on maltreatment prevention and well-being; and,
5. Improve the relationship and engagement between children and families and integrated support providers.

During 2022, the team continued developing communications plans and materials, data metrics including measures and data sources, and deepening relationships with additional partners to garner strategy feedback. The team also partnered with the Community Wellbeing Collaboratives to ensure alignment with the priorities and strategies within community prevention structures. In 2023, the work and actionable items from the Well-Being Transformation Steering Committee will continue within the work and recommendations of LB1173, described below.

LB1173 Reimagining Well-being in Nebraska

In 2022, the Nebraska Legislature approved LB1173, which tasks the legislative, executive, and judicial branches to develop a workgroup to advance a practice and finance model to transform child and family well-being in Nebraska. This initiative is branded “Reimagining Well-being in Nebraska.” The LB1173 workgroup works in consultation with key stakeholders, including judges from separate juvenile courts and judges of county courts sitting as juvenile courts, private child welfare providers, individuals with lived experience in the child welfare system, the Nebraska Children’s Commission, the Inspector General of Nebraska Child Welfare, the Foster Care Review Office, child advocacy centers, law enforcement, and county attorneys. Additionally, LB1173 required a strategic leadership group. This strategic leadership group representation includes all five DHHS Division Directors, the Commissioner of Education, the State Court Administrator, the State Judicial Branch, and all four federally recognized Tribes in Nebraska.

This legislation mandated an outside consultant with expertise in child welfare systems to assist the workgroup with developing a written framework for the practice and finance model. DHHS has contracted with The Stephen Group for this purpose. The Stephen Group began work on the project in Nebraska in January 2023.

During 2023, The Stephen Group and members of the CFS team traveled around the state, hosting community-centered focus groups to garner input on the needs of our child welfare system. In December 2023, the LB1173 workgroup submitted its recommendations to the Health and Human Services Committee of the Legislature. During 2024, continued review of these recommendations and practice model supports will be reviewed within CFS and by stakeholder groups.

Family First Prevention Services Act

Implementing the 2020-2024 Child and Family Services Plan (CFSP) included the Family First Prevention Services Act (FFPSA). As an early FFPSA implementer, Nebraska began collaborating with Chapin Hall, an independent, non-partisan policy research center at the University of Chicago, on October 1, 2020. FFPSA provides a platform for collective effort with community and provider partners to ensure that evidence-based practices and other supports stabilize families.

The collaboration with Chapin Hall covered three scopes of work:

- Gap Analysis
- Readiness, Capacity Building and Implementation
- Evaluation

Internal and external stakeholders have been an integral part of FFPSA implementation.

Stakeholders include:

- Urban and rural CFS staff
- Division of Medicaid and Long-Term Care
- Division of Behavioral Health
- Behavioral health regions
- Juvenile justice
- Division of Public Health
- NCFE
- Youth and families with lived experience
- Family-run organizations
- Nebraska Indian Child Welfare Coalition
- CIP
- Service providers
- CASA
- Juvenile court
- System of Care
- University of Nebraska Center for Children, Families, and the Law
- CFS continuous quality improvement team
- CFS data and finance teams

Chapin Hall continued to provide guidance and support for Nebraska's implementation of FFPSA through October 2023.

In June 2023, Chapin Hall facilitated a three-day on-site meeting at CFS, which included internal and external stakeholders. This meeting reviewed the following:

- Economic and Concrete Supports: Cross-Sector Strategies to Prevention Child Welfare Involvement
- Historical and Current Context of FFPSA in Nebraska and Nationally
- Governance Structure
- Process Mapping
- Referral Module
- Future State Process Mapping
- Measurement Framework and the Continuous Quality Improvement (CQI) Process
- Assessment of EBPs, gaps, and new additions
- Implementation
- Community Pathway Visioning

In September 2023, Chapin Hall finalized their additional analysis of Medicaid claims data. This further described prevention services received by FFPSA-eligible families and the gaps statewide to inform Nebraska's future FFPSA prevention plan. This analysis included collaboration in data sharing between Chapin Hall and DHHS' Medicaid and Long-Term Care Division.

Based on recommendations provided by Chapin Hall within their FFPSA Business Process Mapping in 2022, CFS collaborated with field staff to begin drafting an Integrated Service Plan to reduce assessment redundancy and capture information that meets the requirements of the

Alternative Response Family Plan, FFPSA Prevention Plan and traditional child welfare case plan. CFS also collaborated with its information technology (IT) team to create a more efficient referral module to support the CQI framework of FFPSA services; it is anticipated to go live in Spring 2024.

Throughout 2023, CFS collaborated with the Office of Economic Assistance to formulate recommendations for Nebraska's TANF Plan. These recommendations included the request for added funding to support the expansion of FFPSA-approved evidence-based practices (EBP) Healthy Families America and Family Centered Treatment.

CFS began collaborating with Sixpence and Nebraska Children's Home Society in 2023 regarding the provision of the FFPSA-approved home visiting program, Parents As Teachers, for child welfare-involved families, focusing on rural parts of Nebraska.

The National Family Centered Treatment (FCT) Foundation, CFS, and FCT providers meet approximately bi-monthly to discuss data, identify strategies to address barriers and provide updates from training/conferences that may benefit FCT. The Foundation has also collaborated with CFS to have access to the FCT Foundation Qualtrics System. This is the system where FCT providers enter their fidelity and outcome data. CFS can review point-in-time information and can utilize this to understand the use and application of FCT better. CFS has been in continuous discussions with internal senior management and the FCT Foundation regarding the expansion of FCT in Nebraska. In 2024, Nebraska is looking at ways to utilize FFTA funds to expand the capacity and utilization of FCT within our FFPSA plan.

FFPSA also includes the "Efforts to Track and Prevent Child Maltreatment Death" provision. Public and private agency partners comprise the Nebraska Plan to Prevent Child Maltreatment Deaths Workgroup, which has prioritized strategies.

Thriving Families; Safer Children

In the fall of 2020, The Children's Bureau selected Nebraska to participate in Thriving Families, Safer Children (Thriving Families) due to the long history of progress demonstrated by children and family well-being collaboratives in the Bring Up Nebraska Initiative. By bringing together state and local agencies, leaders, and citizens, Bring Up Nebraska is helping to ensure that every community across Nebraska is working to increase the availability of critical support and services, reduce unnecessary government system involvement, and improve the lives of children and families.

The Bring Up Nebraska Partners work with 23 community collaboratives serving 89 of Nebraska's 92 counties. With the Thriving Families opportunity, Nebraska identified five community collaboratives to serve as Thriving Family pilot sites: the Hall County Community Collaborative (H3C), Growing Community Connections (Dakota County), Community and Family Partnership (Platte/Colfax Counties), Douglas County Community Response Collaborative, and the Winnebago Tribe. During 2023, Hall County has gone through some restructuring and has been working to re-establish operations.

A critical component of the Thriving Families movement is an intentional partnership with individuals with lived experience to co-create and co-design solutions that will lead to transformation. Nebraska's Thriving Families team partnered to create and share a Lived Experience Toolkit for community partners and maintained Thriving Families Community Support teams for each community collaborative. The Thriving Families Community Support teams provide each community with technical assistance and partnership in planning, designing, implementing, and evaluating community-based prevention systems. In addition, the team connects with state and national agency decision-makers to help remove barriers and, wherever possible, reduce impediments to the flexible and creative community-based prevention programming, support, and services. The teams consist of lived experience partnership support, race, equity, inclusion, and diversity support, DHHS support, Nebraska Children and Families Foundation (NCFF) support, national site team support from Casey Family Programs, the Annie E Casey Foundation, and Prevent Child Abuse America.

One of the core components is reviewing data across the various counties and developing strategies to address some of the identified data metrics that prevention efforts could impact. Casey Family Programs provided NCANDS (National Child Abuse and Neglect Data System) child and abuse neglect data, disaggregated by race and ethnicity, to each community to utilize as a starting point where communities can then work to identify local strategies.

As part of Nebraska's Thriving Families Initiative, the state has extended an invitation to the four Nebraska Tribes. Thriving Families, Safer Children provides a natural opportunity for Tribes to receive intensive support in refining and enhancing systems to serve their communities better. The Tribal Workgroup has successfully engaged the Winnebago Tribe through a partnership with the Ho-Chunk Community Development Corporation (HCCD). Through the leadership of HCCD, the Winnebago Tribe has begun to identify areas of community focus to help move this initiative forward. The Santee Sioux Nation was identified as the next tribal partner targeted for engagement through a workgroup convened by the Tribal Chairman focusing on culturally based strategies for community enrichment. Conversations continue with the Omaha and Ponca Tribes, but at this time, this initiative has not been identified as their top priority.

Continuing into 2024 (and since 2022), Nebraska is participating in the National Action Network with the Burns Institute and the national Thriving Families Technical Assistance Learning opportunities to learn from other sites across the country. Nebraska was also represented at the in-person TFSC learning convening in Arizona in October 2023.

As part of its implementation of prevention programs, CFS has partnered with the NCFF to ensure the consistent sharing of information. CFS also had the opportunity to attend the Bring Up Nebraska Conference in October 2022 to present on FFPSA and its cross-over with Thriving Families, Safer Children. Both recognize the similarities in their programs and want to use this as a catalyst in moving upstream into community pathways/primary prevention through FFPSA.

As part of the Thriving Families, Safer Children opportunity, Nebraska received a grant from the Pritzker Foundation to better support the prenatal to age three population and their parents or caregivers. Since August 2021, the Thriving Families, Safer Children initiative and the Prenatal to Three Coalition have worked together to establish shared goals and strategies, share data, and

identify participants to develop plans to examine universal home visitation as a new evidence-based pathway for families to receive the support and services necessary for the prevention of maltreatment.

Community-Based Child Abuse Prevention

For over 20 years, NCFF has been designated as the lead agency to receive funds through the Community-Based Child Abuse Prevention Grant Program (CBCAP). NCFF, CFS, community partners, youth, young adults, and families collaborate to support families in communities across the state through 22 community collaboratives covering all but a few counties in Nebraska; NCFF and this community collaboratives partner with their respective communities to identify needs, supports, solutions, and outcomes. The network of collaboratives and the related work is called Bring Up Nebraska. CFS has a strong partnership with NCFF and the Bring Up Nebraska initiatives throughout the state. A CFS Community Support Specialist team member sits on each of the collaboratives as a state partner. These CFS Community Support Specialists' role is to connect communities and partners with DHHS programs (such as SNAP, TANF, and AABD), provide training and information, and be a comprehensive resource to support the collaborative work occurring in each community. A coordinated primary, community-based prevention system is critically important for families and communities. It is part of a well-functioning child well-being system. Communities and families know best what is needed to thrive, be safe, and ensure well-being in their communities.

CFS meets bi-weekly with NCFF and other Bring Up Nebraska partners to support the Bring Up Nebraska communities and ensure the state-level efforts are coordinated. This Connect the Dots meeting includes partners from various disciplines to share updates and identify collaboration opportunities.

Alternative Response

The Alternative Response (AR) Advisory Committee has been operating since 2021 after LB1061 was passed (Neb. Rev. Stat. 28.712), making AR a permanent program in Nebraska and requiring an advisory committee under the Children's Commission. The committee is tasked with examining the CFS AR reports of child abuse or neglect and making recommendations to the Legislature, DHHS, and the Nebraska Children's Commission regarding the receipt and screening of reports of child abuse or neglect by the department, the ongoing use of alternative response, the ongoing use of traditional response, and the provision of services within AR and non-court-involved cases to ensure child safety, to reduce the risk of child abuse or neglect, and to engage families. This committee includes:

- DHHS
- Law enforcement agencies
- County attorneys or other prosecutors
- The state chapter of child advocacy centers
- Attorneys for parents
- Guardians ad litem
- Child welfare advocacy organizations
- Families with experience in the child welfare system
- Family caregivers
- The Foster Care Review Office
- The Office of Inspector General of Nebraska Child Welfare

The four sub-committees established in 2022 continued to meet throughout 2023 and submitted a special report with recommendations on adjusting the current operating processes. A member of the advisory committee chairs each of these workgroups. Collaboration with CFS field staff and families has resulted in revisions to AR processes, such as reducing required monthly face-to-face contacts and assessments. CFS has also collaborated with the Office of Economic Assistance to review and identify the applicability of TANF funds within AR.

Careportal

In 2017, Nebraska launched a partnership with Careportal that connects faith-based communities with families needing support. Careportal has expanded into six Nebraska counties, including Buffalo, Hall, Adams, Lancaster, Sarpy, and Douglas. The partnership with Careportal has created a linkage between CFS and community churches that work together to support families, typically through providing a concrete need, like a bed, washing machine, or school supplies. In the Eastern part of the state, the Careportal network has expanded to a connection of trained host homes to support families through respite and parent mentoring. CFS staff can post family need requests into the online portal, and churches respond when they can meet the needs. Since its implementation in Nebraska, Careportal has met the needs of 3,930 children and has had a 1.5 million dollar economic impact on families. There is an excellent opportunity to grow in the current areas and additional counties in further collaboration with the local faith-based networks.

Collaboration with DHHS Divisions

CFS collaborates with all other internal DHHS divisions on several projects and initiatives. DHHS divisions must partner and communicate effectively to ensure streamlined programming and services to families and individuals. All DHHS divisions are involved in the earlier-mentioned strategic transformation initiative, LB1173, and are invited to participate in Bring Up Nebraska community collaboratives.

Partnership with the Division of Public Health

To help achieve goals and objectives within the 2020-2024 CFSP, Nebraska has continuously collaborated with the Division of Public Health (DPH) throughout the duration of the CFSP on several projects, including implementing the child welfare protocol for Healthy Families America (HFA) across Nebraska.

CFS collaborates with DPH on Title V programs to support public health prevention and maternal child programming. They are also co-leads in the Prenatal Plans of Safe Care project.

Due to extensive collaboration between 2022 and 2023 with other statewide home visiting programs, the DPH-Maternal Infant Early Childhood Visiting (N-MIECHV) program established an additional seven Local Implementing Agencies within central and western Nebraska. This collaboration and implementation have resulted in the expansion of HFA availability for child welfare-involved families within CFS. Additional information about HFA can be found in *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*.

Within the DPH is the State Child Death Review Team. This team submits a records request to CFS when a child fatality/near fatality involves an active CPS case and/or suspected abuse or neglect contributed to the fatality/near fatality.

Partnership with the Division of Medicaid and Long-Term Care

CFS partners with the Division of Medicaid and Long-Term Care (MLTC) to support CFS-involved youth through frequent case staffing. When CFS reviews specific youth, MLTC is invited to attend and actively participate by providing guidance and suggestions. CFS and MLTC engage in a monthly meeting to ensure a cadence of communication on any systemic identified issues and discuss the difficulty in finding placements for high-needs youth. CFS continues to partner with MLTC to maintain a website for Former Foster Youth. The website includes information about the health coverage available to former foster care youth that meets specific requirements. It also provides information about how to keep contact information current and when to let MLTC know if anything changes, such as pregnancy. MLTC leaders are sitting steering committee members for the Prenatal Plans of Safe Care and have assisted in coordination with the statewide Managed Care Organizations.

Nebraska implemented Therapeutic Family Care (TFC) in January 2024. This implementation is a partnership with CFS and MLTC, starting with a target population of those in Tier 4 and 5 foster care. The intended outcome of TFC is to serve youth with high behavioral health needs to prevent restrictive facility placements. CFS is providing the care coordination team for youth eligible for TFC. Medicaid has submitted a State Plan Amendment to create two new crisis behavioral intervention services accessible to the TFC youth. Depending on the need, this includes a 24/7 response, either virtually or in person. The funding for this program is shared funding between MLTC and CFS.

Meetings with the contracted Nebraska Medicaid Managed Care Organizations and Case Managers

Over the last year, consultations continued between the Nebraska Medicaid Managed Care Organizations (MCOs) and case managers. Consultations occur as requested by CFS staff or the MCO when a youth has a medical or treatment issue that needs to be addressed. Consultations often include DHHS's medical services director to offer medical insight and expertise regarding medications, level of care, medical conditions, and diagnosis. Also present for these consultations are the CFS well-being team administrator or program specialists and other applicable internal parties.

Partnership with the Division of Developmental Disabilities

CFS and the Division of Developmental Disabilities (DD) work together to support the transition of DD-eligible youth exiting the foster care system, including eligibility, placement, funding options, medical/mental health, and education needs of young adults to ensure continuity of care and support. When CFS reviews specific youth with MLTC, the MCOs, the DHHS executive medical director, and the well-being team at the central office, discussions occur on how youth may benefit from DD services. If the youth has an active DD case, the assigned DD worker is invited to participate in these discussions. CFS may request a courtesy DD service coordinator to assist with navigating and leveraging system resources when a youth has been determined eligible for DD services. CFS, DD, and MLTC program staff meet monthly to discuss systemic matters that affect each Division. When a state ward is identified as potentially having an intellectual disability (ID) or developmental disability (DD), an application for services should

be completed. CFS maintains a standard work instruction (SWI) outlining the process for applying for DD services for state wards for case managers.

Partnership with the Division of Behavioral Health

CFS continues to collaborate with the Division of Behavioral Health (DBH). For example, the DBH system of care administrator participates as a member of the Health Care Oversight Committee. CFS and system partners receive updates from DBH at the quarterly Health Care Oversight meetings. The CFS well-being administrator participates in DBH's State Advisory Committee on Mental Health Services. Children and families involved in the child welfare system often utilize local and regional behavioral services and supports to meet families' needs. Services include assessments, therapeutic interventions, and peer support, among others.

DBH funds three statewide Family Run Organizations (FRO) critical to CFS's work. Nebraska's three FROs are staffed by family members with lived experience who provide a unique service to youth and their families and a valuable voice across the two divisions. The FROs bring value to our families by having dual knowledge and connections that meet the whole family's needs within the care system. Caseworkers send referrals to the FROs for peer support services for parents with mental health diagnoses and substance abuse. Trained peer support providers engage with parents by using their lived experience, providing emotional peer support, identifying other services parents can utilize, and continuing working with parents post-CFS involvement. Peer support advocates help parents navigate the care of their children and provide transportation to court, family team meetings, and substance abuse meetings. In addition to providing direct family/youth support, the FROs work with the CFS Family Advocacy Unit to enhance and expand opportunities for connecting to other stakeholders, youth, and families.

Prenatal Plans of Safe Care (POSC) Implementation

Over the course of the 2020-2024 CFSP, Nebraska has engaged with the following organizations to implement and sustain Prenatal POSC:

- Birthing hospitals
- Nebraska Perinatal Quality Improvement Collaborative
- Medical and behavioral health professionals
- Legal advocates
- Nebraska's Managed Care Organizations
- 2020 Practice and Policy Academy

Additional information can be found in *Section VI, CAPTA State Plan Requirements and Updates*.

Childcare

The child care subsidy and quality support team collaborates with many valuable statewide childcare partners to develop and deliver programming and services that will take childcare to the next level for all Nebraska children and families.

Nebraska Department of Education (NDE) uses Child Care and Development Fund (CCDF) dollars for various statewide activities related to early childhood through school-age education, commonly called birth to five. Activities include support to the Early Childhood Training Center,

early childhood coordinators, professional development for providers, including licensed required coursework, Nebraska's Child Care Resource and Referral System, and Step Up to Quality, Nebraska's Quality Rating Improvement System. It is also the lead agency in developing the Nebraska Early Childhood Integrated Data System (ECIDS), which will connect, integrate, and report information about the early childhood population in Nebraska.

CCDF provides funding for the Sixpence Program and Beyond School Bells, Nebraska's afterschool network. NCFE is the project lead for the Preschool Development Grant (PDG) and assisted with administering Coronavirus Aid, Relief, and Economic Security (CARES) funding opportunities for childcare providers. On December 19, 2022, CFS was one of 21 states/territories to receive award notification of the \$4M Preschool Development Birth through Five (PDG B-5) 1-Year planning grant from the Administration for Children and Families. The grant awarded funds to support early childhood services for children birth to age five in needs assessment, strategic planning, family engagement, quality improvement, workforce compensation and support, and services for young children. The planning grant will build on the important work the state has initiated through its PDG-B5 Renewal Grant for the past four years and will continue its focus on the state's most vulnerable populations, which in Nebraska includes children in many rural communities. The state is working hard to expand access to high-quality services for families. NCFE was also the recipient of CCDF pandemic relief funds and funding from Nebraska's LB1014, and these additional funds allowed for the expansion of capacity-building activities, programs, and services.

Buffet Early Childhood Institute (BECI) actively participates in and leads several PDG activities, including the statewide needs assessment and strategic plan. BECI has also conducted the 2019 and 2021 market rate surveys for CFS.

Other CCDF-supported initiatives include nurturing health behaviors, leadership academy, early head start quality initiatives, criminal history background checks, the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) program, and the Teen and Young Parent Initiative. CFS collaborates with the following agencies to implement these initiatives: The Nebraska State Patrol, Cedars Youth Services, Head Start; Region VI Behavioral Health Care; Nebraska Association for the Education of Young Children, Blue Valley Community Action Partnership; and the Board of Regents of the University of Nebraska; and the Nebraska Early Childhood Collaborative.

Marriage and Fatherhood

One of the TANF priorities is to support marriage and fatherhood initiatives. Many CFS-involved families are referred to these programs. Lutheran Family Services of Nebraska Inc. (LFS) provides fatherhood initiative services in the state. Healthy Marriages and Fatherhood Initiative program goals are to strengthen positive father-child engagement, improve healthy relationships and marriage (including the couple and co-parenting), and improve employment and economic mobility opportunities for noncustodial fathers. In addition, LFS subcontracts to RISE to provide in-prison programming in the Nebraska State Penitentiary, Omaha Community Corrections, and Lancaster Community Corrections.

Partnership with Education

Nebraska's Fostering Connections in Education Initiative includes representatives from CFS and the Nebraska Department of Education (NDE), which collaborates with the Nebraska Supreme Court and the Nebraska Administrative Office of the Courts and Probation. These entities collaborate to address the education of children and youth served by these systems to support school stability and improve academic outcomes for systems-involved students through cross-over system communication and coordination.

On November 15, 2023, the Children's Bureau released Information Memorandum ACYF-CB-IM-23-09 on Interagency Collaboration between Child Welfare and Educational Agencies to Support the Academic Success of Children and Youth in Foster Care. Nebraska's Fostering Connections collaborative work related to the creation of the education court report is highlighted in the Information Memorandum, Appendix II.

State Promising Practice Examples: "Nebraska includes an Education Court Report submitted to the court for each court hearing, following disposition for a child under the court's jurisdiction. The report can be submitted either as part of the child's case plan or as a separate document submitted in advance of an upcoming court hearing. The Education Court Report highlights school enrollment, whether there has been a school change, the best interest considerations and the efforts made for the child to remain in the school of origin, the transportation needs of the child, who has authority for educational decision-making, any health or special education needs of the child, the child's academic performance and extracurricular activities and talents."

A statewide network of liaisons has been established, including representatives from NDE, CFS, facility-based schools, and the Nebraska Administrative Office of Courts and Probation. These liaisons serve as a point of contact to help resolve individual case issues regarding the education of students involved in child welfare and juvenile/criminal justice systems.

CFS has a governor-appointed representative who is a voting member of the Early Childhood Interagency Coordinating Council (ECICC). The ECICC advises and assists collaborating agencies in carrying out the provisions of state and federal statutes on early childhood care and education initiatives under state supervision. In addition, CFS has a governor-appointed representative who is a voting member of the Special Education Advisory Council (SEAC).

SEAC is an advisory panel that provides policy guidance regarding special education and related services for children with disabilities. SEAC membership includes parents, educators, administrators, and representatives from various state agencies who serve differently abled children from birth through age 21. Finally, CFS also works closely with the Early Development Network (EDN) to help prevent or minimize the adverse effects of exposure to risk factors such as abuse and neglect. Please refer to *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, for additional information about CFS collaboration with EDN.

Partnership with the Nebraska Coalition to End Sexual and Domestic Violence

CFS continues to maintain a close working relationship with the Nebraska Coalition to End Sexual and Domestic Violence (coalition) to participate in the planning, administration, and monitoring of the distribution of the Family Violence Prevention and Services Act (FVPSA) and state funds sub-awarded to the local programs. This collaboration has ensured that Nebraska has a network of domestic violence and sexual assault programs available across the state 24 hours a day to anyone needing these services.

CFS staff meets with coalition staff quarterly and more often as necessary for planning and monitoring purposes. CFS staff often attend statewide meetings of the network program directors to share updated information and receive feedback regarding domestic violence services in the state provided by the local programs across the state. Some local domestic violence programs collaborate with Service Area case teams to understand the overall impact domestic violence has on individuals involved in child welfare. CFS shares updates and sub-award language suggestions for local programs to review before it is included in the award, so everyone is communicating in advance regarding expectations. This ensures that all the pertinent data is collected in the best possible manner, all services and expectations are understood, and the coalition assists the local programs as needed.

Court Improvement Project/ Courts

CFS meets with juvenile court partners and the Court Improvement Project (CIP) virtually every four to six weeks. This meeting is a forum to report on initiatives and issue spots. Projects regularly discussed are the CIP-CFS joint project, the Indian Child Welfare Act (ICWA) Education, and a review of Title IV-E funding and data points. Monthly CFS leadership, judicial leads for the county and juvenile court judges, and CIP meet to allow for updates from CFS and an opportunity for the judges to bring items for discussion. Discussions have focused on updates to the case plan and court report, education topics, and policy updates. The first, “A View from the Bench,” for case workers' suggestions, came from monthly meetings with the judges. In addition, CIP is an active member and participant in the state planning team and has contributed to the development of Nebraska's state CFSR Process Improvement Plan. CFS continues to partner with CIP to provide identified education to juvenile court judges and various stakeholders in the child welfare system through the Court Improvement Project Lecture Series, the annual regional conferences, and webinars. The 2023 lecture series focused on issues concerning babies and toddlers in the system, emphasizing support and resources for families and highlighting the Plans of Safe Care. CIP partnered with CFS to host a webinar about the central registry, the criteria for being placed on the registry, and the expungement process.

DHHS and CIP have collaborated over the last year in drafting an award executed in March 2023 for Judicial Training. DHHS will reimburse costs associated with short-term training of judges and other staff members of abuse and neglect courts involved in making judicial determinations and other decisions regarding families in the child welfare system. This award will allow for the drawing down of Title IV-E funds via an inter-agency agreement with the Administrative Office of the Courts and Probation.

Over the last year, judicial partners indicated a desire to send newly appointed juvenile court judges to the National Council of Juvenile and Family Court Judges' annual training for

dependency court judges, the Child Abuse and Neglect Institute (CANI). CANI provides instruction for new or experienced judges on the knowledge and skills necessary to preside over an effective child abuse and neglect court process and on emerging and promising practices to improve outcomes for children and families in the child welfare system. There are currently two judges who are registered to attend in February 2024. The training will provide judges with increased knowledge, practical tools, and an essential foundation of best practices. The training topics included judicial ethics and decision-making, adults and parenting, child and adolescent development, implicit bias and cultural considerations, the Indian Child Welfare Act, trauma-informed decision-making, mental health and substance abuse, domestic violence, interviewing children and children as witnesses, self-representation litigants, and judicial leadership. In October 2023, Title IV-E funds were utilized to bring Judge Robert Lung, Colorado District Court Judge, to share his experiences in juvenile court with survivors of human trafficking at the fall judges conference. The keynote presentation to approximately 50 judges from across the state was well received, as he shared his philosophy for working with survivors impacted by his experiences personally and professionally.

The Nebraska Court Improvement Project (CIP) coordinates Through the Eyes of the Child Teams (TEOC) in each judicial jurisdiction. These teams meet to coordinate efforts and address concerns within the child welfare and juvenile justice systems. These collaborations facilitate sharing concerns among State and Tribal Judicial Branches and Tribal CFS Departments.

Through the Access to Justice Committee and the Supreme Court Commission on Children in the Court, CIP and CFS have worked with the Tribes to identify and address pain points in system collaboration. There are currently three primary areas of collaboration:

- Jurisdictional Concerns
- Quality Legal Representation
- ICWA Education

Quality Improvement Center-Engaging Youth (QIC-EY) – CIP partnered with CFS to engage judges and the Through the Eyes of the Child teams to encourage completion of the NCJFCJ education modules, enhancing youth participation in court proceedings. CIP is an active participant in the court observation intervention in the SESA to enhance a youth's understanding of the court system and encourage their attendance at future hearings.

CIP is a member of the CFSR Round 4 planning team. Title IV-E Review – CIP has participated in Title IV-E Review training and will support the 2024 IV-E Review. CIP continues to be an active participant in the state IV-E review team that meets quarterly to review court orders for IV-E required language. In partnership with CFS, CIP will contact judges if the court order language is incorrect to provide education to the judges for future cases.

Family Team Meetings

Nebraska has made efforts to enhance the family team meeting model that is utilized with families. These efforts were made in conjunction with those with lived experience, the CFS field, central office, and family advocacy staff, the Court Improvement Project, the Child Advocacy Centers, the Office of Dispute Resolution Mediation centers, the University of Nebraska-CCFL, juvenile probation, fatherhood initiative programs, the Foster Care Review Office, the Office of

Inspector General, the Nebraska CASA Association, and providers. As a result of the workgroup, CFS has drafted an updated Standard Operating Procedure and guidance documents to implement. For additional information, refer to Section II, Update the Plan for Enacting the State's Vision.

Communication/Connectivity Taskforce

DHHS participates in the Communications and Connectivity Taskforce. This team was created as an emergency response to COVID-19 and evolved into a place to share Nebraska resources. Current members include representatives from the Nebraska Department of Education, Department of Administrative Services' ADA Coordinator, Nebraska Emergency Management, Administrative Office of Courts and Probation, Public Health Solutions, Educational Service Unit (ESU) 10, the Nebraska Commission for the Deaf and Hard-of-Hearing (NCDHH), Commission for the Blind and Visually Impaired (NCBVI), and the Nebraska Children and Families Foundation (NCFF), as well as DHHS. Representatives from the Nebraska Statewide Family Engagement Center, Asian Community and Cultural Center, Siouxland Human Investment Partnership, The Malone Center, Buffalo County Community Partners, and the Panhandle Partnership, Inc. have participated in the task force. Likewise, Lutheran Family Services, OutNebraska, the Nebraska Early Childhood Collaborative, Bring Up Nebraska, and Lincoln Literacy have become involved in the Communication and Connectivity Taskforce.

The Communications and Connectivity Taskforce meets bi-monthly and invites community partners to join, share, and help the group learn about their resources and find better ways to serve our non-English speaking communities statewide. The task force is facilitated by the NCFF Assistant Vice President of Cultural and Linguistic Response, who shares resources among the members, including inclusive language guidelines, funding opportunities, public health resources in multiple languages, including Arabic, Hmong, and Somali, Spanish-language opportunities for young children, materials in English and Spanish to help children prepare for kindergarten, training opportunities in American Sign Language, and language justice, access, and diversity.

Probation

The collaboration between the Administrative Office of Probation and CFS was developed to effectively address needs and improve outcomes for youth who experience both the child welfare and juvenile justice systems, commonly referred to as cross-over youth. The statewide crossover implementation team's role is to provide oversight and implementation assistance of the collaborative crossover policy between CFS and the Office of Probation. Crossover youth are perceived as higher risk, tend to move deeper into the juvenile justice system, experience high-end services, and have a disproportionate minority representation. When requested, CFS engages in case staffing for crossover youth to discuss the specific needs, an appropriate placement level, and a collaborative plan for success. CFS aims to improve cross-system practice, utilize strength-based family engagement, align resources, seek opportunities to divert youth from dual-system involvement, reduce out-of-home placements, and reduce disproportionate minority representation. CFS uses evidence-based practices infused in all phases of case management built upon the Crossover Youth Practice Model (CYPM).

Children's Justice Act (CJA)

Nebraska has an active Children's Justice Act (CJA) Task Force comprised of child welfare professionals, law enforcement personnel, prosecutors, defense attorneys, child advocacy personnel, members of the judiciary, and individuals with lived experience. The CJA Task Force meets quarterly and seeks information from diverse community partners and child welfare organizations. These meetings allow representatives of state agencies, advocates, and community organizations to network and share information. Recent projects supported by CJA funding include anti-trafficking efforts using a standardized screening tool and helping judges attend and complete training with the Child Abuse and Neglect Institute or the Institute for New Juvenile and Family Court Judges.

Human Trafficking Prevention and Response

CFS has partnered with the Nebraska Human Trafficking Task Force (NHTTF) through the Nebraska Attorney General's office since 2015 to provide community awareness about human trafficking. The NHTTF has planned an eight-city tour in 2024 to offer in-person training for law enforcement and county attorneys to identify, investigate, and prosecute crimes of human trafficking.

The Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183, guided CFS to develop human trafficking and missing youth programs. This included training CFS staff to recognize and respond to possible human trafficking situations and what to do when a youth goes missing from foster care. When missing youth are located, they report to be with family and/or friends or will not give that information. Child welfare system involvement is traumatic, and youth sometimes will not open up to system professionals about the reasons they left or where they were.

CFS partners with HTI Labs, Inc., which developed the Providing Avenues for Victim Empowerment (PAVE) system, an innovative web-based platform that facilitates a single screening, assessment, and referral process to identify potential human trafficking victims and connect them to services. The PAVE screening helps to identify youth and adults who may be at risk of being trafficked and can be used to help obtain the services they need. The Child Abuse Neglect Hotline will screen for potential trafficking victims with the option to refer them for case management continuation within the community.

HTI Labs, Inc. continues its ongoing efforts to support CFS staff through onboarding, training, IT support, and troubleshooting. It also provides monthly reports representing the number of PAVE users and their training completion status.

The Nebraska Partnership Against the Trafficking of Humans (NebraskaPATH) is a community-based collaboration group that hosts bi-monthly meetings to connect statewide anti-trafficking-related activities. NebraskaPATH offers quarterly newsletters, training opportunities, resources, community services, and other assistance across Nebraska. NebraskaPATH's goal is to build a competent, trauma-responsive, and survivor-centered response to human trafficking in Nebraska.

Nebraska is a member of the National Child Welfare Anti-Trafficking Collaborative with 25 other states. Representatives are those who create and implement policies addressing human

trafficking for their state's child welfare system. The collaborative meetings are held bi-monthly and assist states in addressing human trafficking within child welfare.

CFS, in partnership with NCFE, received a \$1.5 million three-year grant in 2020. The Improving Outcomes for Child and Youth Victims of Human Trafficking grant is from the Office of Victims of Crime (OVC). Nebraska is currently in an extension year for the OVC grant to finalize Statewide Best Practice Trafficking Protocols developed by a multi-disciplinary team that includes partners from Central Plains Center for Services, Nebraska Alliance of Child Advocacy Centers, Nebraska Indian Welfare Coalition, Nebraska Attorney General's office, the Nebraska Coalition to End Sexual and Domestic Violence, Probation, CFS, and lived experience voices. The protocols will be distributed, and training will be developed and offered to foster a statewide trauma-informed response to victims and survivors of human trafficking.

Nebraska's Tribal communities participated in Tribal Response and Resources for Human Trafficking Victims in Nebraska training, developed using OVC grant funds by the Nebraska Indian Welfare Coalition. The training included learning about trafficking response, available services and resources, and sample Tribal code language for use within each Tribe.

Child Advocacy Centers in the Omaha and Lincoln areas offer Anti-Trafficking Youth Services Program Managers who coordinate specialized MDT team meetings with professionals who collaborate and focus on anti-trafficking efforts to protect children and youth. These teams meet monthly or when needed to recommend innovative approaches and available programs, resources, or services to assist high-risk youth and their families in preventing vulnerabilities, maintaining safety, and developing resiliency.

Assessment Models

CFS previously collaborated with Evident Change on a fidelity review of CFS's Structured Decision Making® (SDM®) tools. Evident Change reviewed data surrounding the accuracy, reliability, and equity of the intake and initial assessment tools and presented recommendations for tool changes and related CFS policy. Throughout 2022, CFS and Evident Change convened workgroups consisting of internal and community stakeholders to update the intake, safety, and risk assessment tools with the recommended changes, focusing on the utility and equity of the tools. Each modified SDM® tool underwent inter-rater reliability testing in the fall of 2022, showing high conformity levels. Finalized tools were delivered to CFS in March of 2023.

Over the last year, CFS collaborated with Evident Change to implement the updated Intake Assessment SDM® tool. In July 2023, a variety of training sessions were offered to CFS intake staff, CFS field staff, and community stakeholders. The tool was launched in August 2023. Additional work on assessments will be completed in the coming years.

Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP)

NEP-MAP is a collaboration of many stakeholders working together to improve access to mental and behavioral health care for children and families in Nebraska, led by a maternal and child health team in the DHHS Division of Public Health.

Through NEP-MAP, DHHS partners with the University of Nebraska Medical Center to provide tele-behavioral health consultations and training for primary care providers who serve children and adolescents with mental health needs. In 2023, NEP-MAP began working with the University of Nebraska Public Policy Center to expand services and training to school-based audiences. NEP-MAP's partnerships expanded in 2024 to include Children's Nebraska, the Nebraska Department of Education, and the DHHS Division of Public Health. Through collaboration, NEP-MAP is expanding its reach and aligning activities with other successful programs and projects to improve access and utilization of services for families.

In February 2023, NEP-MAP announced another five-year grant opportunity. This opportunity requires submitting a new competitive application to DHHS between February and May. To meet the needs of Nebraska populations served by this grant, the team spent time during the October 2022 meeting identifying the partnership's strengths, weaknesses, opportunities, and threats. Members were grouped and encouraged to consider how NEP-MAP addresses pediatric mental health care needs in Nebraska. Future work of NEP-MAP and its Advisory Committee will center on sustainability, including the incorporation of support into other local and statewide initiatives.

Regional Updates specific to Collaboration efforts and activities

The sections below highlight CFS regional-specific collaboration work that might otherwise not be specified in the sections above.

Southeast Service Area

The Lancaster County Collaborative recently recharted priorities, focusing on the prevention of families involved with the child welfare system of care. The team recognized that too many families are facing challenging conditions and do not have what they need to thrive, leading to stress and circumstances that put them at risk for child abuse and neglect. The collaborative's mission is to support families through a prevention network of connected community resources to ensure all families have the opportunities to raise healthy and thriving children.

Within the southeast region, there are a total of three judicial districts (Districts 1, 2, and 3). All three districts continue focusing on innovative ways to engage with youth and families. In partnership with the Children's Bureau and Spalding Inc., the Quality Improvement Center-Engaging Youth (QIC-EY) project was launched. This project will identify a model for authentic youth engagement to improve the permanency of children involved in the foster care system.

Eastern Service Area

The Douglas County Juvenile Detention Alternatives Initiative Collaborative has been very active. The number of youth involved in juvenile justice and CFS has decreased; however, crimes have become more severe. The average age of youth has reduced to 15 years old, which is alarming from a community safety perspective.

Both Douglas and Sarpy County Through the Eyes of the Child (TEOC) groups meet monthly and provide an opportunity for key stakeholders to provide updates on trends in our communities.

ESA engages in ongoing collaboration with probation youth in detention facilities to ensure we locate the appropriate services and supports to facilitate discharge planning when the youth is not being held on adult or felony charges.

ESA partners with the BRIDGE Family Resource Center in an advisory capacity to ensure that we are connected and utilizing prevention services for siblings not currently involved in the child welfare or juvenile justice system.

Northern Service Area

Community Collaborations occur regularly throughout the service area. Three communities have Full-Service Community Schools that work closely with those coordinators. Additionally, there are collaborative efforts with CASA, CAC, probation, and local law enforcement on community events. The Fremont Family Coalition is partnering with DHHS on prevention-specific activities to support a cross-systems team to build trust, share training, and support families before any entry into the child welfare system.

Judicial District 7 is the most active TEOC team and meets every other month. This year, the primary focus is juvenile mental health. The team evaluates access and capacity for their area and aligns strategies. District 5 TEOC is meeting regularly. This team's focus has been on truancy youth and providing awareness for older youth and the need for foster care.

Western Service Area

The Lincoln County Community Collaborative (Families First), DHHS, the local region providers, and other service providers are working to bring a “Binder Model” for prevention services on Plans of Safe Care. This is a collaborative effort to inform others of the resources available to pregnant mothers who may struggle with substance abuse. There is also a collaborative effort in Dawson and Lincoln Counties to bring in Healthy Families America.

Below are outlines of CIP updates in various counties:

- The Through the Eyes of the Child (EOC) Meeting in Red Willow County focuses on community response to students with poverty and behavioral issues. The team works with Judge Paine on a book club and other local initiatives within the McCook school system.
- The TEOC meetings in Lincoln County occur infrequently. The local team is looking at ways to provide training on the use of fentanyl for LE, CAC, and DHHS.
- The Cheyenne County Team continues to focus on bringing up services in the Cheyenne County area. There is a strong focus on CASA and a good partnership around providing needed items to youth in care.
- The Scottsbluff TEOC team was considering bringing in Safe and Together training but has decided not to. They continue to look to address local issues, show good partnerships, and educate families on available services.
- The Dawson County TEOC meeting occurs quarterly. The legal parties collaborate to learn more about local resources and ways to work together to bring resolution/services to families.
- The Scottsbluff/Gering team has a strong partnership with the local CASA and conducts a “They are Worthy” campaign every year to recruit foster parents and CASA volunteers.

The initiative involved the Lakota Lutheran church, local Child Placing Agencies (CPA), and CASA.

- The Dawes County TEOC team has paused while the newly appointed Judge Conn assumes duties.

Central Service Area

There are several community collaboratives in the Central Service Area. Below is a summary of their priority focus areas.

Hall County continues the work on the Juvenile Detention Alternatives Initiatives (JDAI) site with a coordinator to focus on community-based services and a common referral source such as UniteUSNebraska. UniteUSNebraska is a closed-loop referral system that connects individuals to resources and support.

Hall County has developed a team and partnered with the National Council of Juvenile and Family Court Judges (NCJFCJ) to improve the juvenile court process through 3a cases to better serve families. This team meets every month to work as a cohesive unit to improve their overall processes while better engaging families from the front end through the life of the case. The NCJFCJ team shadowed two days of 3a cases this past week and held an all-day meeting/training session on Friday to discuss the goals and plans for Hall County. NCJFCJ will be joining the monthly meetings throughout the year to aid in the transition and provide alternative ideas for continuing to implement new strategies to meet the needs of families.

Buffalo County Well-Being Collaborative is a collection of community partners representing cross-sector participation, including those with lived experience who come together to share interests, resources, time, and expertise to achieve a larger impact or common purpose. Building collective impact around shared agendas, shared visions, and shared measurements. Grounded in collective impact and results-based accountability models.

The Youth Adolescent and Children (YAC) Work Group is focused on creating a resource center for families with one central location; it has been added to the Buffalo County Through the Eyes with subcommittee meetings. The Youth Advisory Board (YAB) brings the youth's voice into the community to best serve them (photo voice, etc.).

The CSA area also received Opioid Settlement Remediation (OSR) dollars and is working on a plan for OSR dollars for the fall of 2024.

The Bring Up Nebraska collaboration in Hastings is the Community Impact Network and Prenatal POSC. This collaboration offers the Bridging program, which helps families prepare for the workforce.

Section II. Update on Assessment of Performance, the Plan for Enacting the State's Vision and Progress to Improve Outcomes

- Assessment of Performance. States must review and update the data and information provided in their 2020-2024 CFSP and subsequent APSRs to determine final state

performance (45 CFR 1357.16(e)). The state must use its most recent data profile or contextual information provided on the state's performance on their last CFSR, its case review data, relevant data or information for each Round 4 systemic factor item, and any other relevant data to provide the final assessment.

The assessment of performance for the 2020-2024 Final Report should be focused on reporting out on the progress made over the last five years to accomplish the goals of the 2020-2024 CFSP and the progress to achieve the outcomes of the CFSR child and family outcomes and the functioning of systemic factors identified in the last five years. If the assessment of performance supports the continuation of the goal in the 2025-2029 CFSP, states should briefly summarize the information in the 2020-2024 Final Report and provide more in-depth information in the 2025-2029 CFSP (see section D).

Using relevant data and feedback from stakeholders and staff, CFS identified strengths and concerns related to performance on child and family outcomes and systemic factors. This section includes a brief update of current data from the following sources: The Nebraska Child and Family Services Review (CFSR) case reviews, the State Data Profile, the Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) Reports, Nebraska Round 3 Federal Indicator Measures, the Nebraska Family Online Client User System (NFOCUS), and data from various stakeholders.

More detailed information regarding the data sources, additional data, and analysis to support the state's current performance with safety, permanency, and well-being outcomes and systemic factors, as well as the state's planned activities to address areas needing improvement, will be further described in the 2025-2029 Child and Family Services Plan (CFSP).

Safety Outcomes

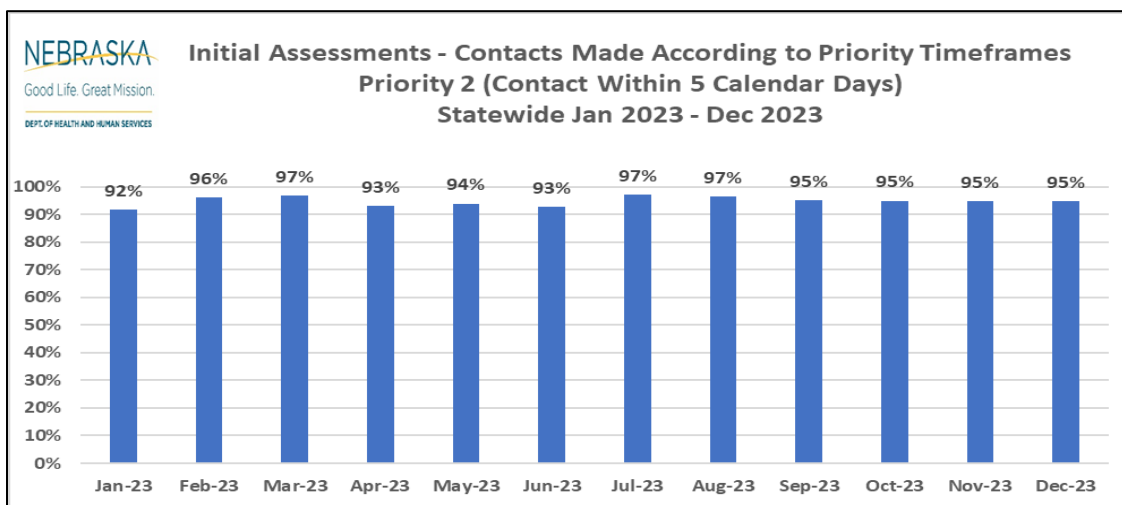
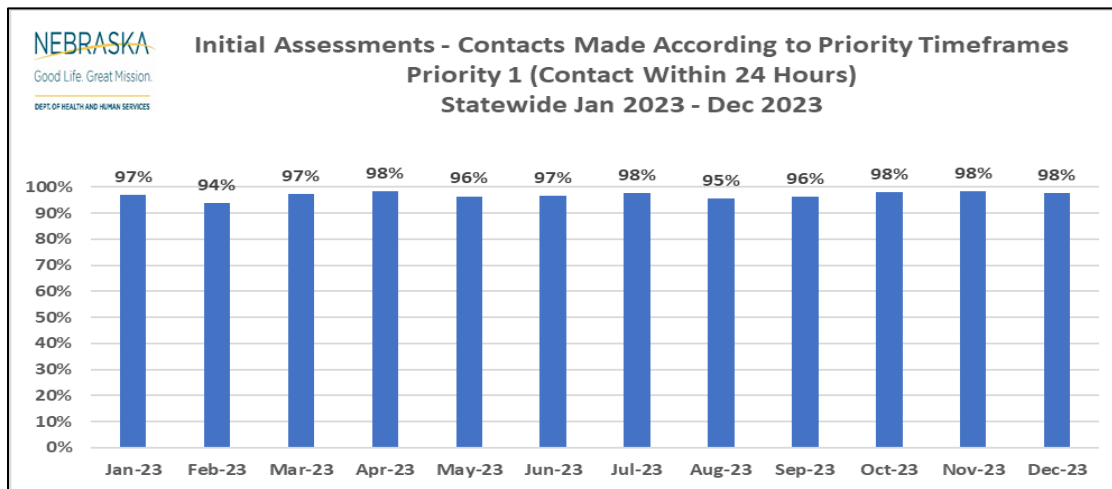
Safety Outcome #1: Children are, first and foremost, protected from abuse and neglect. (Item 1).

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated and face-to-face contact with the child(ren) made within time frames established by agency policies or state statutes?

Updated Data and Information: The current policy for response timeframes is 24 hours for Priority 1 (P1) cases and five calendar days for Priority 2 (P2) cases. The priority response timeframes are based on the severity of the allegation at the time the call ("intake") is accepted by the centralized Child Abuse and Neglect Hotline ("Hotline"). For P1 cases, the expected response time to contact the alleged victim is 0-24 hours from the time the intake is accepted for assessment. These are intakes that may be life-threatening and require an immediate response. Contact is defined as face-to-face contact.

The following chart displays data from the state information system (NFOCUS) for all child abuse intakes from January 2023 through December 2023. December 2023 data shows a timely response of 98% for Priority 1 intakes and 95% for Priority 2 intakes. In the year's second half,

between July and December 2023, P1 time frames improved and became more consistent; P2 was constantly above 95% throughout 2023.



CFS reviews the contact timeframe data by service area or Tribe, administrator, supervisor, and case manager to address areas for improvement. Current performance indicates strengths for CFSR Item 1. Ongoing plans to continually monitor and address areas needing improvement for this item are further described in the 2025-2029 CFSP.

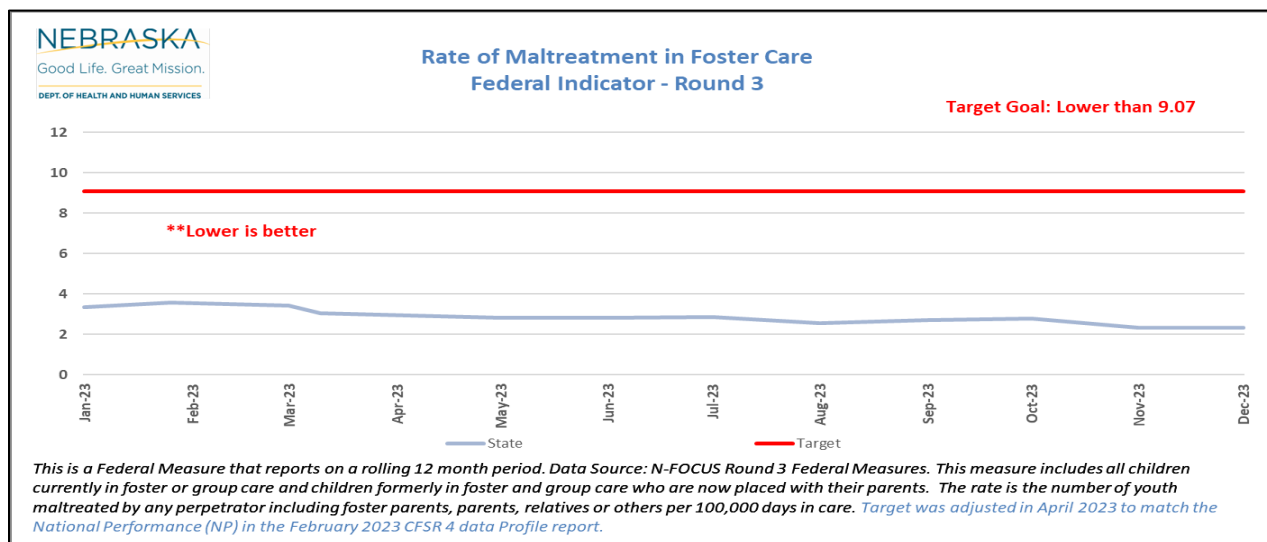
Safety Outcome #2: Children are Safely Maintained in their Homes Whenever Possible (Items 2 & 3)

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

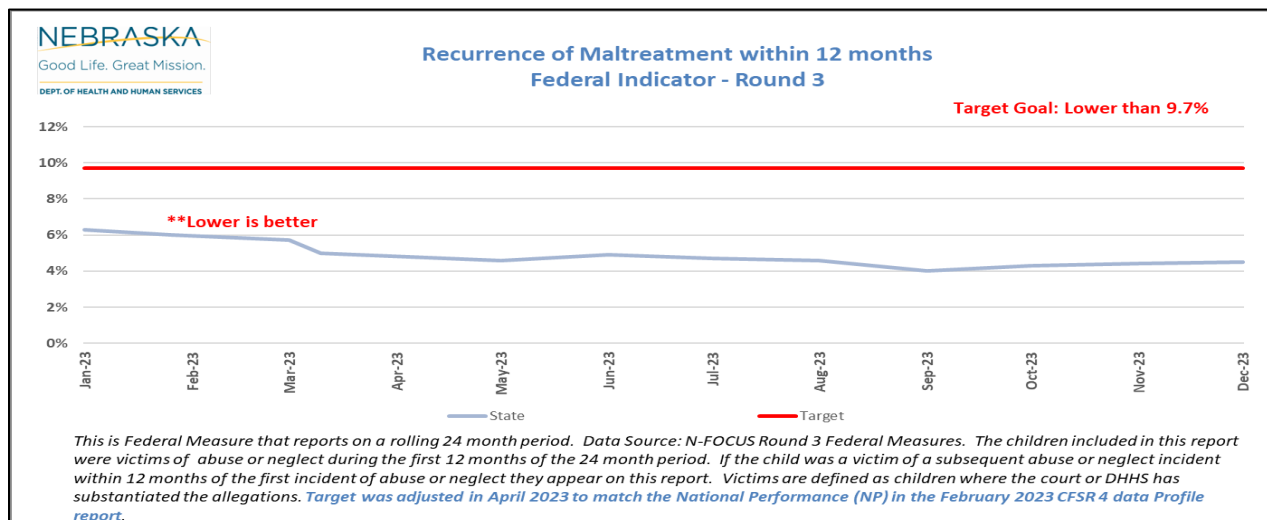
Updated Data and Information: CFS works with families and community partners to ensure children are safe from harm. Nebraska believes timely face-to-face contact with all alleged child victims and completion of thorough Safety and Risk Assessments are necessary to ensure child

safety and well-being. Nebraska has strong practice guidance and uses an evidence-informed assessment tool, SDM®, to assess for safety and risk of children who come to the attention of CFS. SDM® provides case managers with a structure for assessing current and future harm to the child. Nebraska continually strengthens Safety and Risk Assessment practice expectations and improves the effectiveness of SDM® by ensuring it is in concert with service planning and monitoring of ongoing case progress.

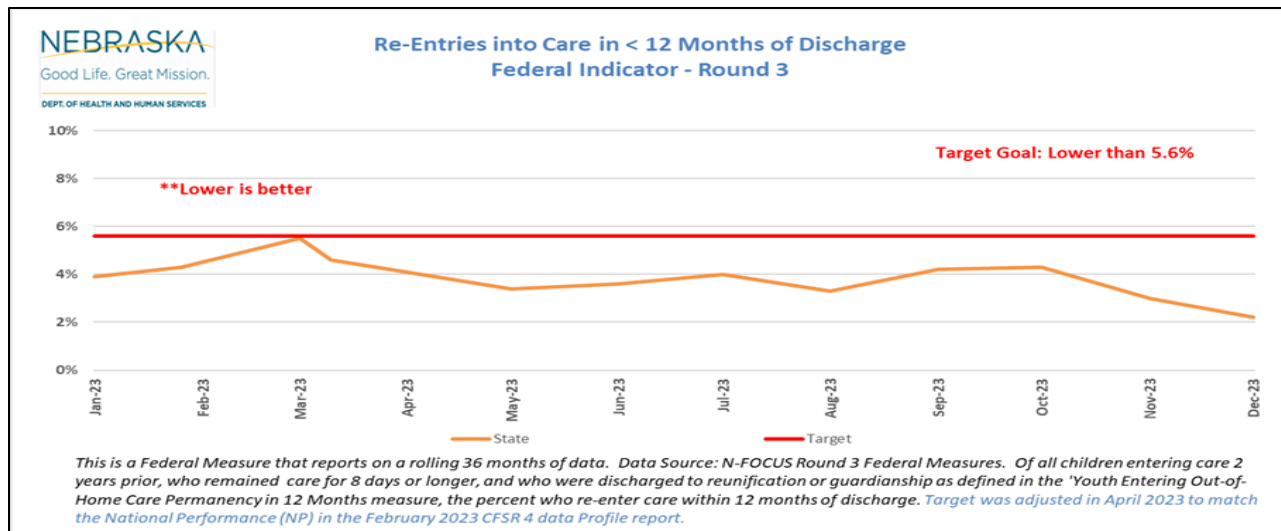
The CFSR Round 3 monthly observed performance indicators show the state is keeping children safe in foster care by consistently remaining below the established threshold of 9.07 in the recurrence of maltreatment measure. In December 2023, the state's rate of maltreatment in foster care was 2.34.



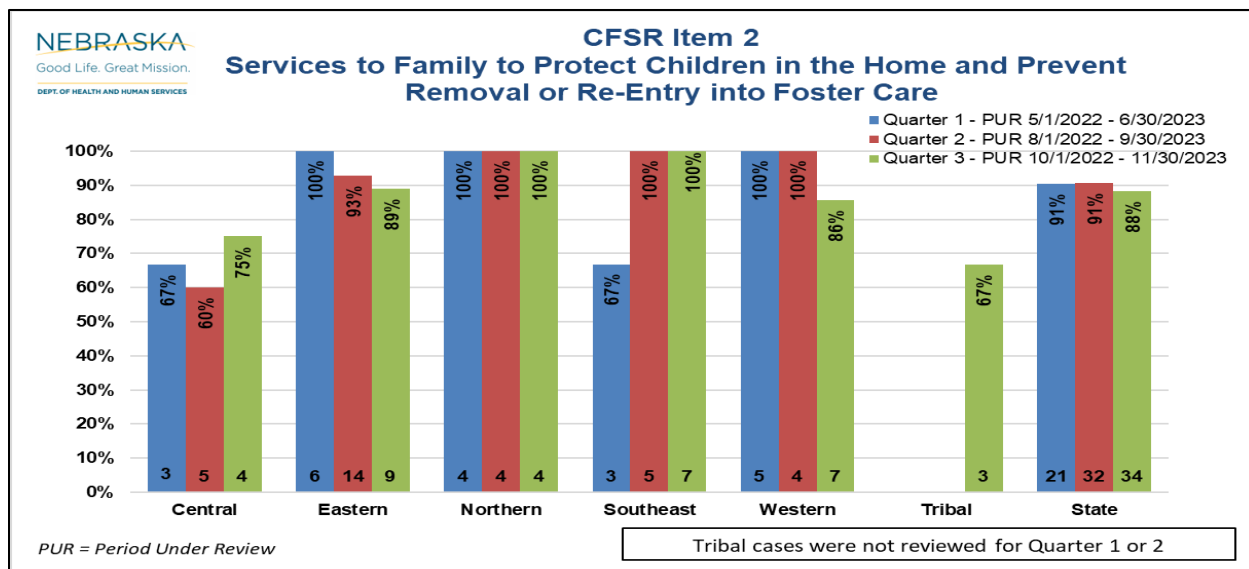
The CFSR Round 3 performance indicators also show that the state is keeping children safe by keeping the recurrence of maltreatment well below the threshold of 9.7%. In December 2023, the state's recurrence of maltreatment rate was 4.5%.



The CFSR Round 3 performance indicators also show that the state is keeping children safe in their homes by keeping the re-entry into foster care rate below the threshold of 5.6%. In December 2023, the state's re-entry rate was 2.2%. Observed performance for the state indicates improvement in this measure since February 2023.



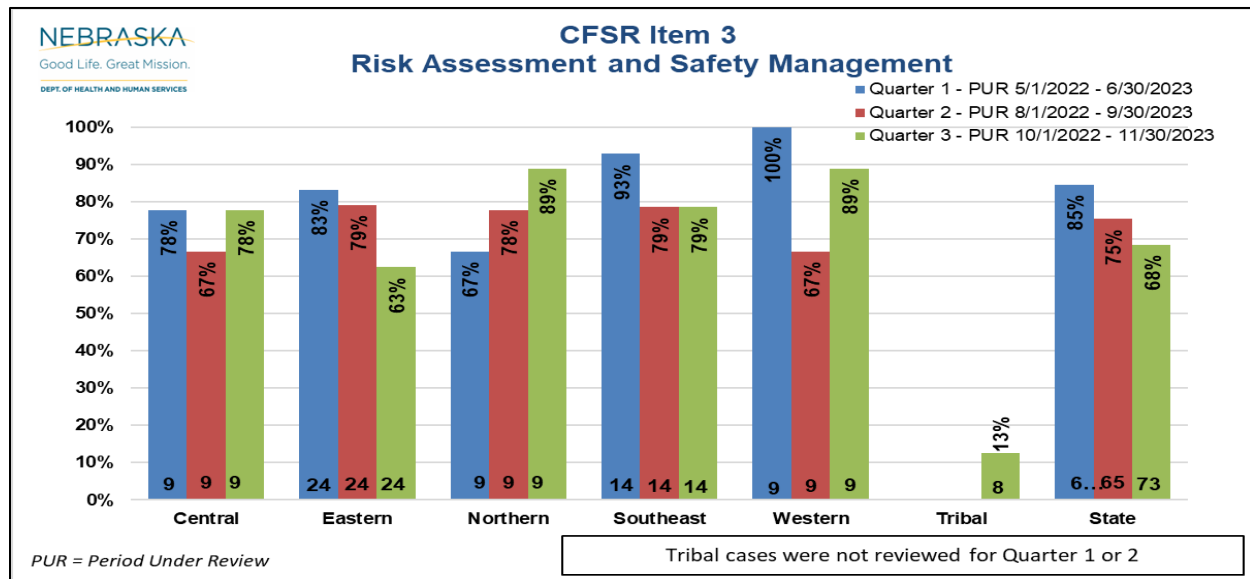
The most recent CQI CFSR case review data indicates CFS made concerted efforts to provide services to the family to protect children in the home and prevent removal in 88% of the cases reviewed.



Current performance indicates strengths for CFSR Item 2. Ongoing plans to continually monitor and address areas needing improvement for this item are further described in the 2025-2029 CFSP.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Updated Data and Information: The most recent CQI CFSR case review data indicates that CFS made concerted efforts to assess and manage safety and risk in 68% of the cases reviewed. CFS utilizes data from various quality assurance case reviews to monitor progress, identify case practice strengths, and identify areas needing improvement for safety outcomes. Current performance indicates a continued need for improvement for Item 3 for all service areas and the Tribes.



The root causes identified for Safety Outcome 1 and 2 (Items 1, 2, and 3) are similar to those identified during the CFSR PIP period, and strategies are underway to address identified barriers. Some key strategies to address improvement in the last five years are described below. Additional information regarding current and planned strategies to continue to address areas needing improvement are further described in the 2025-2029 CFSP.

Completed Activities for Safety Outcomes 1 and 2 (Items 1, 2, and 3) in the Last Five Years:

- Performed a QIC QD research intervention to address staff retention. The project included completing a 24-week resilience alliance course that promoted resilience and reduced secondary trauma for case managers.
- Enhancements were made to CFS case management reports to help staff ensure contacts were made timely and safety and risk assessments were completed to ensure safety for the child. Daily case management due date reports include contact due dates and other relevant information to manage contacts and safety and risk assessment completion.
- Monthly CFS administrator score cards and monthly supervisory data dashboards were utilized allowing for the safety, permanency, and well-being performance metrics to be drilled down to the supervisor and case manager levels.

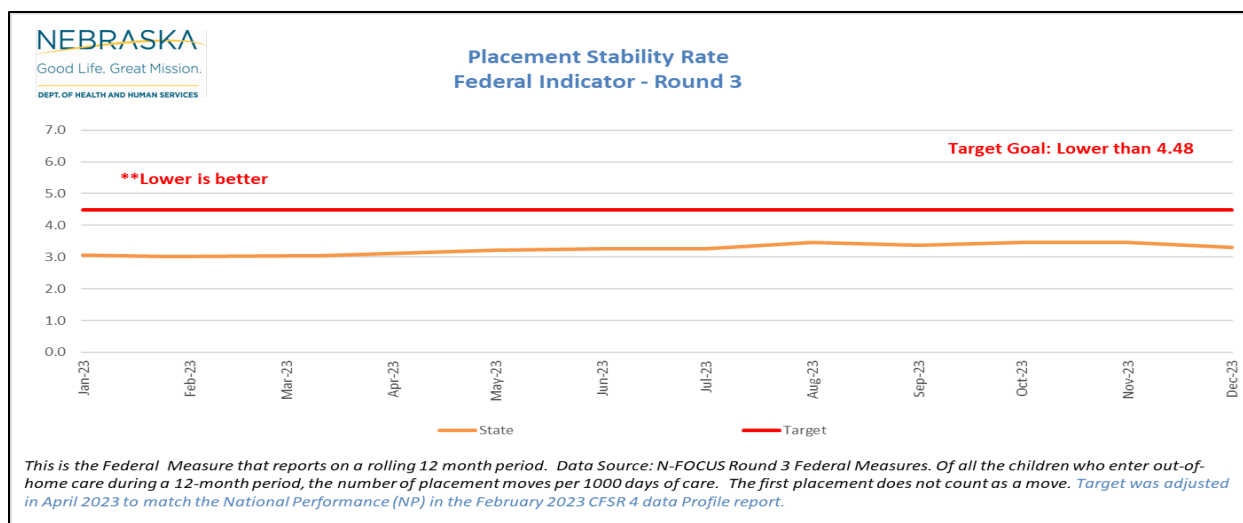
- CFS entered a contract with Evident Change, formerly the National Council on Crime and Delinquency (NCCD), to evaluate and improve Nebraska's SDM®. Improvements in SDM® assessment practice were needed to enhance the quality of safety and risk assessments and management in all case types and ensure completion of quality assessments at key junctures of the case.
- Enhanced case staffing model and Safety Organized Practice (SOP) tools, such as case mapping, were utilized for ongoing coaching and peer-to-peer learning to address safety, permanency, and well-being needs.
- Various strategies were implemented in the service areas to address identified barriers. Some examples include:
 1. The Domestic Violence and Substance Abuse Family Treatment Court in the Southeast Service Area, which addressed the needs of families that face domestic violence and substance abuse issues.
 2. The Impact from Infancy Program in the Eastern Service Area, which provided support for expectant mothers who have other children currently involved or had prior involvement with the system. The program saw great success in recognizing and identifying families who need community support.
- Met with Tribal directors, supervisors, and case managers every other month for Tribal CQI and operations meetings to address strengths and areas needing improvement with safety, permanency, and well-being outcomes.

Permanency Outcomes

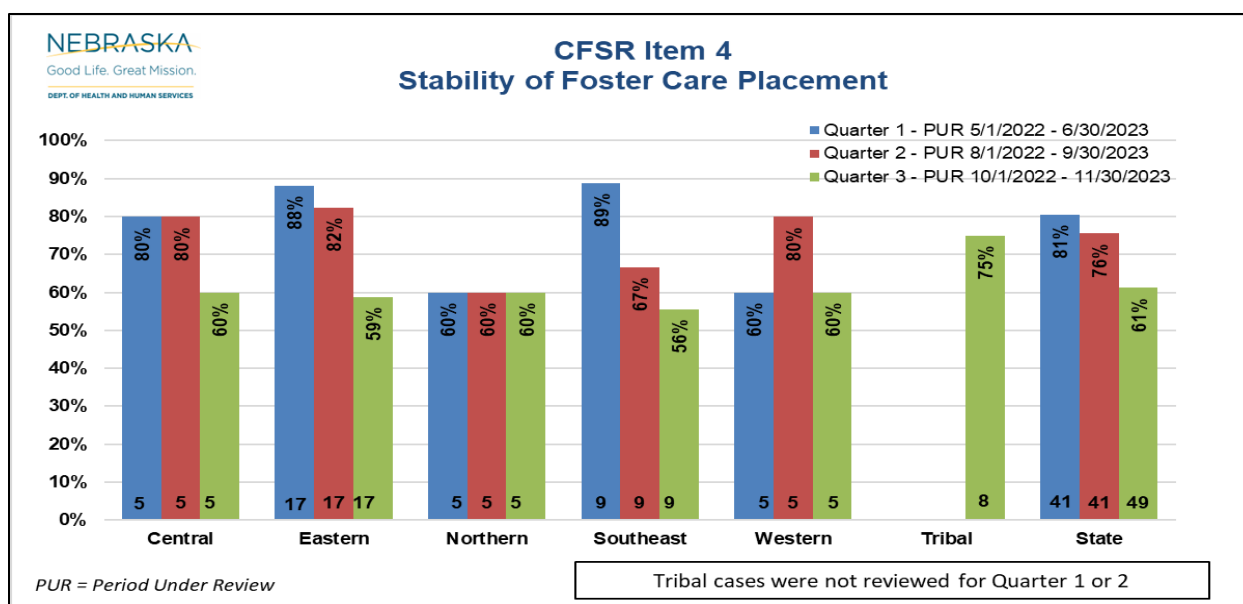
Permanency Outcome #1: Children have permanency and stability in their living situations (Items 4, 5, and 6)

Item 4: Is the child in foster care in a stable placement, and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Updated Data and Information: The CFS Round 3 monthly observed performance indicates the state is below the threshold for this measure with a placement stability rate of 4.48 and passing the placement stability rate measure.



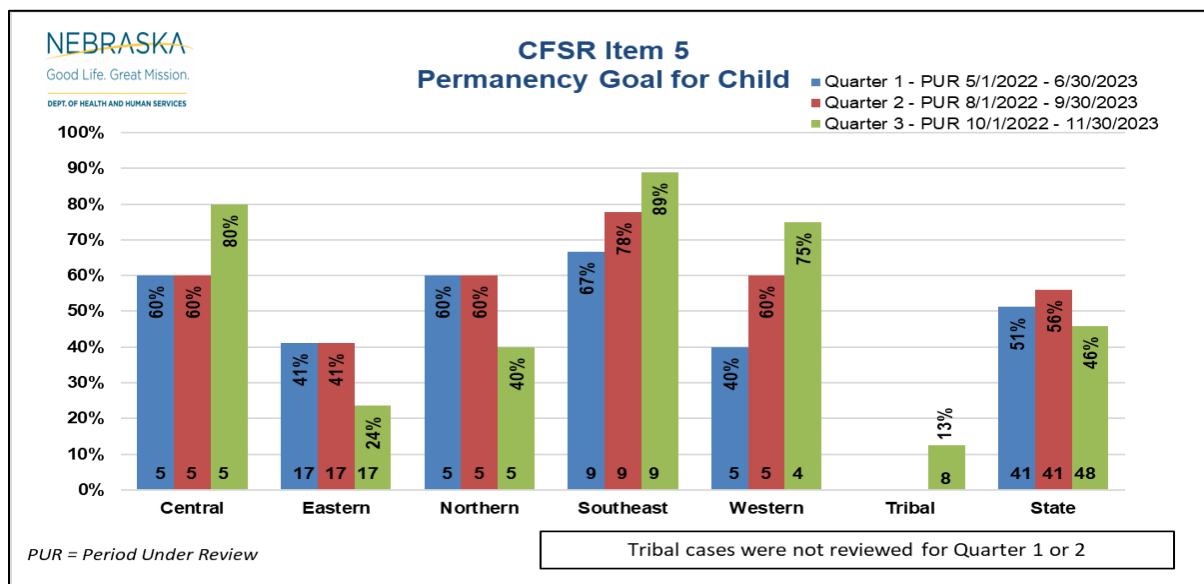
Placement stability continues to be an area of need for Nebraska, as demonstrated by the most recent CQI CFSR case reviews. The most recent reviews indicate placement was stable for 61% of the youth in foster care.



Current performance indicates a continued need for improvement for Item 4 for all service areas and the Tribes. Additional information regarding barriers and plans to continually monitor and address areas needing improvements are further described in the 2025-2029 CFSP.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Updated Data and Information: The permanency goal for the child continues to be an area of need for Nebraska, as demonstrated by the most recent CQI CFSR case reviews. The most recent reviews indicate that the permanency goal was established timely and appropriate for the needs of the child in 46% of the cases.

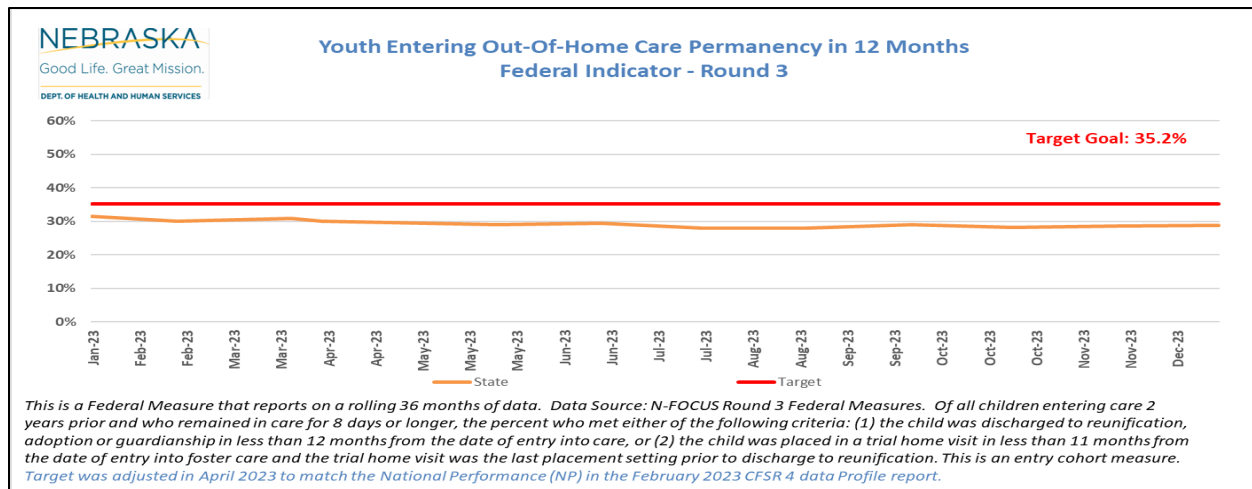


Most recent data (December 2023) from the state's information system indicate case plans are created within 60 calendar days of the youth entering out-of-home care for 73% of the youth. Additionally, approximately 22% of the youth in out-of-home care for 15 of the most recent 22 months have had a TPR filed on/or before day 15 of the month in out-of-home care. This data excludes the youth who meet an exception for TPR filing.

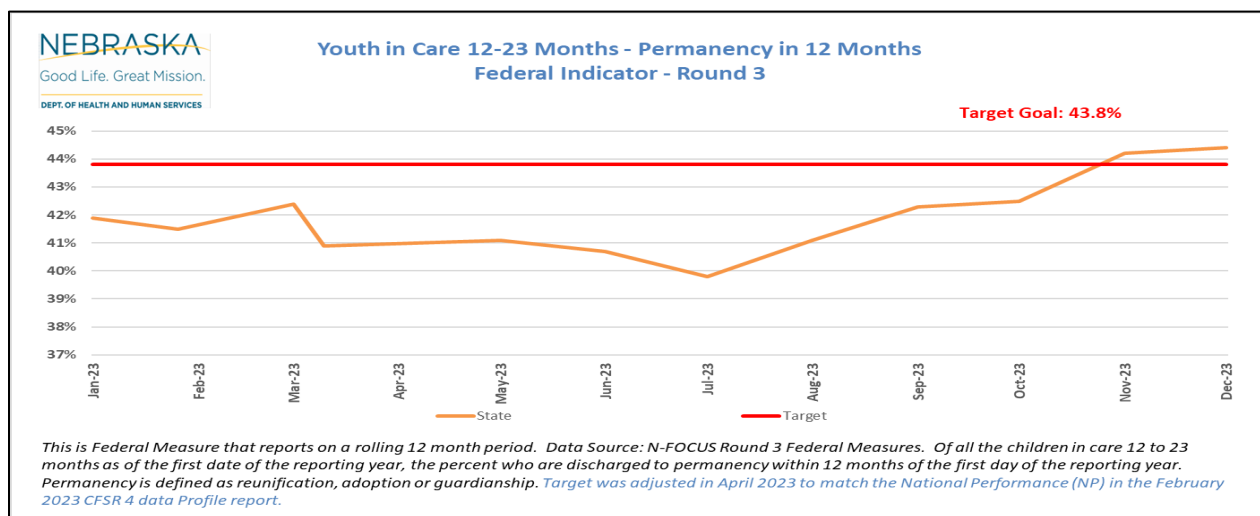
Item 5 continues to be an area of need for CFS, and strategies are underway to address areas needing improvement. Additional information regarding barriers and plans to continually monitor and address areas needing improvements are further described in the 2025-2029 CFSP.

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

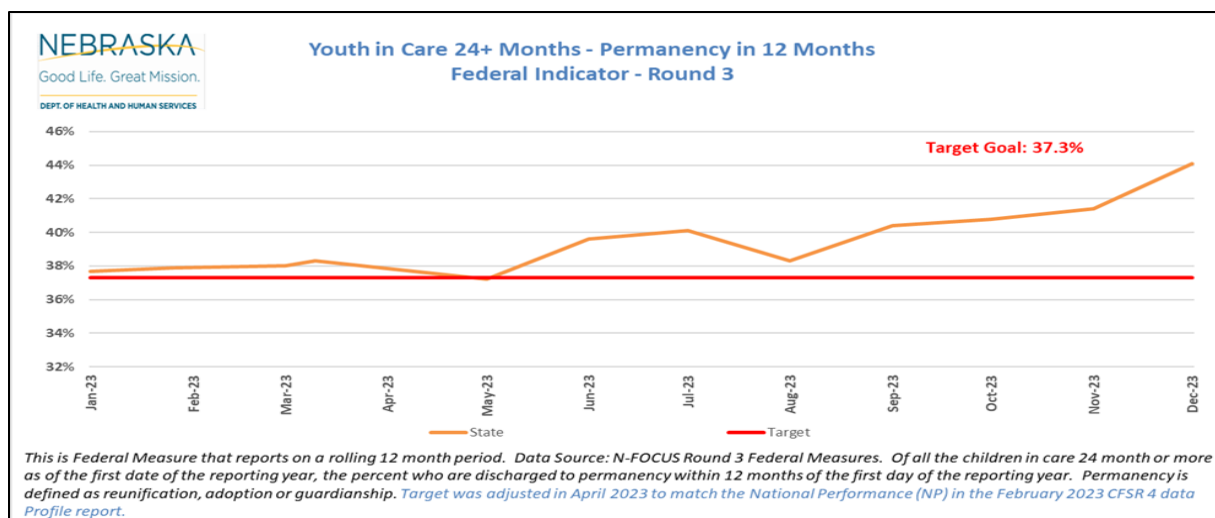
Updated Data and Information: Achieving timely permanency for the child continues to be an area of need for the state. According to the state's Round 3 Federal Indicators below, the state is not meeting the target goal for achieving permanency for youth entering foster care within 12 months. Data shows that Nebraska remains around the 30% mark for the 2023 year, below the Target Goal of 35.2%. Data indicates that all service areas are performing below the state's target goal for this measure.



According to the state's Round 3 Federal Indicators below, the state is currently meeting the target goal for achieving permanency for youth in foster care for 12-23 months. Data shows an improvement in performance from July to December, with November and December meeting our Target Goal of 43.8%. For December 2023, the state achieved permanency within 12 months for 44.4% of youth who have been in care for 12-23 months.



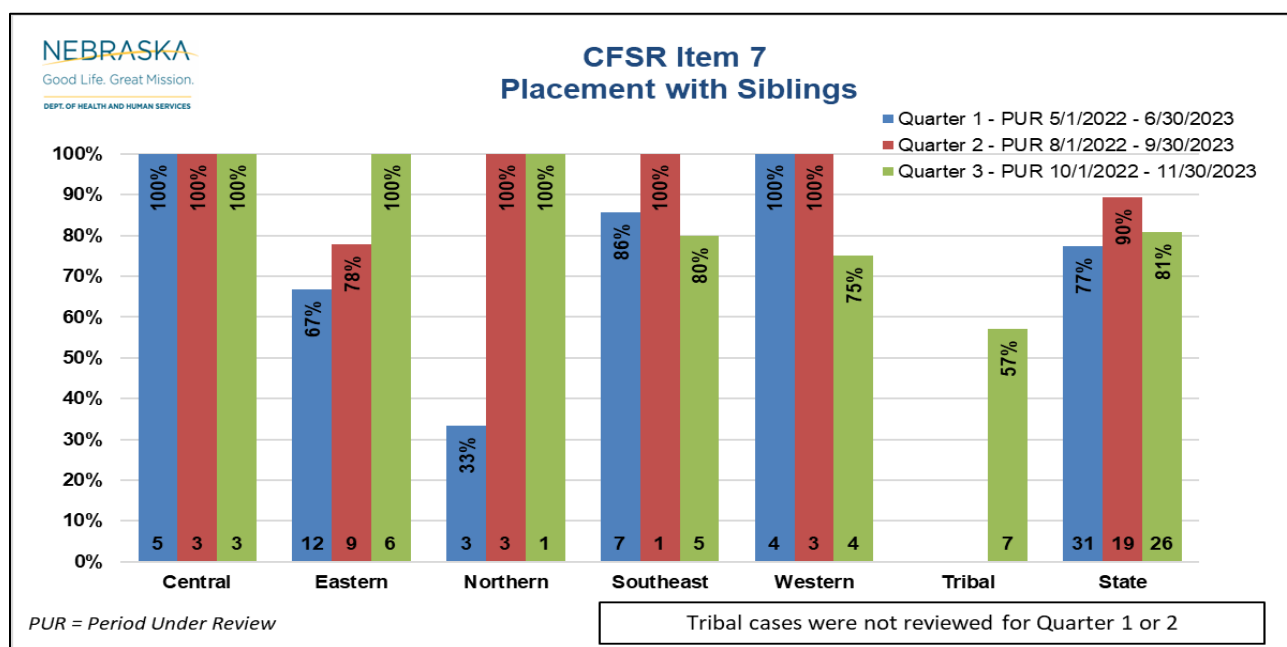
According to the state's Round 3 Federal Indicators below, the state is currently meeting the target goal of achieving permanency for youth in foster care for 24 or more months. Data shows a steady performance increase over the last seven months for this measure. The state is achieving permanency within 12 months for 44.10% of youth who have been in care for 24 or more months, above the state's target goal of 37.3%.



Permanency Outcome #2: The Continuity of Family Relationships and Connections is Preserved for Children (Items 7, 8, 9, 10, and 11)

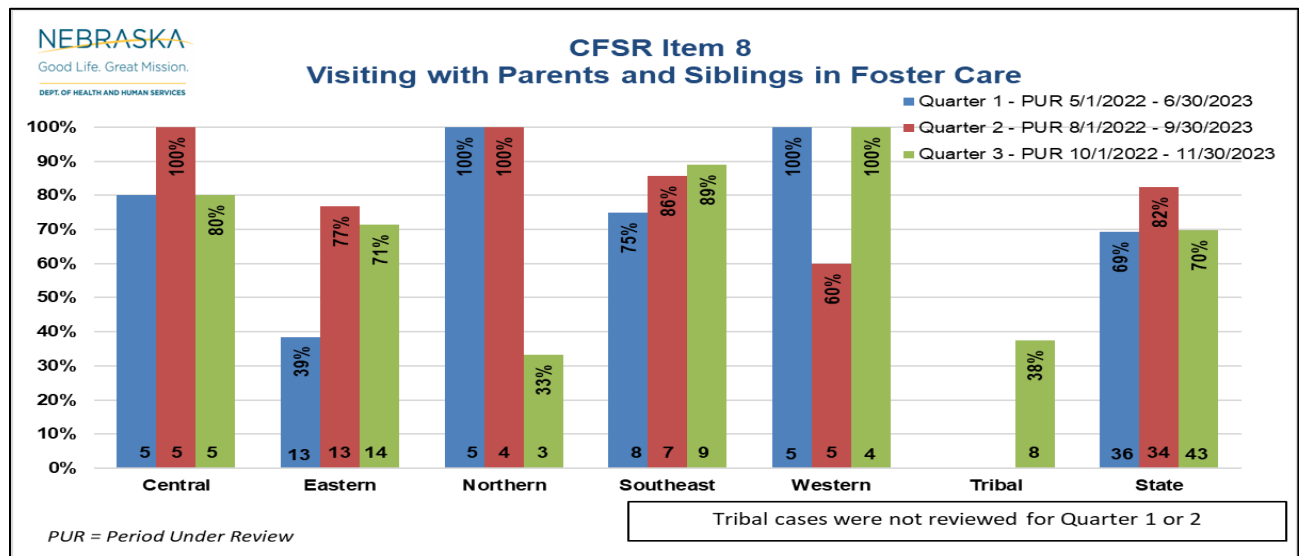
Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Updated Data and Information: This item continues to be a strength for Nebraska. Most recent case reviews indicate CFS ensured siblings were placed together or justified the need to place siblings separately in 81% of the applicable cases.



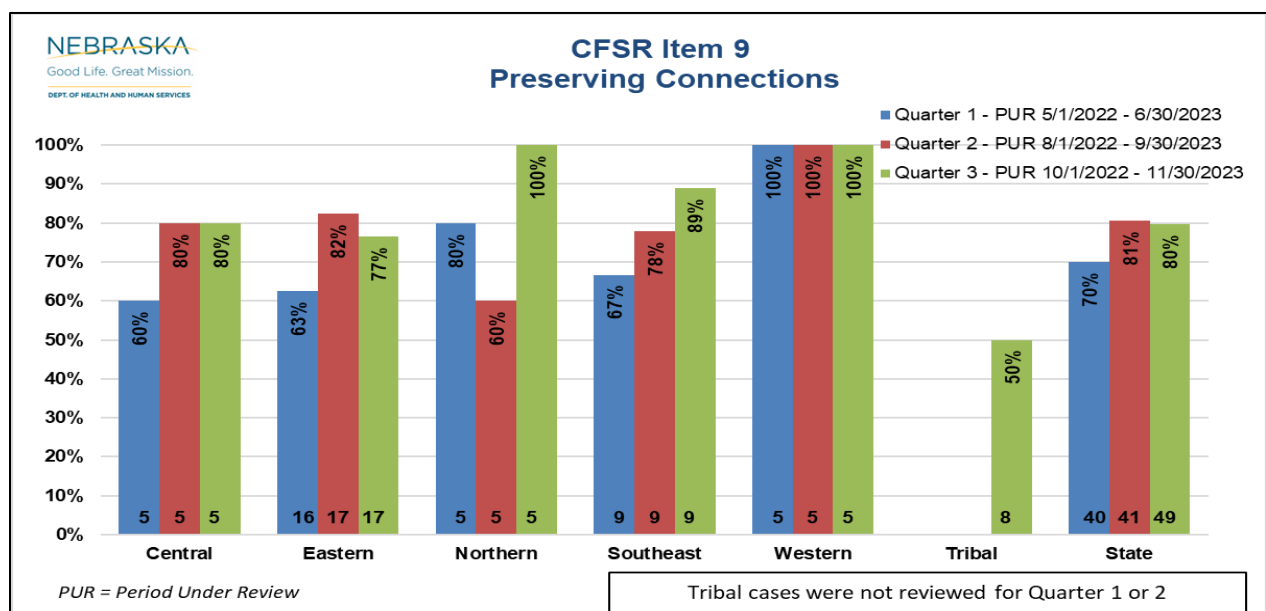
Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Updated Data and Information: Most recent case reviews indicate CFS ensured youth placed in foster care continued to have visits with parents and siblings in 70% of the applicable cases. Efforts are being made to ensure visits are taking place but more improvement is needed in ensuring sufficient frequency and quality of the visits.



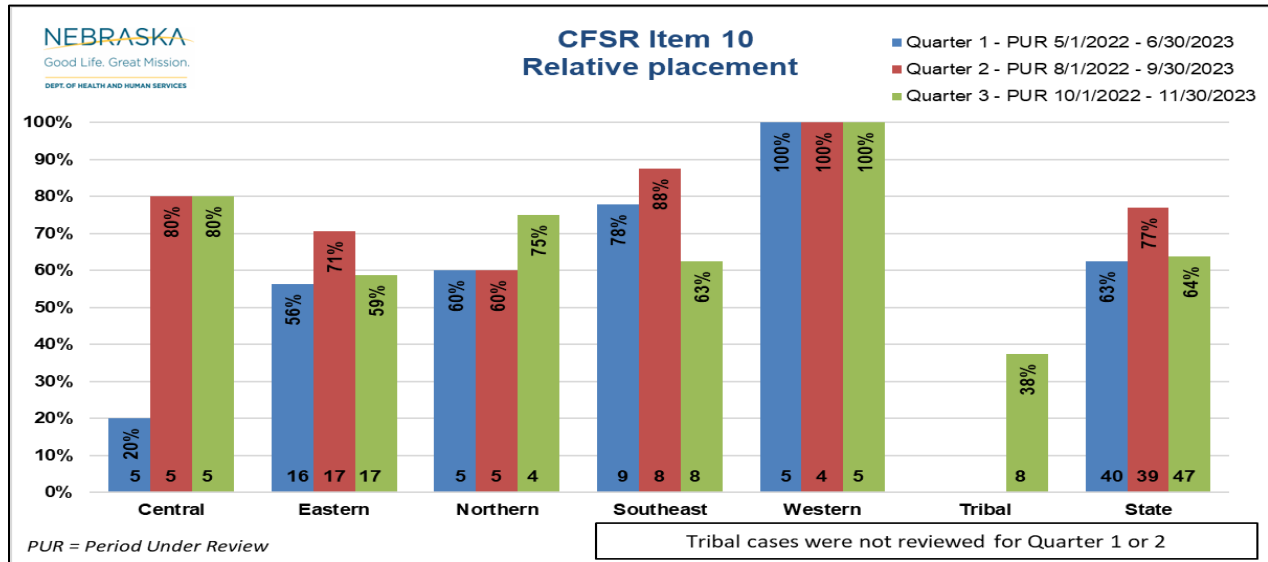
Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

Updated Data and Information: Most recent case reviews indicate that CFS made concerted efforts to preserve meaningful connections for children in care in 80% of applicable cases. Service areas report making efforts to preserve the child's important connections; however, the case managers need to improve with documenting information in NFOCUS regarding efforts.



Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

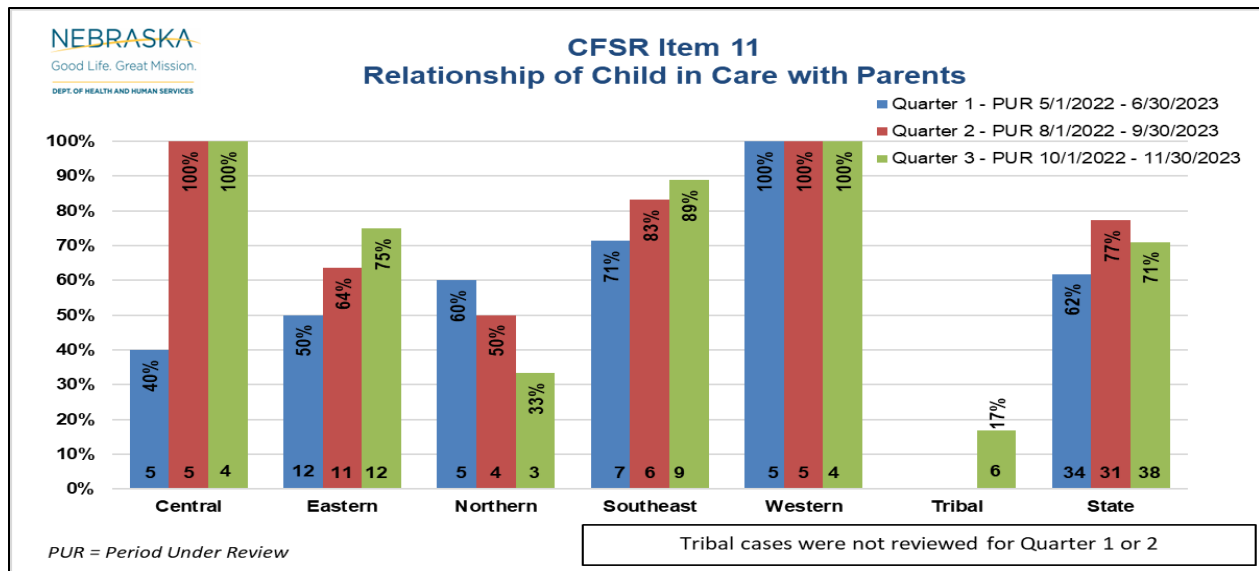
Updated Data and Information: Most recent case reviews indicate CFS made concerted efforts to place children with relatives in 64% of applicable cases.



Data from the state's information system in December 2023 showed that approximately 63% of the youth placed in foster care were placed with a relative or kin. Item 10 remains an area of need for the state, and ongoing strategies continue to be implemented to address barriers.

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Updated Data and Information: Most recent review data indicates CFS made concerted efforts to preserve the relationship between the child in foster care and their parents in 71% of the applicable cases. Service area staff need to improve documenting efforts made to preserve the relationship between the child and parents.



The root causes identified for permanency outcomes 1 and 2 (Items 5-11) are similar to those identified during the CFSR PIP period, and strategies are underway to address identified barriers. Some key strategies to address improvement in the last five years are described below. Additional information regarding current and planned strategies to continue to address areas needing improvement are further described in the 2025-2029 CFSP.

Completed Activities for Permanency Outcomes 1 and 2 (Items 4 to 11) in the Last Five Years:

- Partnered with the Court Improvement Project to implement strategies to address barriers to permanency. Some examples include:
 1. Completed meetings with judges regarding permanency measures.
 2. Developed "A View from the Bench – A Guide for Foster Parents" video. Judges provide information for foster parents to encourage attendance and participation in court hearings.
 3. Utilization of Judicial, Court, and Attorney Measures of Performance (JCAMP) – a project to focus on assessing child/youth participation in court proceedings.
 4. Supreme Court Commission on Children in the Courts – A case progression subcommittee worked on a permanency report for judges to accompany the case progression reports.
 5. Implemented a collaborative project between CFS and the court improvement to address timely permanency through Pre-Hearing Reviews when the child reaches nine months in care.
 6. Provided SDM® education to judges and legal parties.
 7. Addressed TPR barriers with the courts and legal parties.
- Various strategies were implemented in the service areas to address identified barriers. Some examples include:
 1. In partnership with the Children's Bureau and Spalding Inc., CFS launched the Quality Improvement Center-Engaging Youth (QIC-EY) Project. This project identified a method to engage youth in system enhancements to address the timely permanency of children in foster care. The QIC-EY Project helps CFS staff

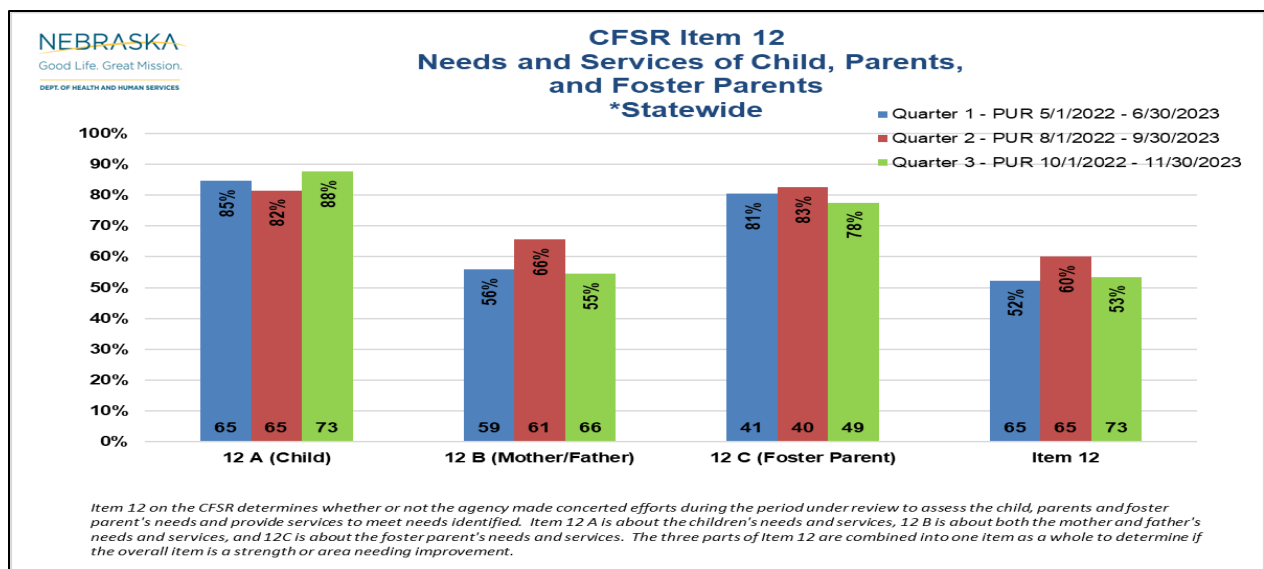
- understand how to engage youth more in-depth and eliminate any barriers preventing timely permanency. For additional details, see *Section I, Collaboration*.
2. Administrators conducted 60 and 90 day staffing to help address any barriers to achieving permanency for all youth.
 3. For all youth that have been removed, an immediate triage or a 30 day case mapping occurs to include workers, supervisors, RD, ICWA Champion, and administrators from across the service area to identify barriers to reunification and begin to develop strategies to prioritize well-being and reuniting families.
- Implemented strategies to increase the case manager's understanding of concurrent planning and TPR requirements. Strategies included additional training and ongoing supervisor coaching during case staffing and utilizing newly created reports to identify youth requiring a review/staffing to address concurrent planning at nine months and TPR close to 15 months in out-of-home care.

Well-Being Outcomes

Well-Being Outcome #1: Families have enhanced capacity to provide for their children's needs (Items 12, 13, 14 and 15)

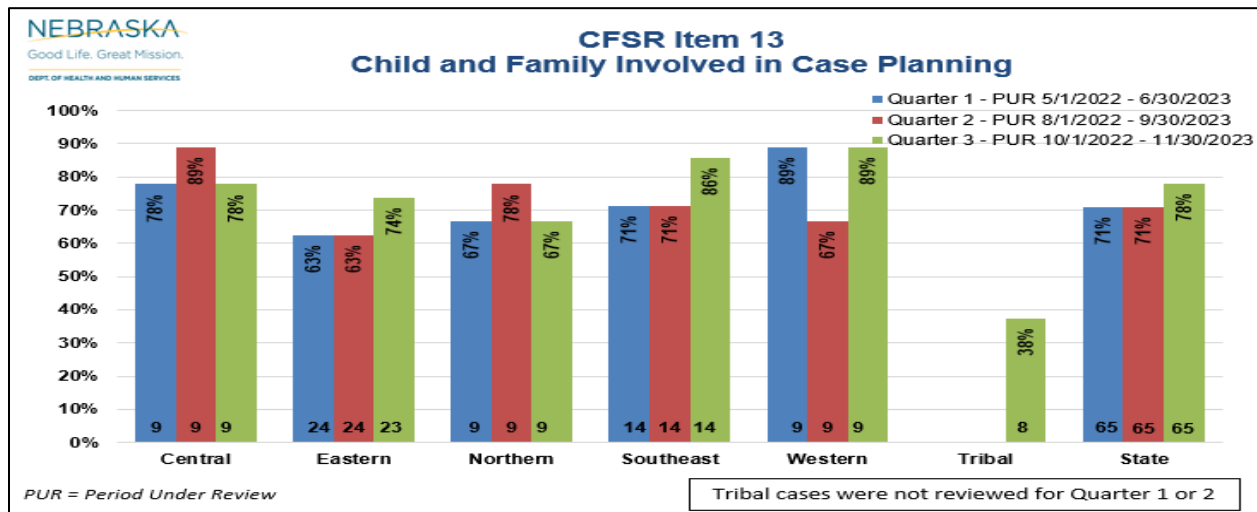
Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Updated Data and Information: The most recent review data indicates that CFS has made concerted efforts to assess the needs of and provide appropriate services for children, parents, and foster parents in 60% of the applicable cases. The service areas do better with assessments and services for the child (88% during the most current review) and foster parents (78% during the most current review) but need improvement with completing the needs assessment and providing services to the child's parent(s) (55% during the most current review), particularly the child's father.



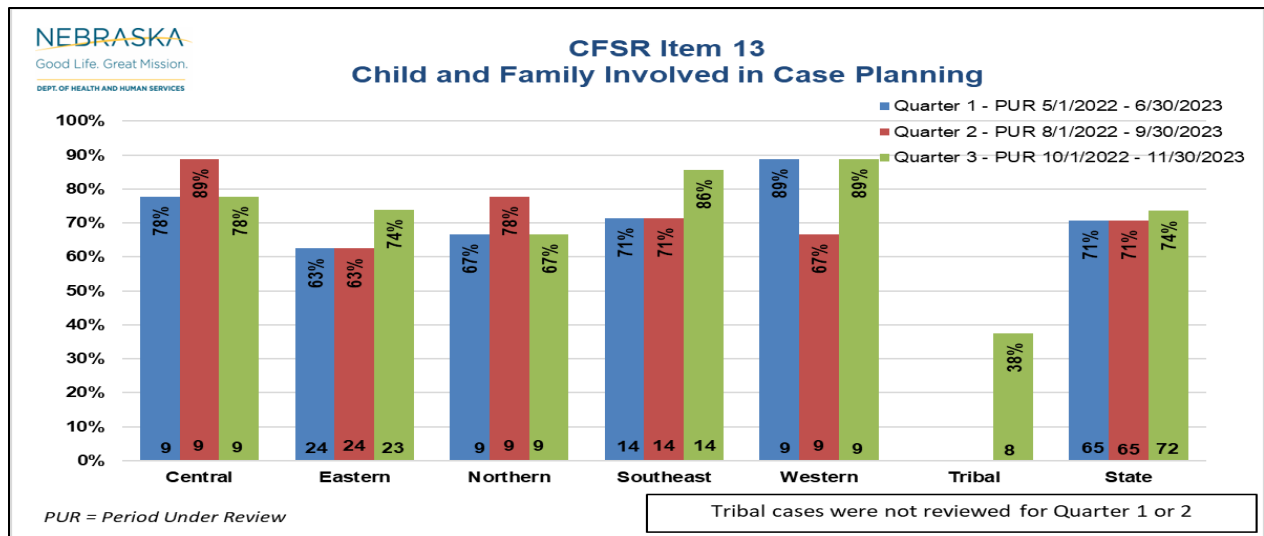
Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Updated Data and Information: The most recent review data indicates that CFS made concerted efforts to involve children and parents in case planning in 78% of the cases reviewed. The service areas do well with engaging the child in case planning but need to improve efforts to engage the child's parent(s), particularly the child's father.



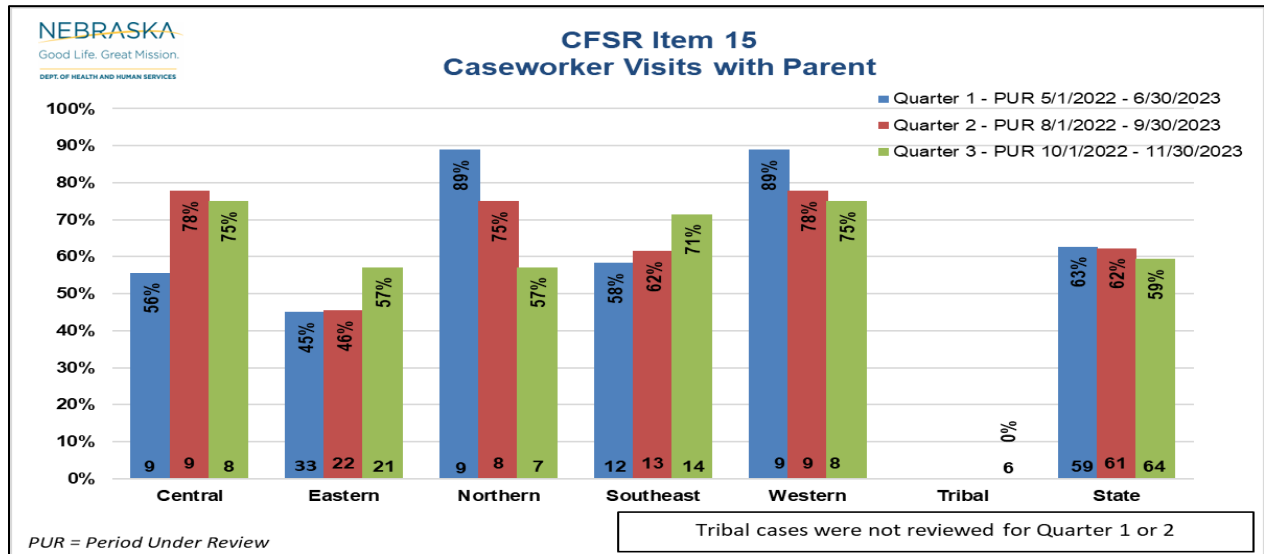
Item 14: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote the achievement of case goals?

Updated Data and Information: The most recent review data indicates that CFS made concerted efforts to involve children and parents in case planning in 74% of the cases reviewed. The service areas do well with engaging the child in case planning but need to improve efforts to engage the child's parent(s), particularly the child's father.



Item 15: Were the frequency and quality of visits between caseworkers and the mother(s) and father(s) of the child sufficient to ensure the safety, permanency, and well-being of the child and promote the achievement of case goals?

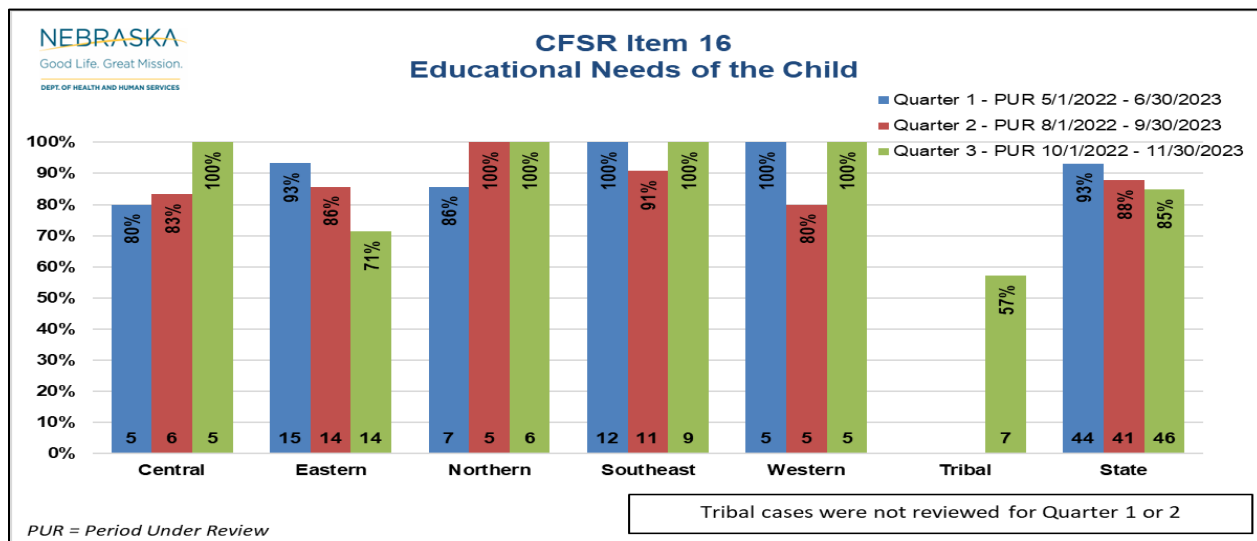
Updated Data and Information: During the most recent review, CFS maintained visits with parents that were of sufficient frequency and quality in 59% of applicable cases. CFS continues to need to improve efforts to engage the non-custodial parent, who is the child's father in most cases.



Well-Being Outcome #2: Children Receive Appropriate Services to Meet Their Educational Needs (Item 16)

Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?

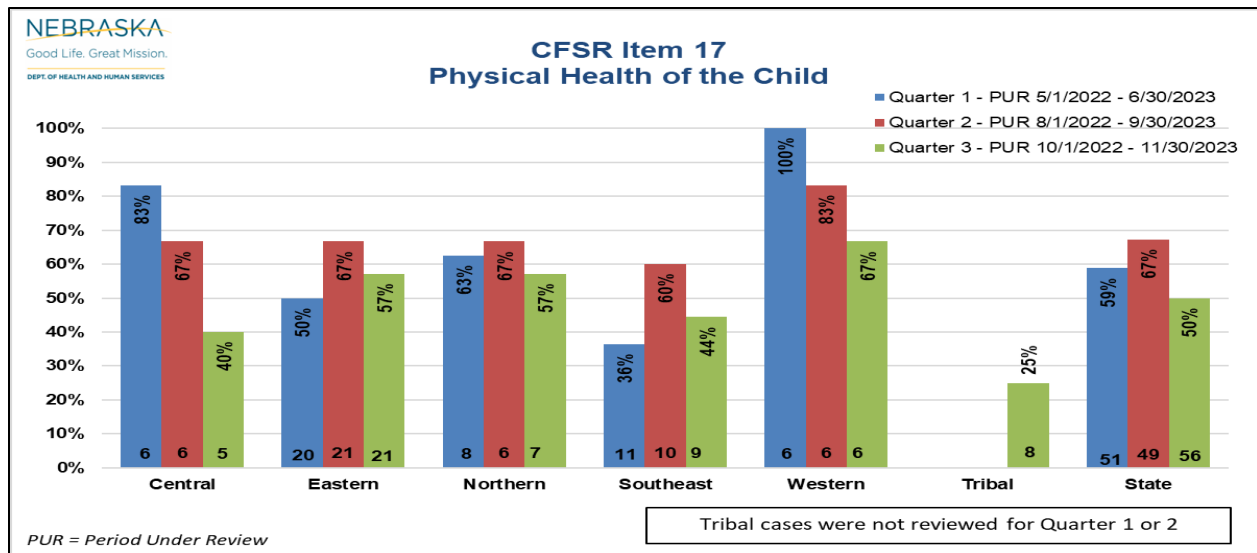
Updated Data and Information: During the most recent review, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 85% of the applicable cases. Nebraska has consistently done well in evaluating the child's educational needs and providing services to address those needs. However, a decrease was seen in the most recent two quarters, and additional analysis will be conducted during the upcoming statewide assessment to further identify barriers and areas needing improvement.



Well-Being Outcome #3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs (Items 17 and 18)

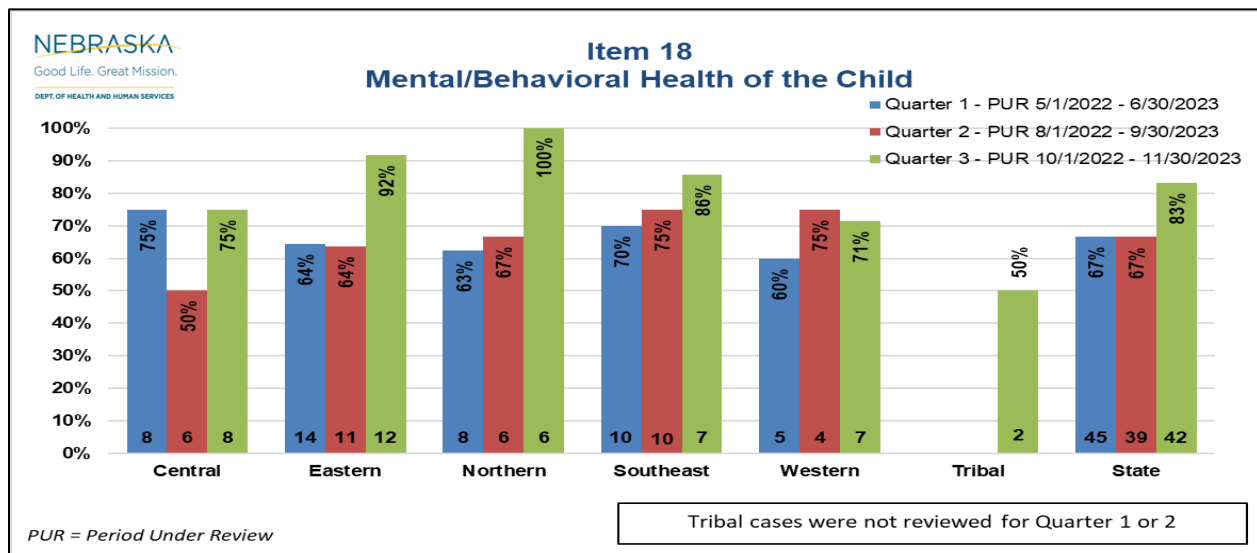
Item 17: Did the agency address the physical health needs of children, including dental health needs?

Updated Data and Information: Most recent review data indicates that CFS made concerted efforts to assess the physical health needs of the children and provide appropriate services in 50% of the applicable cases reviewed. Physical health needs assessment and services, particularly those required for dental health needs, are areas of need for all service areas.



Item 18: Did the agency address the mental/behavioral health needs of children?

Updated Data and Information: The most recent review data indicates that CFS has made efforts to assess children's mental and behavioral health needs and to provide appropriate services in 83% of the applicable cases. This is an improvement from 67% in the first and second quarters.



The root causes identified for well-being outcomes 1, 2, and 3 (Items 12-18) are similar to those identified during the CFSR PIP period, and strategies are underway to address identified barriers. Some key strategies to address improvement in the last five years are described below. Additional information regarding current and planned strategies to continue to address areas needing improvement are further described in the 2025-2029 CFSP.

Key Activities for Well-Being Outcomes 1, 2, and 3 (Items 12-18) in the Last Five Years:

- The Western and Central service areas participated in the Fathers and Continuous Learning Dissemination Pilot. Through this pilot, the service areas completed a statewide self-assessment and implemented several Plan, Do, Study Act (PDSA) problem-solving processes to assist in locating and engaging fathers and paternal relatives. One of the PDSAs included learning about fatherhood programs already offered in Nebraska and increasing referrals to these fatherhood programs. Service area staff also developed a checklist of efforts to contact fathers that the case managers used within the first seven days of an initial removal and a checklist of continued efforts for the first 30 days following the removal. This project focused on strategies to identify, locate, and engage fathers in case planning. Fathers with system expertise were consulted and engaged in the process.
- Implemented Safety Organized Practice (SOP) across the state: SOP is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child, including the parents, extended family, case managers, supervisors, lawyers, judges, and even the child to keep focused on assessing and enhancing child safety at all points in the case process by creating a safety network of support for the family. One of the goals of SOP is to provide tools to improve engagement and build stronger relationships between the case manager and the child, the child's parents, and other stakeholders involved with the child. Case managers utilize SOP tools and strategies to improve engagement and quality contacts with youth throughout the state.
- Increased awareness and continued utilization of family organizations to better assist biological parents and caregivers.
- Provided ongoing education to biological parents to encourage active voice in the development of safety plans and case plans.
- Contract Monitoring Development Team (CMRD) ensured the licensed CPAs provide monthly reports to the case manager on all placements. This ensures that all physical health, behavioral health, mental health, and educational information is communicated to the case manager.
- CFS partnered with the Center on Children, Families, and the Law (CCFL) to produce an education desk aide for case managers. The desk included information to help case managers educate and support parents to meet the child's educational needs.
- CFS partnered with regional behavioral health programs to assess and ensure community services are available to address the behavioral health needs of children and their families.
- The Health Care Oversight (HCO) Committee continued to review aggregate data from various sources, within and outside of DHHS, to identify health trends, concerns, and priority areas to address through strategies.

Systemic Factors

Statewide Information System

Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and

goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Updated Data and Information: CFS operates a Statewide Automated Child Welfare System (SACWIS) called the Nebraska Family Online Client User System (NFOCUS). NFOCUS is available to case managers, supervisors, administrators, and staff in supporting roles statewide. NFOCUS collects and maintains information regarding individuals, families, and providers who receive services from or interact with the agency. Collecting and maintaining data in NFOCUS allows immediate access to information about children, family members, 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 crucial to monitoring outcomes and identifying areas for improvement. The SACWIS system allows CFS to collect and report data as requested by the 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 to ensure that CFS can identify the status, demographic characteristics, location, and goals for placing every child in foster care (or has been within the immediately preceding 12 months). This item was found to conform substantially with federal requirements during the CFSR in 2017 and continues to be an area of strength for Nebraska.

Data quality reviews and clean-up efforts are routinely conducted through oversight and follow-up by the CFS quality team. Data is reviewed for errors before each federal AFCARS submission. The data submitted to AFCARS is pulled directly from the data entered in the NFOCUS system. Furthermore, quality assurance reviews indicate that high-quality data is documented in NFOCUS by the case managers. Recent QA review results indicate between 98% and 100% accuracy for the child's gender, date of birth, and placement information. The QA review results indicate room for improvement, with an accuracy between 75%-93% for the following areas: parental rights, the child's race and ethnicity, and the child's case plan goals.

Key Activities in the Last Five Years:

- Case managers and supervisors utilize daily case management due date reports and child summary reports that pull information directly from NFOCUS and display real-time data for each child. These reports allow staff to review and update the information when necessary. Supervisors also utilize the child summary reports to review the information during routine case staffing with the case managers.
- The quality team reviews demographic and other case information for every child in the CFSR case selected for review and sends an email regarding the error to the case managers and supervisors. Case managers make the necessary corrections in NFOCUS.
- CFS addresses areas needing improvement identified through QA reviews by routinely identifying barriers to accurate case information documentation and developing strategies for improvement. In the past year, strategies included quick tips with documentation instructions and reminders for field staff.

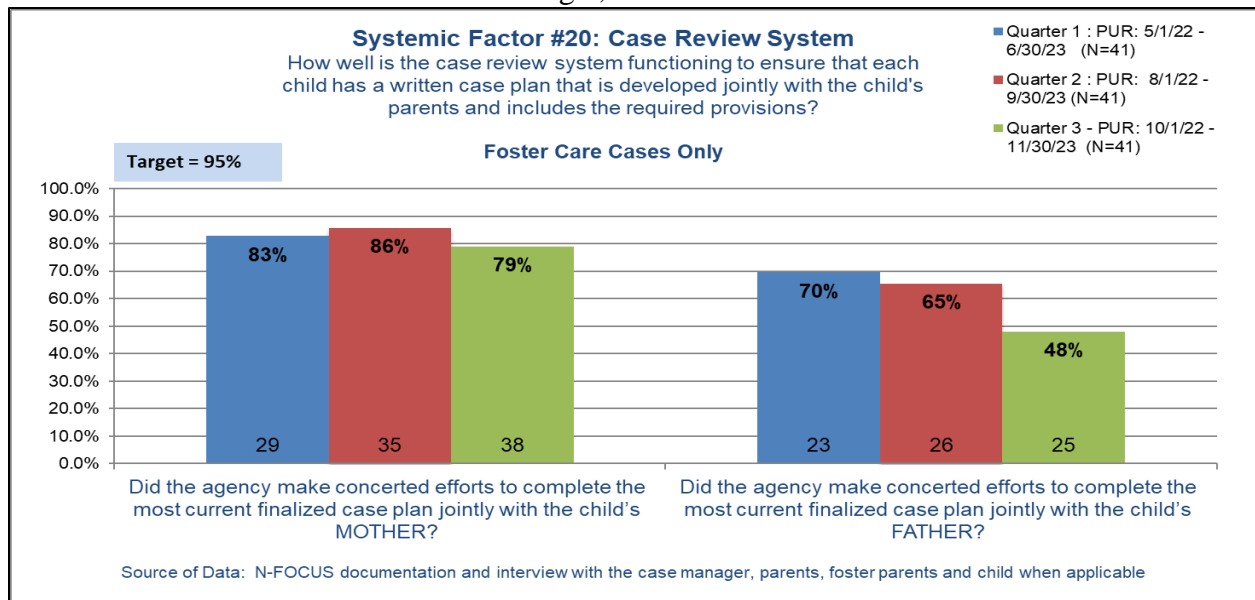
- The quality team ensures field staff have sufficient knowledge and understanding of CFS's information system to capture, store, and retrieve accurate client information. The team provides the summary of pre-release NFOCUS instructions and detailed instructions for all NFOCUS changes to users to ensure proper system usage and understanding of data definitions.

Case Review System (Items 20-24)

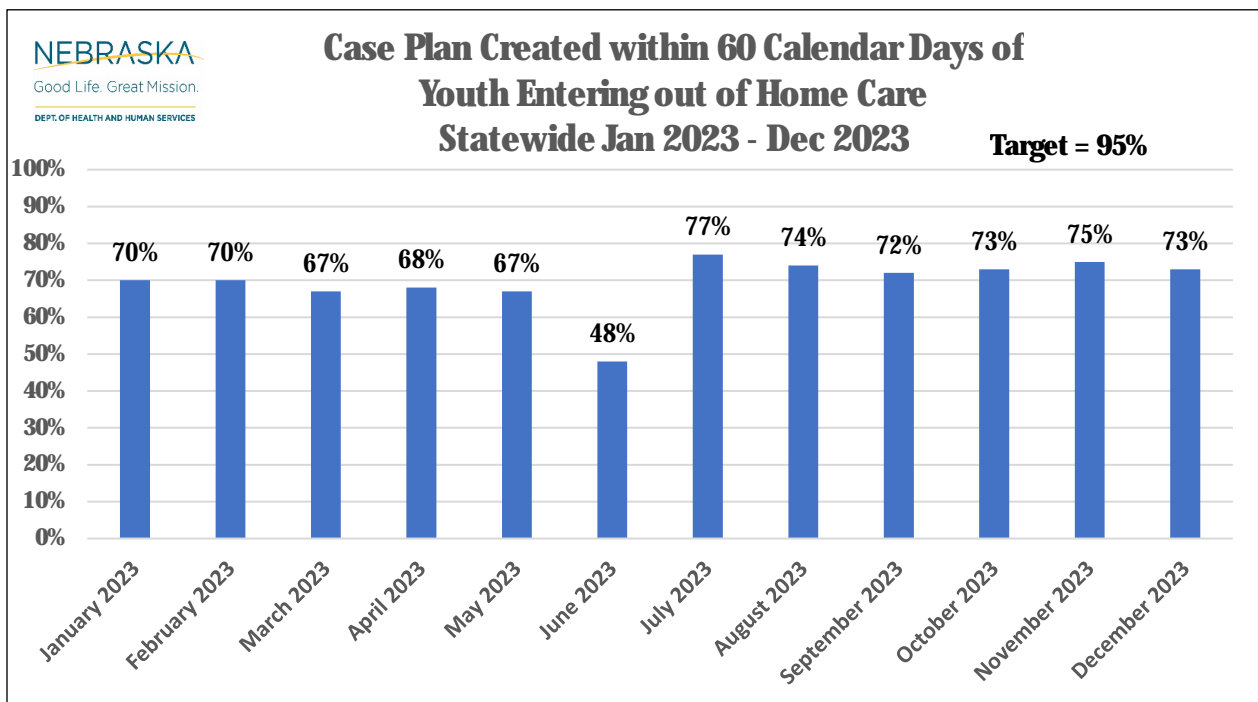
Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Updated Data and Information: The case plan is a written agreement developed between the family, case manager, and other team members as appropriate. Case plans are developed for court and non-court families. For court-involved families, the court approves or modifies the case plan. In addition, family team meetings are convened to create, implement, evaluate, and update the case plan that supports an individual's or family's goal achievement and the child's safety concerns. The team meeting must include the family (unless reunification is not the permanency goal) and the case manager. The family team meeting may also include other formal and informal supports selected by the family (or others if the family is no longer involved).

The graph below reflects the quality of the case review system functioning statewide to ensure that each child has a written case plan developed jointly with the child's parent(s) and includes the required provisions. The graph below shows many similarities with the previous year's data. Mothers appear to be more involved with case planning than fathers, and CFS needs to continually improve its engagement with fathers. The target is 95%, and over the last five years, CFS has continued to strive to meet that target, but additional work is needed.



For children in foster care for at least 60 days, the statewide data below shows case plans created within 60 calendar days. The data presented in the graph below was compared to the four years of previous data, and these percentages appear to be about average.



Key Activities in the Last Five Years:

- SOP guidance and tools continue to be used statewide to engage children and families throughout the life of the case.
- CFS staff continue utilizing different strategies, including Family Finding, Lexus Nexis, and Facebook searches to locate and engage non-custodial parents.
- CFS has a Family Advocacy Unit that partners with people with lived experience to improve family engagement.
- Statewide CQI information is shared and discussed with the protection and safety team to highlight strengths and areas that need improvement. CFS utilizes local CQI quarterly meetings to discuss the data and provide clarifications to CFS case managers regarding expectations around parental engagement. These meetings have occurred for many years and will continue to be used.
- CFS utilizes a standardized case staffing model to ensure consistent application of DHHS policy to achieve safety, permanency, and well-being for all children who come to the attention of CFS. The case staffing model for CFS supervisors guides consultation, support, and decision-making. This improves safety, permanency, and well-being outcomes by reviewing case plan goals and efforts to engage the child and parents in developing the ongoing case planning review and discussions.

Nebraska uses the family plan for its alternative response cases, the case plan for traditional response cases, and the prevention plan for FFPSA cases. In 2023, meetings began to formulate a plan to integrate these plans into one plan. Using one plan will lead to more focused family engagement, improve overall family outcomes, and reduce case management duties, which could improve the workforce.

Item 21: How well is the case review system 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?

Updated Data and Information: Nebraska Revised Statute §43-1313 requires that when a child is in foster care, the court having jurisdiction over such a child for foster care placement shall review the dispositional order for such a child at least once every six months.

Children who entered the state's care and custody or were in care during a specified period are supposed to have a periodic review every six months.

Are court reviews occurring every 6 months for children in foster care?

Review Period	6-month court review held	Children FCRO reviewed that were in care 6 months or longer	Percentage
Jan-Mar 2023	905	977	92.6%
Apr-June 2023	956	995	96.1%
July-Sept 2023	831	846	98.2%
Oct-Dec 2023	879	911	96.5%

Data received from the Nebraska Foster Care Review Office

Are court reviews occurring every 6 months for children on TPR appeal?

Review Period	6-month court review held	Children FCRO reviewed that were in care 6 months or longer and TPR on appeal	Percentage
Jan-Mar 2023	11	18	61.1%
Apr-June 2023	14	14	100.0%
July-Sept 2023	14	14	100.0%
Oct-Dec 2023	9	9	100.0%

Data received from the Nebraska Foster Care Review Office

Overall, the 2023 percentages are consistent with the trends of the past five years, which has hovered around 95% each year.

During a review hearing, the court reviews its initial dispositional order, which outlines a plan of rehabilitation to address the conditions that brought the child under the juvenile court's jurisdiction. The court has the authority to modify the plan by adding, eliminating, or adjusting the requirements of the plan. Nebraska Revised Statutes continue to provide a consistent framework for the review of rehabilitation plans, review of child-specific plans to promote independence plans for older youth, review of individualized needs of the youth, and support active participation at hearings.

Key Activities in the Last Five Years:

- CFS is using transitional living plans (TLP) for children aged fourteen or older to outline services needed for the child to transition to a successful adulthood.
- The Court Improvement Project (CIP) continues to educate and engage stakeholders focused on youth court participation as an avenue to improve outcomes for youth in foster care.
 - Emphasize the benefits of the six-month review time frame in terms of efficiency and case progress.
 - Case progression reports are provided to each judge with a snapshot of their juvenile caseload and how their docket stands compared to the case progression guidelines.
- CFS generates a monthly report on appeals cases following a TPR to determine if a review hearing has been held within six months. The information is reviewed by CIP and CFS legal; if a hearing has not been held or scheduled, CFS legal contacts the court to request a hearing.

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Updated Data and Information: Federal regulations (45 CFR 1355.34 (c)(2) Case Review System) and Nebraska Revised Statute §43-1312 require a permanency hearing no later than 12 months from the date the child entered foster care and not less frequently than every 12 months after that during the continuation of foster care.

Courts also have the authority to order two different permanency objectives: a primary permanency objective and an optional concurrent objective. The permanency hearing is a pivotal point in a child's case, and the court should determine whether reunification remains a viable option.

The Foster Care Review Office (FCRO) provides an annual report that indicates if children in out-of-home placement for 12 or more months had a permanency hearing. Over the last five years, the FCRO annual report has reported mostly steady percentages regarding permanency hearings.

Permanency Hearings for Children in Out-of-home Placement 12 or more Months	
Annual Report Year	% of hearings held
2023	89.4%
2022	86.9%
2021	87.0%
2020	90.8%
2019	94.9%

**Data obtained from FCRO Annual Reports*

Over the last five years, the strategies noted below have been continually evaluated within CFS and with CIP. The CIP has been an integral partner with CFS to ensure that children's and families' cases are forward-moving.

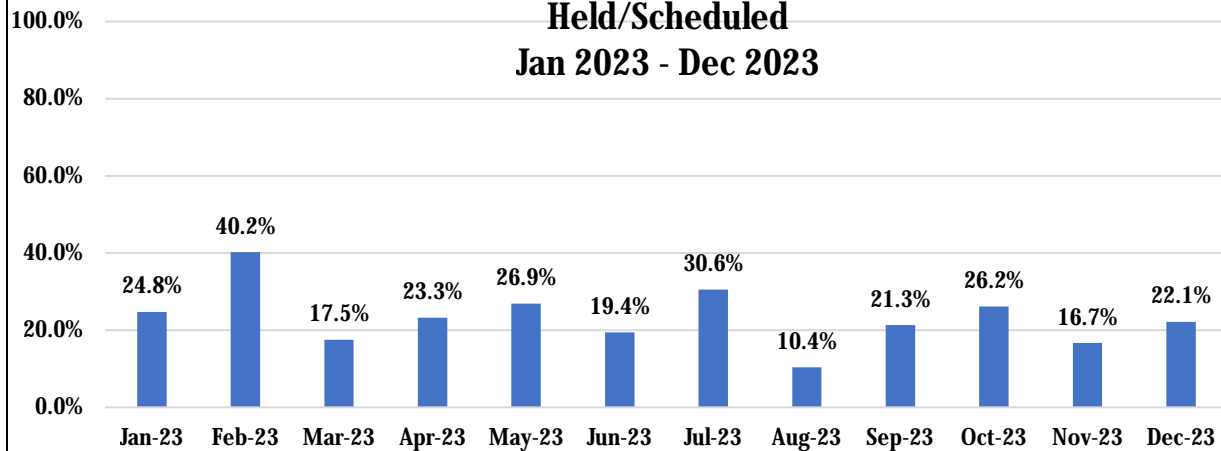
- The CIP educates the Courts and attorneys on the importance of holding review hearings every six months and during TPR appeals.
- CFS's monthly report lists youth involved in TPR appeals who are not experiencing ongoing permanency hearings. The report is shared with CFS legal and CIP to review and determine steps to address barriers within each court jurisdiction.
 - CFS legal reviews the cases on the list and staff with the children and family specialist and supervisor. A motion for a review or permanency hearing is filed as needed.
 - CIP reviews the list and educates the courts and stakeholders continuously to address overarching themes.
- CFS has targeted case reviews for each CFS administrative team. The reviews focus on safety, permanency, and well-being. Information on barriers to permanency is also reviewed during the case reviews, and strategies are developed to address areas needing improvement.
- CFS reviews the FRCO quarterly and annual reports to highlight areas where improvements can be made but also uses the report to share areas where CFS has positively impacted youth and families.

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Updated Data and Information: CFS utilizes two monthly data reports to assist with the accurate and timely identification of cases that necessitate a termination of parental rights proceedings. The first report includes children who have been out-of-home for 15 of 22 months, have a 3(a) adjudication, have both sets of parental rights intact, and have no termination or exception hearing scheduled or held. The second report includes children in out-of-home placement for 5-15 months. Supervisors and administrators utilize the second report to identify youth who have been in out-of-home care for nine months and require an internal review to determine if a TPR exception or TPR filing for either parent is appropriate. Per court feedback, the report was modified in 2021 to include docket numbers and the grouping of cases by the judges to have a more targeted approach based on jurisdiction in improvement efforts.

NFOCUS data indicates that TPR filings have decreased from the previous year for youth who have been in out-of-home care for at least 15 out of the most recent 22 months. Between January 2023 and December 2023, the percentage fluctuated between 10.4% and 40.2%. Since 2019, the trend has been similar, with the percentage ranging between 15% and 50% in prior years. We will put additional focus on this area in the upcoming years.

Youth Out of Home 15 Months and a TPR Petition Filed on/or before the 15th Month or an Exception Hearing Held/Scheduled Jan 2023 - Dec 2023



Key Activities in the Last Five Years:

- CFS has collaborated with CIP over the last five years.
- CFS continues to collaborate and have local agreements with Lancaster and Douglas County. These local agreements assist in funding the hiring of additional legal staff to review, file, and present evidence to support TPR.
- CFS utilizes internal Continuous Quality Improvement (CQI) reports to identify the youth where parental rights need to be addressed to achieve permanency timely.

Item 24: How well is the case review system 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?

Updated Data and Information: In 2019 and 2020, foster parent satisfaction surveys were administered by a telephone firm through a contract with the Bureau of Sociology Research at the University of Nebraska. The feedback from these surveys showed that approximately 70% of foster parents indicated they were always notified of upcoming hearings in both review years.

CFS transitioned to utilizing the Guardian Tool Survey from July 2021 through July 2023 to gather feedback from foster parents following monthly home visits with the assigned case manager. The survey link was sent to foster parents each month via text message. One of the questions asked is, "Did the case manager discuss upcoming court hearings or provide information on how you can submit the foster parent questionnaire?" From August 1, 2022, to July 23, 2023, in 73% of the visits, foster parents reported that case managers did discuss upcoming court hearings or provide information on how the foster parent can submit the Foster Parent Questionnaire. CFS expects to continue similar surveys moving forward.

Item 24 was previously identified as an area in which CFS needed to show improvement. In June 2021, CFS issued a SWI that instructs case managers to notify foster parents, preferably by written notice, 30 days before upcoming court proceedings for children in their care.

Additionally, the SWI outlines that the case manager and FCRD will ensure the foster parent knows they can use the caregiver information form to send updates if unable to attend the hearing.

Efforts to ensure notice of hearings include the following:

- CFS continues to conduct monthly in-home visits with foster parents and children placed in their homes. During this visit, CFS makes it a priority to discuss upcoming court hearings.
- CFS and Court Improvement Project (CIP) continue working together to enhance the foster parent notification process.
- CQI will continue gathering data and information to share strategies and best practices with CFS to ensure foster parents are being provided the opportunity to be actively involved.

Quality Assurance System

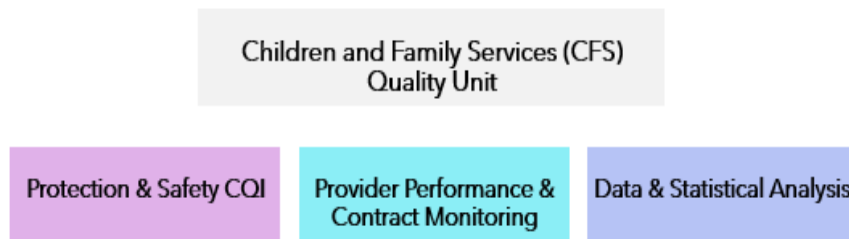
Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Updated Data and Information: The CFS Quality Assurance System has been a consistent area of strength for Nebraska in the last five years. While the CFS CQI system has been an area of strength for Nebraska, CFS continually assessed system processes and implemented strategies to enhance the State's CQI system in the previous five years. *Please see Section III, Quality Assurance System, for progress updates and a summary of the enhancements for the last five years.*

(1) Operates in the jurisdictions where the services included in the APSR are provided

Nebraska's CQI system utilizes a team approach to improve performance, leading to better outcomes for children and families. Nebraska's CQI System operates statewide in all jurisdictions where the services included in the Annual Progress Services Report (APSR) are provided.

The CFS quality unit monitors continuous quality improvement activities performed across the state. The chart below illustrates the unit structure.



The protection and safety CQI team's goal is to optimize the outcomes for children and families and improve the efficiency and quality of the CFS system by:

- Promoting the use of best practice standards across the State of Nebraska;
- Developing quality measures to meet the CFS directions and quality expectations of casework practice;
- Performing various case reads, quality assurance reviews, and data analysis to identify trends, areas of strength, and areas needing improvement;
- Ensuring quality data collection through continuous inter-reliability and other activities that promote reviewer consistency;
- Preparing data reports and ensuring reports are made available and accessible to internal and external stakeholders;
- Providing feedback to CFS field staff regarding strengths and areas needing improvement as identified in the case reads and QA reviews;
- Working collaboratively with CFS staff to identify process inefficiencies and develop solutions for improvement;
- Providing training, technical assistance, and support to CFS field staff by providing quality quick tips and instructions to ensure staff across the state are aware of existing and updated policies and procedures;
- Supporting continuous quality improvement system, statewide and service area CQI teams;
- Supporting statewide and service area improvement activities and initiatives; and,
- Providing oversight of federal requirements.

The provider performance and contract monitoring team aims to optimize the outcomes for children and families by completing various contract monitoring and provider performance activities. The success of CFS-involved youth is highly dependent on services provided by private agencies, so the goal is to monitor and improve agency performance.

The data and statistical analysis team supports the CFS staff through the completion of the following:

- Completing a variety of analyses using data from the CFS information system and other sources to prepare reports. Reports are used during statewide and local CQI meeting discussions and used by CFS staff to manage important case activities and staff performance and to identify strengths and areas needing improvement.
- Acting as a liaison between business (policy/program) and the information system and technology developers;
- Initiating and coordinating NFOCUS enhancement projects for CFS;
- Analyzing business processes and working with CFS staff to determine needs and requirements for system changes;
- Providing analytic support by coordinating data extraction from databases, organizing data, and providing data interpretation;
- Providing technical support/instruction/assistance for applications;
- Investigating information system malfunctions and researching solutions; and,
- Performing complete unit testing and business acceptance testing to ensure system enhancements function as designed without system interruption.

As illustrated below, Nebraska has a CQI framework and infrastructure to implement an effective CQI process statewide. The framework creates a process that allows for information gathering, sharing, and collaboration to improve outcomes for children and families.

- **Statewide Area CQI:** The CFS CQI team is involved in the daily operations of the policy and field operations teams. CQI reports and detailed child data are shared with the field operations teams to provide detailed information on areas of strength and areas needing improvement. CFS deputy directors utilize reports to manage team performance and identify areas of strength and barriers to improvement. The CQI team coordinates the CFSR case reviews and the CFSR Program Improvement Plan (PIP).
- **Service Area CQI:** CFS operates CQI teams within the five service areas. The service area CQI teams meet quarterly to review data, identify root causes for areas needing improvement, and develop strategies for improvement. Nebraska adopted a new quarterly CQI meeting and data review model in each service area in the past year. Additional information about this enhancement is available in *Section III, Quality Assurance System*.
- **Tribal CQI:** The Tribal CQI team meets at least once per quarter and consists of CFS leadership and representatives from each of the four Native American Tribes in Nebraska. The Tribal CQI teams function much like the service area local CQI teams. Tribal CQI meetings provide a solid framework to improve outcome measures and enhance the partnership between CFS and Tribal representatives.

(2) 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)

Nebraska developed standards to evaluate the quality of services based on statutes, regulations, policies, and best practice requirements. Nebraska measures and monitors performance related to federal standards and outcomes related to safety, permanency, and well-being. Federal, state and best practice standards are used to monitor performance and ensure quality services for all children and families served within the CFS system. Additionally, Nebraska has foster and adoptive parent licensing and requirements regulations and monitors foster home compliance with background checks.

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

The use of data is critical to a reliable 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 CFS' information system (NFOCUS):** CFS ensures quality data collection by dedicating staff to evaluating and improving the user interface and enhancing the user experience with the system. In addition, CFS provides ongoing training and instructions regarding the effective and efficient use of NFOCUS to

document and collect information for all families served. Strategies to address quality data collection and system enhancements were previously described in *Section II, Update to the Assessment of Current Performance, Item 19, Statewide Information System*.

- Ensure the quality of data in the state's information system meets federal expectations: CFS monitors data accuracy, generates reports, and implements strategies on an ongoing basis to improve data accuracy concerning AFCARS, NCANDS, and NYTD. CFS recognizes that ensuring quality data related to AFCARS, NCANDS, and NYTD increases confidence in the quality of all system data. *See Section II, Update to the Assessment of Current Performance, Item 19, Statewide Information System*, for additional information.
- Ensure quality data collection through inter-rater reliability and reviewer proficiency: In addition to system improvements, the CFS CQI team ensures 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 CQI reviewers' reliability and the efficacy of results.
 - Conduct reliability exercises for CFSR reviews and all other QA review tools.
 - § The reliability exercises continue to comprise the following:
 - § Results are broken down to the individual reviewer level. Reviewers who score below the average work with their supervisors to address areas needing improvement.
 - § CQI reviewers have ongoing discussions and communication with their supervisor and other team members to address inconsistencies. The CQI reviewers meet as a team to discuss the reliability exercise results and identify areas of inconsistencies. The CQI team supervisors implement additional training and provide clarifications to correct areas of inconsistencies identified during the reliability exercises.
 - § CQI reviewers and supervisors review updates to program policy and field practice expectations and discuss how those relate to specific review questions in the CFSR and other QA review tools.
- To ensure inter-rater reliability and consistency, utilize a second-level review process for QA review tools. The second-level reviewers provide direction and clarification to first-level reviewers and work with them 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 work with their supervisors to address areas needing improvement.
- Reviewers are required to be proficient and have expert knowledge of the CFSR. Reviewers are required to complete all CFSR training modules on the federal CFSR training website.
- Reviewers are required to be knowledgeable and proficient with current CFS policy and practice expectations. Reviewers must attend at least 24 hours of ongoing training each calendar year.

(3) Identifies the strengths and needs of the service delivery system:

The P&S CQI team conducts case reads for various programs and processes. CFS utilizes case-read instruments to review a sample of cases across the state to monitor safety, permanency, and well-being and identify the strengths and needs of the service delivery system. The CFS contract monitoring team conducts performance reviews on various provider processes, programs, and services to identify strengths, identify needs, and ensure quality services that meet outcomes for children and families.

The P&S CQI team uses the Federal CFSR Onsite Review Instrument (OSRI) and the Federal Online Monitoring System (OMS) to conduct case reviews on an ongoing basis. The review process is identical to the one used during the Federal CFSR reviews. The CQI unit program accuracy specialists (PAS) complete the initial case reviews. A second QA reviewer reviews 100% of the cases for accuracy. The source of information for the case reviews includes documentation from the case file and data from interviews with case participants (parents, foster parents, youth, and other case participants as needed).

The P&S CQI review team utilizes other QA instruments to assess and identify strengths and areas needing improvement. For example, when areas are identified as needing improvement 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.

Various review tools were implemented in the last five years to collect additional information. The following are some examples of review tools that were implemented in the past year:

- Hotline Intake Override QA
- Parenting Time & Family Visitation Plans
- FFPSA QA Review

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

- IV-E Eligibility Case Reviews: IV-E eligibility reviews are conducted quarterly using the Federal IV-E On-Site Review Instrument.
- Subsidized Adoption IV-E Case Reviews: Subsidized Adoption IV-E eligibility reviews are conducted quarterly using a comprehensive tool to assess all subsidized adoption requirements.
- Proactive Safety and Risk Reviews: Ongoing case documentation reviews are conducted on recently completed Initial Assessments and documentation of the most recent four months of ongoing cases. The reviews focus on safety and non-safety-related concerns and determine if additional attention is needed. An email is sent to the CFS administrators with a summary of identified safety and/or other case concerns, which require addressing safety concerns within 24 hours and non-safety concerns within five days.

Other QA reviews are conducted to identify strengths and areas needing improvement and ensure state and federal standards and policies work as expected. QA reviews also gather data to inform

the state regarding specific barriers to safety, permanency, well-being, and statewide systemic factors. The following is a list of some of the additional QA reviews:

- Intake Quality Review;
- Hotline Customer Service Quality;
- Nebraska Caregiver Responsibility Review;
- ICWA Compliance Reviews;
- Transitional Living Plan Reviews;
- Timely Termination of Parental Rights (TPR filing);
- Domestic Violence Reviews;
- Informal Living Arrangement Review;
- Placement Disruption Review; and,
- Foster Care Licensing Requirements.

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

- Service Quality Review: Review of a contractor's service documentation and collateral information to determine the quality of an individual service provided to a family while involved with CFS.
- Personnel File Review: Review of a contractor's personnel files to determine items such as contract compliance, including compliance with background checks, training, and work eligibility.
- Support Plan Quality: A review of Placement Support Plans created by the CPAs that outline the needs of the child placed with a foster parent supported by the contractor and the plan to assist the foster parents in caring for that child. The review determines if the Placement Support Plan meets quality standards.
- Provider Performance Improvement (PPI): Review of data recorded and calculated on the contractor's PPI webpage. The review includes statewide and contractor performance data comparisons and conversations regarding performance strengths and areas needing improvement with each contractor.
- Recruitment and Retention Plan Review: Review of Recruit and Retention Plans submitted by the contractor quarterly. The plans outline all recruitment activities and efforts to recruit and license prospective homes. Contract monitoring, review all plans and planning, evaluation, and training occur with the contractor quarterly to discuss any areas moving in a positive direction or areas in need of improvement.

CFS utilizes trained CFS quality unit staff to analyze data gathered from the state's information system, case reads, quality assurance, and provider performance reviews. CFS analyzes data to illustrate current performance and performance over time for the state, service areas, Tribes, and providers.

CFS utilizes data as part of the CQI process to identify areas needing improvement and continually looks for ways to ensure CFS field staff can document information in NFOCUS in a timely and accurate manner.

Recognizing strengths and celebrating successes are essential aspects of CQI. The CFS quality team recognizes and celebrates successes through positive feedback emails to case managers and supervisors and by providing data for service area special recognition awards. The positive recognition emails are sent to the service area CFS leadership, who take time to recognize their staff's accomplishments.

(4) Provides relevant reports:

CFS provides data to internal and external stakeholders in various ways, including the CFS public website, an intranet SharePoint site, dissemination during service area and statewide CQI meetings, and various monthly and quarterly meetings with community stakeholders.

CFS utilizes an internal report site called Quality Assurance Reports Library (QARL) to post CFSR review results and all QA case review results and reports. QARL contains detailed reports and pivot tables for CFS staff to drill down to the service area, office, supervisor, case manager, and case level to determine improvement areas.

CFS 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 QA reviews to update goals, objectives, and interventions. Data from additional reviews are made available to CFS staff after the QA review. The QA reports are also posted on the QARL and accessible to all CFS staff.

CFS case managers, supervisors, administrators, and all other internal staff also have access to various reports with aggregate case data from the state's information system (NFOCUS). All CFS staff can access aggregate reports through the EZ Access report site. The case managers utilize reports to manage work and identify cases requiring additional discussions or reviews to ensure timely achievement of safety, permanency, and well-being.

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

- Case Manager Due Date Trackers: CFS staff use the daily trackers to identify all pending, completed, and late case management activities. The report runs daily, and case managers can review and print organized case details, allowing them to improve case management tracking and timing capabilities.
- Ad hoc reports: CFS staff use the following reports to identify cases for internal reviews to ensure the safety, permanency, and well-being of the youth. The reports can be filtered down to the service area, office, administrator, supervisor, case manager, and other case details. A sampling of reports include:
 - Intake weekly reports assist staff in tracking progress for intake-related tasks;
 - Relative notification tracking
 - Youth Out of Home nine+ months – No concurrent permanency goal;
 - Youth who have been in care for 15 of the last 22 months have parental rights intact and no TPR or exception hearing scheduled;
 - The CFS supervisor reviews the case with the worker every 60 days.
 - Performance accountability report that includes the monthly performance for measures including the following:
 - § CFS case manager contacts with the child;

- § CFS case manager contacts with the mother and father;
- § Case plan within 60 days;

In addition to accessing aggregated reports on the EZ Access Report Site, CFS generates many other data reports posted on DHHS's SharePoint site, often called the "Business Intelligence (BI) Portal." CFS staff can access daily, weekly, and monthly reports to inform them about safety, permanency, and well-being outcomes.

CFS staff continue to utilize the monthly service area dashboards, including pivot tables and charts, allowing supervisors and case managers to view results in chart format at the service area, administrator, supervisor, and case manager levels. The dashboards allow users to drill down to case-level details to address deficiencies. The new service area dashboards include the same measures in the CQI Admin Scorecard and additional measures requested by the service area administrators. The dashboards are posted monthly and accessible to all CFS staff. The CFS Service Area Dashboards are reports that CFS leadership and staff regularly utilize.

CFS uses a cloud-based information system for communications, performance tracking, and reporting with service providers. The cloud-based system allows CFS and providers to enter information into the system and generate the reports needed for review and discussions to address improvement areas.

The cloud-based information system is part of the Provider Performance Improvement (PPI) Initiative. 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 (IFP) engagement, family support outcomes, and more. The system allows CFS and providers to track complaints and address them continuously with the providers.

CFS utilized results from the CFSR case reviews, data from other state case reviews, quality assurance reviews, and stakeholder feedback to develop and monitor progress with various state and service area CQI goals, objectives, and interventions.

(5) Evaluate implemented program improvement measures:

As part of the CQI process, CFS monitors and assesses the progress and successes of solutions implemented through various CQI projects and program improvement activities. As opportunities are identified through case reviews, NFOCUS data analysis, root cause analysis, stakeholder feedback, systemic factor reviews, surveys, and other sources, progress and successes are prioritized and addressed through the CQI process.

Feedback is one of the most important and difficult mechanisms in a successful CQI system. Nebraska utilizes a multi-pronged approach, such as quick tips, emails, onsite training, and technical assistance, to ensure information is distributed to child welfare stakeholders. Over the past five years, feedback and technical assistance were provided to the service areas in numerous ways, including the following:

- The deputy director of protection and safety discusses performance measures and brainstorms improvement strategies at a monthly service area leadership/CQI meeting.

Performance measures are closely monitored, and corrective action plans are utilized across the state when necessary.

- Feedback is provided through statewide service provider meetings and service area-specific provider meetings. Each format continues to be an efficient method for facilitating consistent dialogue with providers to proactively plan, identify challenges, and brainstorm solutions as one system collaboratively.
- Feedback is provided through quarterly service area supervisor and administrator CQI meetings. The focus of the CQI meetings has been on safety, permanency, and well-being outcomes. Discussions are around strengths, areas needing improvement, and strategies for improvement.
- The CQI team provides feedback and technical assistance when a need is identified during CQI meetings and as requested by the service area leadership team. Below are examples of the additional assistance provided:
 - Participate and present data and case review information during supervisory team meetings and all staff meetings.
 - Quality Quick Tip emails are sent to case managers, supervisors, and administrators with reminders and tips on various case management activities and instructions for documentation of those activities in the state's information system.
 - Provide CFSR training to introduce CFS staff to the CFSR and the various components of safety, permanency, and well-being. Training outcomes include the following:
 - § Case managers will understand the CFSR review process and better understand the different items in the CFSR that impact safety, permanency, and well-being outcomes.
 - § Case managers will have an avenue to ask questions and share ideas and strategies with other case managers through discussion of case management practices related to the CFSR items.
 - Administrative review notifications are sent to CFS administrators if the case reviewer discovers incomplete work or insufficient explanation that could result in a safety issue for the child.
 - Positive review notifications are sent to administrators, supervisors, and case managers to recognize excellent case management practices discovered during QA reviews.

Additional information regarding the feedback loop involving youth, parents, families, providers, and other stakeholders is further described in *Section II, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.*, and *Section III, Quality Assurance System.*

Nebraska has successfully executed CFSR reviews, proactive case reviews, and various two-way communication and feedback channels. Nebraska is vigilant about the quality of its case management services. Nebraska's proactive safety and administrative case reviews provide insight into the case management activities across the state. Case reviews help identify safety concerns before incidents occur while recognizing case managers who perform high-quality work through case-specific recognition. Nebraska's CQI is a synergistic process bringing together a wide array of information collaboratively, designed to improve outcomes for the children and families served.

Nebraska is committed to continuing to evaluate and adapt to new findings, regulations, and the ever-changing needs of the staff and stakeholders. CFS evaluates CQI activities, quality assurance processes, and case review tools to determine if adjustments need to be made. CFS closely monitors progress to address areas needing improvement and believes continuous improvements are necessary to ensure that CFS staff and stakeholders can make crucial decisions for improving outcomes for youth and families. A summary of enhancements implemented in the last five years is further described in *Section III, Quality Assurance System*.

Staff and Provider Training (Items 26-28)

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Updated Data and Information: In the recent CFSR, the CFS training program was listed as a strength. CFS uses the CFSR findings to enhance the quality of training by focusing on case management practices identified as areas of need. CFS reviews recommendations for improved or new training by stakeholders and updates the training based on recent federal and state legislation.

Child Protection and Safety New Worker Training (CP&S NWT) provides a comprehensive training program for CFS case manager trainees. CP&S New Worker Training is a 14-week blended-learning model that combines distance learning and field training with instructor-led training focusing on application through role play and simulation. CP&S NWT is provided by the University of Nebraska Center on Children, Families, and the Law (CCFL).

Due to COVID-19, in March 2020, there was a pivot to online training, with most classroom training held in local offices virtually. Due to high turnover, in February 2021, CFS modified the training model to expedite the Initial New Worker Training completion to 14 weeks for all case managers. The changes did not impact content but the sequencing of training. In October 2022, additional modifications to provide in-person regional training for application-based units were resumed post-COVID in the western and eastern regions of the state. CFS utilizes a training waiver process for employees returning to CFS or those with case management experience from another child welfare entity.

To accommodate NWT training for Tribal workers, CFS and CCFL have worked with each Tribe to adjust Tribal training requirements based on individualized needs. A designated field training specialist was hired in the fall of 2023 to help tribal workers identify and eliminate the barriers CFS has seen with tribal staff completing NWT.

To meet the requirement of LGBTQ training, CCFL continues to address this topic in the information provided previously.

Relative Quantitative and Qualitative Data and Information: Case manager trainees (Including Tribal) receive training under the established curriculum and time frames for the initial training to ensure consistency and that initial training is functioning statewide.

Completion of New Worker Training Data

Training completion data for CFS staff are tracked on the Workday and the Online Classroom (OC) platforms. The OC allows CCFL to examine the trainee's work on the OC, including the time spent on activities, progress, and completion of activities.

Number of Trainees Completed New Worker Training (January 2023 – December 2023)

The table below shows the number of trainees who completed NWT from January 2023 through December 2023. Completion numbers are based on finalizing all NWT units and assignments.

New Worker Training Completion												
NWT End Date	1/27/23	2/23/23	3/27/23	4/26/23	5/24/23	6/21/23	7/31/23	8/24/23	10/10/23	10/31/23	12/5/23	Sub-total
# CFS Trainees	17/18	13/15	16/19	17/20	10/13	15/20	15/20	21/24	29/36	16/21	20/24	82% (189/230)
# of Tribal Case Managers	0/3	1/1	2/2	-	0/8	0/1	-	0/3	0/2	0/2	0/3	12% (3/25)

Training completion rates have increased over the last four years, which can be attributed to various factors such as:

- Increasingly hiring staff two weeks before the training start date to allow onboarding to occur
- CCFL made immediate needed changes and modifications:
 - Scheduled for training completion of all units before assignment of four families
 - Implemented a 15-minute early start time for online training to address technical issues
 - Created a training completion badge for online training units
 - Increased frequency of and modified tracking and reporting for missed training
 - Provided 1:1 make-up training to maintain trainee schedule for timely completion
- Field training specialist's weekly review of trainee completion; reports directed to the trainee and supervisor
- Increased communication between CFS and CCFL with the addition of a quarterly leadership meeting
- CFS administration enforces NWT timely completion

Quality of Initial Training Data: The essential factor for ensuring that training addresses the basic skills and knowledge needed by staff is to develop training based on the job demands, using the expertise of those with applied experience.

CFS uses quality improvement team reviews, curriculum delivery reviews, end-of-unit evaluations, field evaluations, competency assessments, and the Competency Development Tool (CDT) to determine how well the training addresses the basic skills and knowledge case managers need.

End-of-unit and post-training surveys are sent to all trainees to evaluate training. For end-of-unit evaluations, results from responses across all 74 training units showed 96% (N=5288 out of 5511 NWT) indicated agreement or strong agreement that the training gave them new knowledge and skills that will be useful in their job. The mean rating was 4.55 out of 5. Less than 3% (N=147) provided additional comments, with the majority (59%, N=87) saying they found the training informative and useful. A sample of the more in-depth comments include:

- I left with new knowledge and wanting to continue learning more.
- I very much so agree that these skills taught will be valuable towards my future work with the department.
- The big picture of the story was shared, and the depth of the importance got across. Our jobs felt very important and doable!!

For the remaining comments, the most common theme was already knowing the content from previous education or experience. The remaining comments were isolated observations about a specific unit or session.

Post-training evaluations are distributed at the end of training, 90 days after completion of training, and 180 days after completion of training.

Post-Training Evaluation Responses - Training Covered the Basic Knowledge and Skills Needed for the Job				
	Total Number of Responses	Agree or Strongly Agree	Neutral	Disagree or Strongly Disagree
End of Training	93	61% (N=57)	24% (N=22)	15% (N=14)
90 Days After End of Training	78	42% (N=33)	30% (N=24)	27% (N=21)
180 Days After End of Training	66	50% (N=33)	27% (N=18)	23% (N=15)

The CDT is used as a measure to indicate case manager trainee (including Tribal) readiness to work independently as a case manager.

CDT Completion Rate January – September 2023			
	Completed	Completed Timely	Percentage
CDT-Initial Probation	90	16	17.78%
CDT-Extended	3	1	33.3%

There is a significant decrease in the percentage of CDTs completed timely, dropping from 91% in 2021, 39.2% in 2022, and 17.78% in 2023. One of the biggest reasons for the data dropping is that in September 2023, CFS transitioned to a new online tracking system called

Workday from LINK-EDC. In this transition, supervisors had to use paper copies of the CDT to finalize, which resulted in not being able to gather any data on completed CDTs from October 2023 to December 2023.

In October 2022, CFS implemented Connect, Achieve, Reflect, Empower (CARE) teams to address some of the above-mentioned issues. The statewide monthly CARE team meeting is held for new hires while they participate in new worker training; in addition to these formal meetings, each CARE team has a Webex space to share questions, concerns, feedback, and build connections. The development and resilience team facilitates the CARE team in building employee resiliency through connection, obtaining input on new worker training and onboarding, and focusing on well-being through mindfulness. Feedback is shared with CCFL and the service area administrators.

Approximately 45 trainees who finished NWT from January 2023 to December 2023 completed a feedback survey regarding the CARE team.

Trainee Feedback on CARE Team January-December 2023	
CARE Team was utilized to meet its goals (provided opportunities for staff to share feedback on training and onboarding, ask questions, share experiences, and maintain/build connections.	4.22/5
I felt comfortable sharing during CARE team meetings.	4.11/5
Discussion-based, what is working well, and what are you worried about was an effective tool for sharing information.	4.25/5
I find the discussion on resiliency and mindfulness helpful for my job.	4.02/5

Item 27: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Updated Data and Information: CFS has a Professional Development Standard Work Instruction that requires all CFS case managers, supervisors, and administrators to complete 24 hours of annual in-service professional development. The 24-hour yearly training requirement is based on a calendar year, January 1 through December 31, following the successful completion of new worker training. A variety of training is offered internally through the CFS program, the human resources department, and a multitude of external agencies for both CFS supervisors and case managers. Training completion data is available through Workday, and CFS supervisors are asked to review transcripts twice a year.

CCFL developed and provided LGBTQ training before this reporting period requirement. CCFL will continue offering this training topic in the long term at the request of DHHS. Course Description: LGBTQIA2-S+ (3-hour webinar) addresses how to support lesbian, gay, bisexual, transgender, queer, intersex, asexual/agender, and two-spirit youth. Topics include an overview of the experiences of LGBTQIA2-S+ youth in the child welfare system and best practices and resources for serving LGBTQIA2-S+ youth.

CFS-Relative Quantitative/Qualitative Data and Information: All CFS data for ongoing

training is collected in Workday. Training units developed and delivered by CCFL or CFS are loaded and tracked through Workday. CFS saw a decrease in completion of professional development requirements from 77.6% in 2021 to 58% in 2022 and 56% in 2023. The chart below delineates the completion rates by job position.

Job Profile	Employees	>24 Hours	%
Child/Family Services Specialist	483	265	55%
Child/Family Services Specialist Supervisor	117	77	66%
DHHS Service Delivery Administrator II	3	2	67%
DHHS Service Delivery Administrator I	24	13	54%
Child/Family Services Specialist Lead Worker	29	14	48%
DHHS Program Specialist	44	22	50%
DHHS Service Area Administrator	6	4	67%
DHHS Administrator I	10	7	70%
Total	813	475	58%

The lack of documentation for external training may contribute to staff not meeting the 24-hour training requirement. In addition, the data may be skewed as CFS must include staff in the data who have not been with the agency for an entire calendar year. Therefore, if hired after January, CFS will always have staff showing less than 24 hours of ongoing professional development training. Prioritized case management duties have impacted the number of training sessions and the staff's ability to attend scheduled training. Additional efforts are being made to ensure the completion of ongoing professional development, including creating a training and resiliency team. Current efforts include the in-service training calendar and weekly emails from central office staff highlighting upcoming training sessions.

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, whether 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. Evaluation results across all responses for 29 training units showed that 89% (N=91 out of 102) agreed or strongly agreed that the training gave them new knowledge and skills that would be useful in their job. The mean rating was 4.3 out of 5. Only one comment was provided, which described how valuable a specific new piece of information would be on the job.

Training and Resiliency: The training and resiliency team created in 2022 includes a training manager and two coordinators. This team aims to provide ongoing support and training to help staff meet the annual professional development requirements by partnering with CCFL and other agencies. Some of these internal trainings include noontime knowledge and learning bites. This team has also taken on the in-service calendar, which has numerous internal and external free training available to all CFS staff, both virtual and in person. All in-person training is local to Nebraska. Virtual training may include national training or internal training offered within the community. Below is the number of training hours listed per month on the calendar.

Month	# of Trainings	Hours of Training
Jan 2023	16	33

Feb 2023	10	19.5
Mar 2023	16	30.5
April 2023	9	18.5
May 2023	13	25
June 2023	9	19
July 2023	2	6.5
Aug 2023	13	58
Sept 2023	19	35.5
Oct 2023	11	22
Nov 2023	10	22
Dec 2023	4	11.5
TOTALS	132 Trainings	301 Training Hours

Item 28: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- *Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training and*
- *The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?*

Updated Data and information: CFS uses Trauma-Informed Partnering for Safety and Permanency - Model Approach to Partnerships in Parenting (TIPS-MAPP) and Deciding Together to meet the foster parent pre-service training requirement. CFS also implemented the MAPP Foundations; modifications are being made before this curriculum is used. These trainings are offered virtually or in person, and this flexibility has aided foster parents in completing the pre-service training requirements in their journey to become licensed foster or adoptive parents.

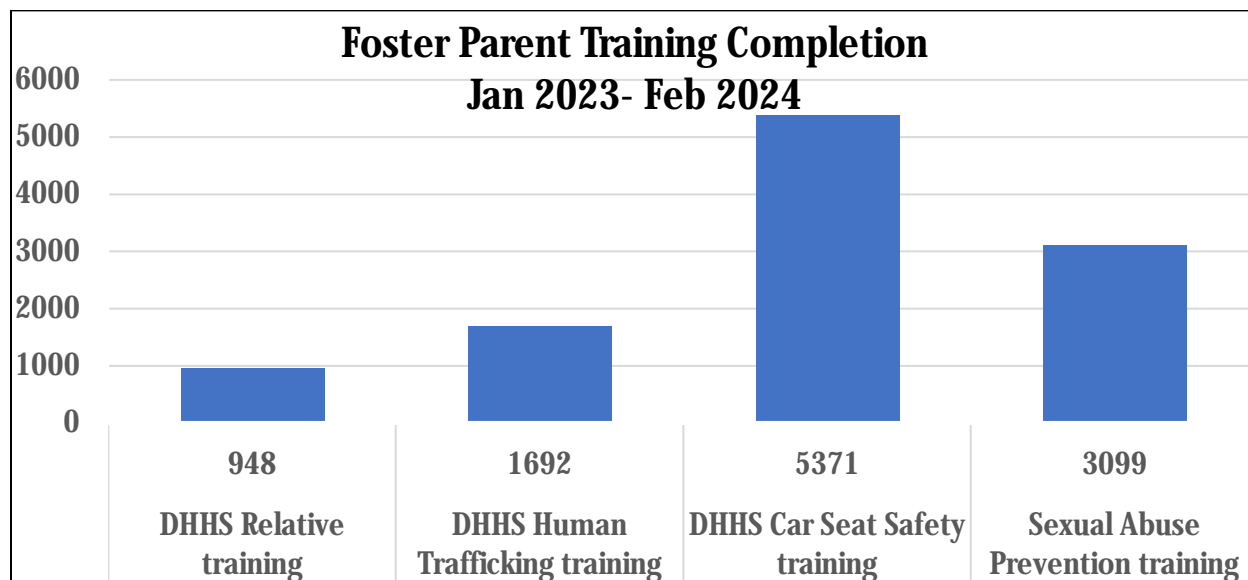
CFS provides CFS-led training, which can be found on the DHHS public website, and partners with agencies to ensure a variety of training is available for foster parents. Partners that educate foster and adoptive parents include:

- CPAs
- Creating a Family
- Nebraska Foster and Adoptive Parent Association (NFAPA)
- Project Harmony Training Institute

Licensed foster parents must complete 12 hours of DHHS-approved training annually to be relicensed every two years. Training is offered by agencies to provide training specific to the unique needs of children or youth in their care as well as reasonable and prudent parent standards, human trafficking, sexual abuse prevention, car seat safety, and suicide awareness/prevention.

CFS recognizes that foster parents have different learning styles and strive to offer options to help meet their training needs. CFS encourages foster parents to use the DHHS Foster Parent Education Program to document training and their learning experience to receive training credit that meets foster care licensure renewal requirements.

The below chart shows the number of DHHS foster parent trainings completed from January 2023 to February 2024.



Service Array and Resource Development (Items 29-30)

Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (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.*

Updated Data and Information: Nebraska utilizes the SDM® Safety and Risk Assessments to assess the strengths and needs of the children and families. Individualized services are based on the identified safety concerns and risk factors identified during the family assessment. Nebraska continues to provide Family Centered Treatment (FCT), Healthy Families America, family support, parenting time/supervised visitation, and family peer support to support the needs of families and children. Nebraska relies on services and supports provided through other divisions of the Nebraska Department of Health and Human Services, such as Behavioral Health, Developmental Disabilities, Medicaid and Long-Term Care, and Public Health.

Nebraska's System of Care (NeSOC) and Nebraska's Implementation of the National Suicide Prevention Lifeline 988

On July 16, 2022, Nebraska implemented 988, the national three-digit dialing code for the National Suicide Prevention Lifeline. 988 is an essential part of addressing the mental health crisis in Nebraska. Father Flanigan's Home for Boys (aka Boys Town) is the 988 Nebraska call center provider. Boys Town previously ran the National Suicide Prevention Lifeline, and it was a natural transition to continue partnering with Boys Town for 988 Nebraska.

For the calendar year 2023 (January 1 – December 31), 988 Nebraska received 19,962 calls and 9,762 digital contacts (chat and text). 988 Nebraska has an answer rate goal of 90% for calls and 80% for digital contacts. Boys Town has maintained an average answer rate of 95% for calls and 86% for digital contacts. On average, 988 Nebraska has been able to manage approximately 96% of contacts by trained Crisis Counselors. Approximately 3% of calls have resulted in the need to activate law enforcement or emergency medical services as appropriate. The remaining 1% of calls have resulted in the activation of mobile crisis response services.

Youth Mobile Crisis Response (YMCR)

Youth Mobile Crisis Response remains active across the state despite completing the System of Care grant. The Nebraska Family Helpline and 988 activate YMCR across the state. Between January 1, 2023, and December 31, 2023, the Nebraska Family Helpline activated YMCR 87 times, and 988 activated YMCR 35 times. Additional crisis services such as youth emergency respite, crisis stabilization units, hospital diversion, and other community-based crisis services continue to be developed and brought up across the state.

Family Navigation

Families who contact The Nebraska Family Helpline could be offered Family Navigation, a short-term service provided by state-certified peer support services. The intent is to engage and assist families in navigating services available in their communities. For the calendar year 2023, Family Navigation services were offered a total of 249 times, with families accepting services 193 times, with an acceptance rate of 77.51%.

Parent-Child Interaction Therapy (PCIT)

PCIT is an evidence-based practice for children ages 2-7 experiencing behavioral issues and their caregivers. The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at the University of Nebraska, Center on Children, Families, and the Law, continues to provide PCIT training for licensed clinicians. According to the NRPVYC website, Nebraska currently has 21 licensed clinicians available for PCIT referrals across the state.

Since 2020, NRPVYC has trained the IoWA-PCIT model, which focuses on parent-child attachment. Training components include eight days of training and 12 months of consultation. NRPVYC partners with Jea Theis, LIMHP, and Joanna Halbur of Project Harmony for the IoWA-PCIT training. In 2023, NRPVYC offered 17 PCIT training days to 26 clinicians. Since 2020, NRPVYC has trained 57 clinicians in the IoWA-PCIT model.

In 2023, NRPVYC partnered with Dr. Lynne Clure of Children's Hospital to offer the PCIT International model. The 2023 PCIT International Training cohort had its Part 1 training from September 29 – October 2, 2023, and its Part 2 training on November 3, 6 and 7, 2023. There were nine training participants. The 2024 PCIT International cohort will have its Part 1 training from

April 29 – May 1, 2024. Both training programs have a heavily subsidized registration fee of \$1,500 for Nebraska clinicians, which NRPVYC funds through grants and other funding streams.

Child-Parent Psychotherapy (CPP)

CPP is an evidence-based dyadic therapy for children ages 0-5 and their caregivers that focuses on healing traumatic or stressful events within the context of the caregiving relationship.

NRPVYC offers CPP training which includes seven training days, broken into three sessions and 18 months of bi-monthly consultation calls. According to the NRPVYC website, Nebraska currently has one licensed clinician available for referral of CPP all across Nebraska.

In 2023, NRPVYC offered 20 CPP training days and 76 consultation calls to 36 clinicians in training. The 2024 CPP cohort is scheduled to begin on May 1, 2024. The CPP training program has a heavily subsidized registration fee of \$1,000 for Nebraska clinicians, funded by NRPVYC through grants and NRPVYC partnering with local organizations and agencies. In 2023, NRPVYC secured a three-year federal pass-through funding to partially reimburse CPP clinicians for additional work performed in CPP cases not paid through Medicaid or private insurance. There is currently one clinician in the State of Nebraska who is fully trained and noted on the NRPVYC website.

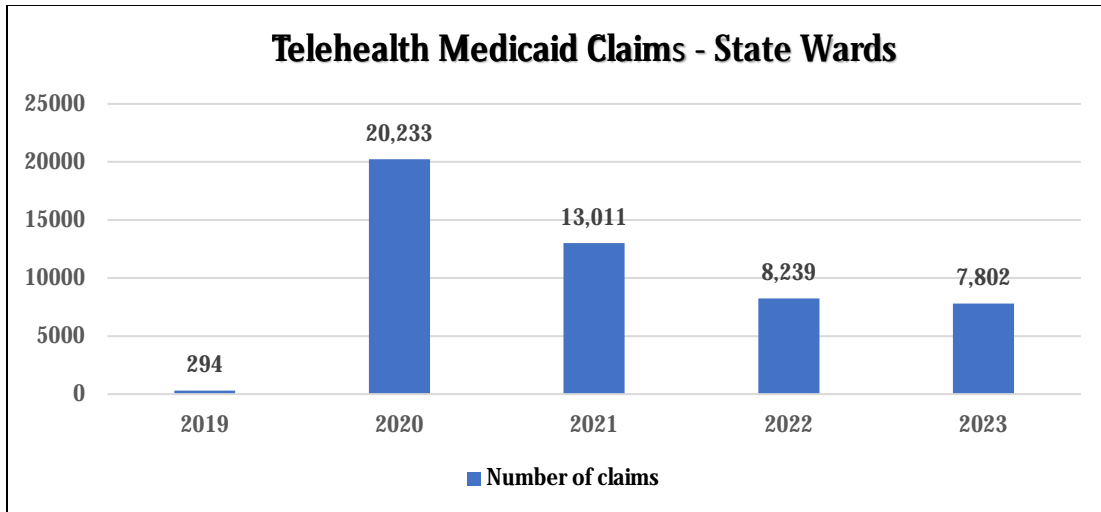
Youth Intensive Outpatient Program (YIOP)

YIOP is a self-sustaining program that continues to be offered in Nebraska. The behavioral health treatment is billed to commercial insurance and Nebraska Medicaid to cover the ongoing cost of this service.

YIOP Nebraska Medicaid claims for State Wards	
Year	Number of Claims
2023	467
2022	233
2021	No data
2020	410

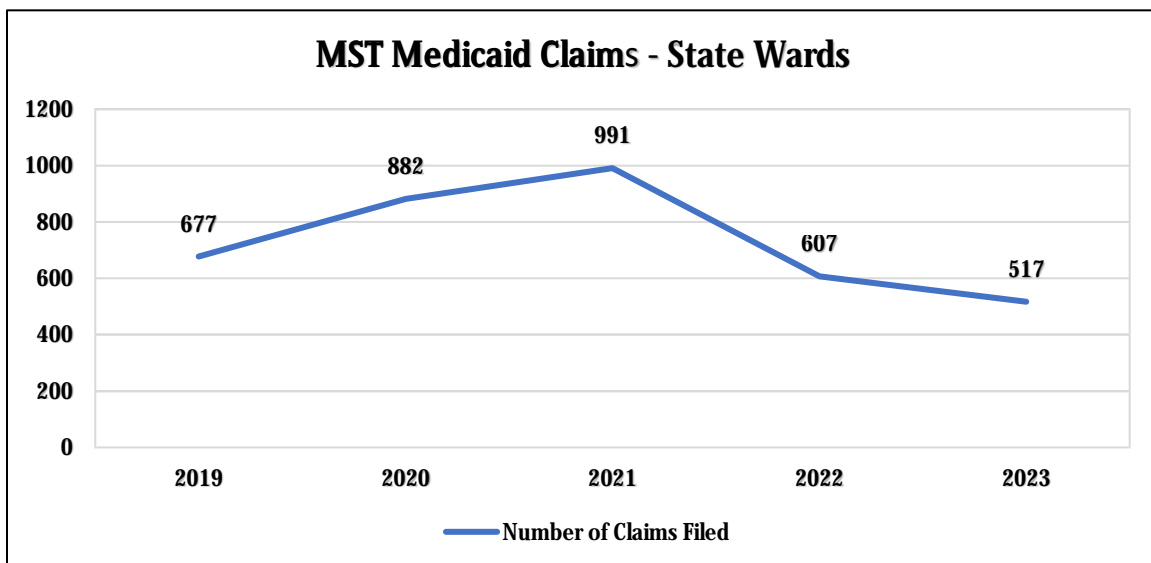
Telehealth

Due to the pandemic, CFS saw a leap in telehealth for Nebraska Medicaid claims in 2020. From 2021 to 2023, telehealth for Nebraska Medicaid claims remained high but steadily decreased each year.



Multi-Systemic Therapy (MST)

The chart below shows an increase and then a decrease in Nebraska Medicaid claims filed for MST from 2019 through 2023.



Circle of Security-Parenting™ (COS-P)

CFS continues to contract with the Nebraska Association for the Education of Young Children (NAEYC) to connect referred families from child welfare to the COS-P class that best fits their schedule and location. COS-P classes continue to be offered both in-person and virtually. NAEYC has reported that most parents enjoy the convenience of attending classes remotely, and more parents can be served in remote or rural locations. Since 2020, CFS has initiated approximately 277 referrals to NAEYC annually. From January 2023 through December 2023, CFS initiated approximately 346 referrals to NAEYC. According to the NRPVYC website, Nebraska currently has 15 individual COS-P facilitators available for referral all across Nebraska.

In 2023, CFS was advised that Chapin Hall was awarded a federal grant to evaluate the effects of COS-P on child welfare outcomes in Nebraska via a quasi-experimental design.

Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five

Qualified Residential Treatment Program (QRTP)

CFS contracted with OMNI Incentive Care Therapeutic Group Home to provide QRTP services for state wards residing at this facility through December 31, 2021. OMNI's Therapeutic Group Home closed on December 31, 2021, citing staffing shortages. This was the only designated QRTP in Nebraska; CFS continues working with providers to garner interest.

Mommy and Me Program

See *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, for information on this program.

Parents As Teachers (PAT)

In 2023, CFS initiated discussions with providers regarding the FFPSA-approved Parents As Teachers (PAT), a home-visiting evidence-based program. Rural communities identified as having service delivery gaps were prioritized. It is anticipated that in 2024, CFS will award contracts to six rural PAT sites to make the service available to CFS-involved families who meet the eligibility criteria.

Family Centered Treatment (FCT)

FCT continues to be provided in Nebraska's western, central, and northern service areas. In quarter 4 of the 2023 calendar year, FCT became available in Nebraska's eastern service area. Due to shortages in licensed clinicians, more notably in the state's rural areas, sustainability is a concern. To better meet the needs of children and families at risk of being removed from their homes, Nebraska is reviewing a proposed pilot utilizing bachelor's level staff for further expansion of FCT across the State. This would expand the accessibility of FCT, including in rural areas of Nebraska, such as Scottsbluff, North Platte, Kearney, and Grand Island, and increase the opportunity for FCT staff to be well-matched with families who are culturally and ethnically able to meet the unique needs of the families. Additionally, this strategy addresses the lack of master's level clinicians in rural Nebraska.

Current data reflects that 74% of FCT referrals are made due to mental/behavioral/emotional health, while neglect is within 47% of referrals. Additionally, 100% of the referrals to FCT are made by child welfare.

Healthy Families America (HFA)

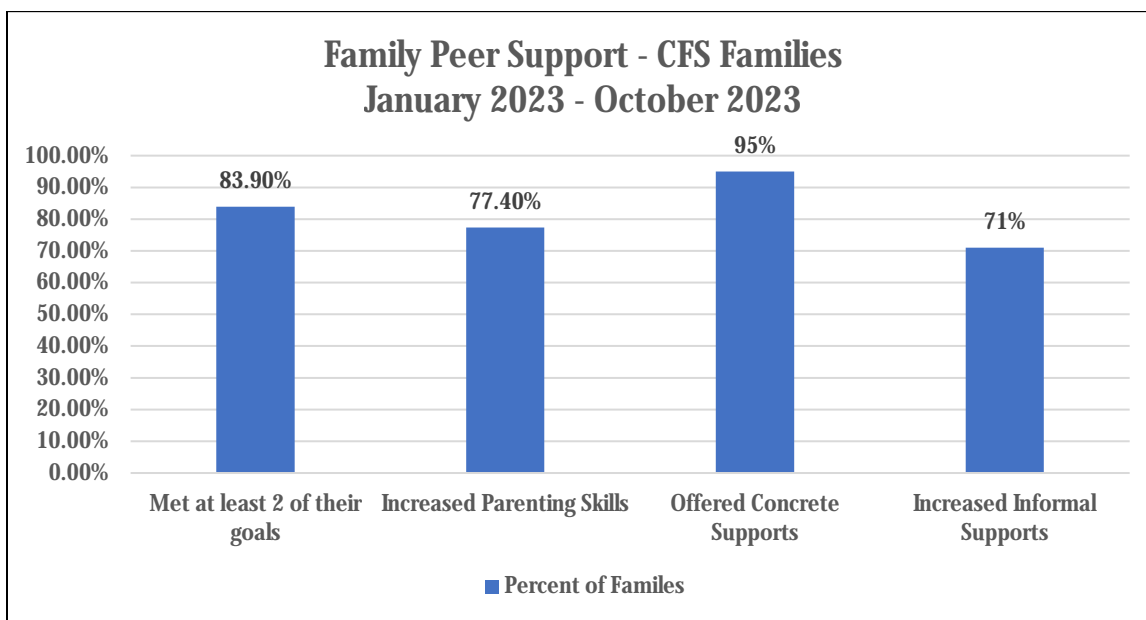
See *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, for information about HFA.

Family Peer Support

Family Peer Support continues to be provided by three providers across Nebraska. This service assists individuals/families in initiating and maintaining the recovery process to improve quality of life, increase resiliency, and promote health and wellness. The core element of the service is the development of a relationship based on shared lived experience and mutuality between the

provider and the individual/family. Services are trauma-informed/culturally sensitive and person/family-centered while providing hope, resiliency, voice and choice, self-directed recovery, and support self-advocacy and empowerment through interventions emphasizing safety, self-worth, growth, connection to community, planning, and social support.

In data received from January 2023 through October 2023, an average of 6.8 referrals were received per month, and an average of 49 CFS-involved families were served per month. The chart below shows the outcome data of the families involved in Family Peer Support.



Parenting Time/Supervised Visitation

Parenting Time/Supervised Visitation is defined as supervised and monitored visits between parents and their children sufficient in length to promote parent-child attachment. Parenting Time/Supervised Visitation workers engage, teach, and role model nurturing parenting practices during the supervision of parenting time. The provider assists parents with developing the necessary skills and parenting practices to improve and promote a positive and healthy relationship between themselves and their child to assist with reunification. Services are provided in the family home whenever possible or in the least restrictive, most home-like community-based setting that meets the safety needs and improves the stability of family members and the family unit.

Per the CFS contract, the provider will follow the parenting time plan developed by the 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 with the parent(s), non-custodial parent, family members, and other adults with whom the child has a significant attachment. Parenting Time/Supervised Visitation continues to be provided through contracted providers in Nebraska.

Refer to *CFS-101(Attachment B)* regarding the estimated number of individuals and families to be served, populations to be served, and the geographic areas where the services will be available.

Intensive Family Preservation (IFP) and Intensive Family Reunification Services (IFR)

IFP and IFR continue to be provided in Nebraska. Due to staffing shortages across the state, the volume of families the providers can work with at any given time varies. Providers have identified the lack of master's level clinicians as a barrier to serving more youth and families. Despite that barrier, Nebraska continues to ensure that IFP and IFR services are available across the state. Since 2020, all counties in Nebraska have had an available IFP and IFR provider.

Additional CFS Contracted Services

Nebraska engages in CFS contracts for services mentioned above, such as Parenting Time/Supervised Visitation. CFS also contracts for services such as drug testing, family support, in-home Safety, reporting center, transitional living, and life skills instruction. Nebraska's contract monitoring and resource development team maintains a spreadsheet that identifies the CFS contracted services, the county, and the service area in which they are available to children and families. The identified CFS contracted services are available across all service areas in Nebraska. Drug testing services are to be used to show the progress of a parent towards their maintained sobriety. Family support provides face-to-face assistance, coaching, teaching, and role modeling to prevent out-of-home placement of child(ren) by maintaining and strengthening family functioning. When a child(ren) is placed out of the home, the purpose becomes assisting with preparing the natural family for the return of the child(ren) to the home. In-home safety is a home-based intervention service used to manage identified safety threats and safely maintain the child(ren) in the family home. Reporting center services are used to provide structured programming and supervision for youth who cannot be unattended during day and/or evening hours. Transitional living and life skills instruction are direct services that include life skills instruction, mentoring, coaching, support, and supervision to youth who reside in independent housing while they work towards successful self-sufficiency. Nebraska has maintained these services over the last few years due to their continued usage and benefits to children and families in Nebraska.

Item 30: How well is the service array and resource development system 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?

Updated Data and Information: The CFS contracted child welfare service array is available to children and families across the state. Despite the broad availability of child welfare services, CFS understands the need to individualize or focus specific services on the unique needs of the child, youth, or family being served. CFS uses Safety Organized Practice (SOP) training to educate case workers on the importance of partnering with families and valuing voice and choice in services.

CFS staff have a variety of options for obtaining interpretation and translation services across the state. Utilizing translation and interpretation services allows DHHS to individualize services for the youth and family. Interpretation is provided telephonically, virtually, or in person. This

service offers varying proficiency levels based on interpretation and translation needs. Effective February 10, 2022, CFS began utilizing LanguageLine®. If no one is available through telephonic interpreting to meet the need, or when video is needed, CFS can access the InSight® Video Interpreting Service. This service is also utilized for American Sign Language (ASL) interpretation if/when an in-person interpreter is unavailable. If LanguageLine® is unable to assist, CFS can also utilize our internal procurement interpretation and translation services process to hire an in-person interpreter from an established contractor pool. If Language Line or the contracted service provider pool is unavailable, CFS staff may use the established open market service contracts, which is a non-contract vendor pool.

CFS is also increasing the utilization of cultural ambassadors to ensure that our children have an advocate to support their specific cultural needs. The Cultural Ambassador program is a family-centered, community-based, culturally and linguistically competent array of programming designed to support and stabilize vulnerable children and their families by assessing high-risk needs and developing specific strategies and techniques to promote a safe, healthy, and nurturing home environment. The Cultural Ambassador program provides refugee advocacy to any child or family in need, a continuum of care coordination and family success services focused on improving families' overall health and well-being by strengthening the parent/child bond to prevent, reduce, or eliminate neglect, abuse or exploitation of children and improve healthy child outcomes. Each staff member provides care coordination and in-home parenting services, serving as the main point of contact for each child/family to co-create a trauma-informed, individualized service plan while having in-house access to the agency's comprehensive array of services. The Cultural Ambassador program is available in the SESA's Fillmore and Johnson Counties.

CFS continues to utilize Family Finding to assist in identifying relative and kinship options for children needing placement if relative or kinship options are not known or readily available. Family Finding is also a service that establishes informal support systems for children and families. CFS understands the importance of placing children with relatives or within a kinship placement. During CY2023, 75% of children had one or more relative contacts within six months of removal, and the state continues to place approximately 65% of children in a relative/kinship placement.

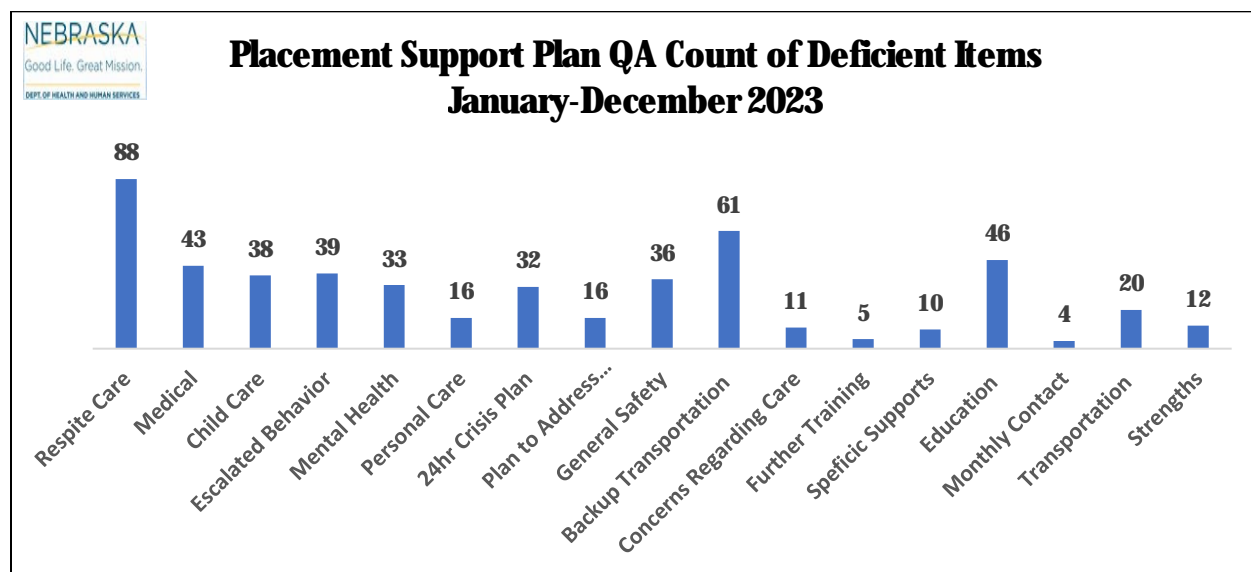
When out-of-home placement is needed, and a relative or kinship placement cannot be located at the time of removal, CFS and the contracted CPA partner will find an appropriate placement for the child. CFS provides specific information about the child and information about the specific responsibilities needed from an identified caregiver for the identified child to find a well-equipped placement to nurture and care for the child or children coming into the home based on their own individualized needs.

The CFS resource development (RD) placement team developed an individualized proposal request that CPAs can submit to request additional services and supports outside of their contractual obligations if they were to take placement of an identified child with exceptional needs. This individualized proposal was updated in 2024 and continues to be used now.

Children who are state wards and are determined to have an intellectual or developmental disability have unique and specialized needs, which can result in additional challenges to secure stability and well-being. Through letters of agreement (LOA), CFS addressed these needs with specialized developmental disability providers who use certified shared living providers (SLP) to provide services in a family setting with specialized wrap-around supports to meet the specific needs of some of our youth.

In 2020, a survey of Nebraska's foster parents was conducted to obtain data and increase support for foster parents to improve the well-being and outcomes of children in the Nebraska foster care system. Information from the survey assisted Nebraska with the creation of placement support plans. The placement support plan coordinates information into one document to improve placement stability to reduce the trauma experienced by children in out-of-home care. CFS also holds placement stability calls, an implemented prevention support focusing on children at risk of disrupting placement. In 2021, CFS created a project charter to improve placement stability within relative/kinship homes.

Contract Monitoring and Resource Development (CMRD) has 13 staff dedicated to improving the quality of foster care placements throughout the state. CMRD performs quality assurance (QA) reviews on placement support plans to understand the overall quality of care children receive and to improve ongoing efforts toward quality out-of-home placements. The graph below represents deficiencies in the reviewed placement support plans submitted by CPAs from January 2023 to December 2023.



CMRD staff throughout the state are dedicated to improving the quality of foster care placements. CMRD staff continue to hold quarterly performance quality discussions with contract CPAs to discuss the following performance measures:

- Foster homes with and without placements;
- Age groups serviced in agency-supported foster care;
- Levels of care in agency-supported foster care;
- Agency-supported foster care service outcome measures;

- Placement stability (tied to the previous PIP);
- Types of foster homes (tied to the previous PIP); and,
- Foster homes (tied to the previous PIP).

Agency Responsiveness to the Community (Items 31-32)

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Updated Data and Information: Refer to *Section I, Collaboration*, *Section II, Progress Made to Improve Outcomes: Feedback Loops*, and *Section V, Consultation and Coordination Between States and Tribes*, for updated information on how Nebraska engages with Tribal representatives, families, communities, service providers, foster care providers, juvenile courts, and other public and private child and family serving agencies.

Item 32: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Updated Data and Information: Refer to *Section I, Collaboration*, and *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, for additional information on how Nebraska is coordinating with other federal programs such as early childhood development, education, developmental disability, behavioral health, Medicaid; independent living, and adult transition initiatives for older youth; family violence programs; and the Community-Based Child Abuse Prevention Lead Agency.

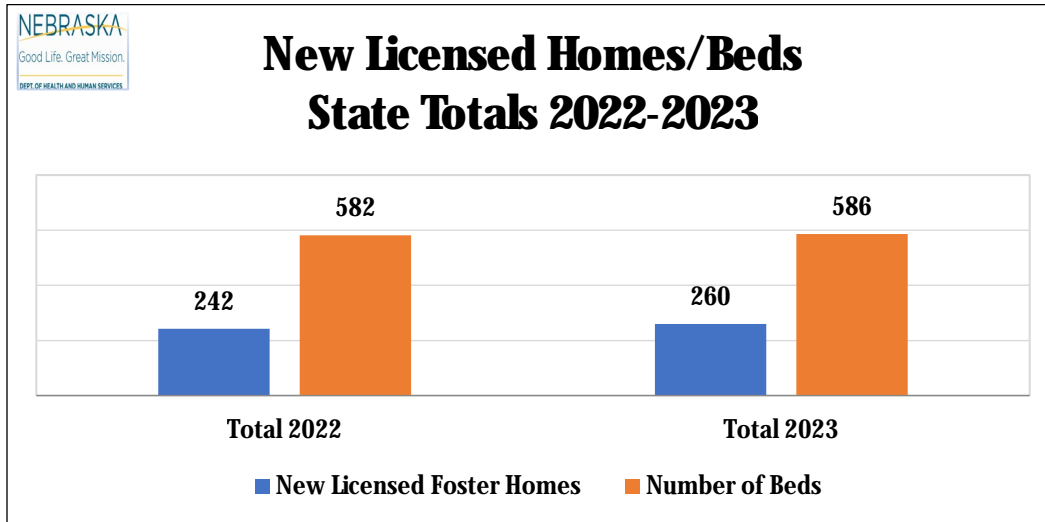
Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Updated Data and Information: The CFS Foster Care Resource Department (FCRD) ensures foster home licensure requirements are met by providing support and communication to potential foster parents and contracted CPAs. CFS continues to contract with CPAs for licensing, recruitment, and retention activities.

When children must enter foster care, relative and kinship foster parents who have a preexisting relationship with a child are prioritized. CFS has a relative and kinship approval process outlined in regulations and policy that ensures the safety and support of children in these settings. CFS does not require pre-service training for relative/kinship homes, which allows CFS to place a child timely.

On September 28, 2023, ACF issued a final rule allowing IV-E agencies to use kinship-specific foster care licensing or approval standards. CFS has submitted a Title IV-E amendment outlining the relative and kinship approval process to increase the amount of Title IV-E funding received for relative and kinship-specific foster homes. This increase in funding will allow CFS to reallocate funding towards ongoing recruitment and retention efforts.



FCRD collaborates with CPAs for recruitment events and provides quarterly placement and licensing foster care recruitment information. Agencies recruitment and retention efforts include:

- In-person and online foster care recruitment events and activities to connect with individuals and families interested in fostering and to promote the need for foster homes.
- Using radio and social media, displaying flyers and posters, and advertising on buildings and billboards.
- Utilizing current foster parents' lived experience for recruitment, word of mouth is still the most impactful recruitment tool.

CPAs try to recruit a variety of homes to meet the unique needs of foster children. This includes placement for children to address individualized needs, such as aggressive, disruptive, and/or impulsive behaviors, working through appropriate ways to communicate, medically complex needs, and high acuity youth.

CPAs focus recruitment efforts on local school districts with high removal to help keep children in their home school districts, recruitment of individuals who have experience in parenting or working with teenagers, and homes that will take sibling groups of three or more children.

CFS works with CPAs to recruit and retain foster parents who will provide placement of youth who are 12 and older, youth who have more than five previous placements, youth who need placement with no other children, youth who need higher levels of care, and youth whose placement has disrupted.

CFS and CPAs utilize a placement support plan to ensure communication between CFS, the CPA, and foster parents to help meet the needs of children in the foster home. The support plan is a continuously assessed document to address needs and any barriers that may impact the stability and success of the child in the foster home.

CMRD works with the FCRD to assess placement disruptions with contracted child-placing agency-supported foster homes. FCRD and CMRD collaborate with the child-placing agency to determine factors that may have contributed to the disruption and develop necessary action steps and supports.

Overall, CFS has improved the foster care licensing process and continues to work closely with CPAs for appropriate placement and participation in family reunification efforts.

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Updated Data and Information: CFS continues to utilize regulations, policies, and standard work instructions to inform staff of the background check process and associated requirements for all foster and adoptive parents. CFS ensures that all caretaking individuals providing foster care complete all background check requirements. Background checks are completed before placement of children and youth, before licensing a foster home, and prior to a finalized adoption to ensure safety for children and families.

CFS ensures that a national criminal history record check is requested utilizing fingerprint background checks, and the criminal history records are received back from the Nebraska State Patrol (NSP). CFS completes quality assurance review processes to ensure background checks are completed accurately for all foster care placements. Additionally, in 2023, CFS participated in a background check process audit conducted by the Federal Bureau of Investigation (FBI) to determine NSP process compliance. The results of the audit were received in July of 2023, and CFS was compliant on all areas of the audit.

CFS continues to collaborate with the Division of Public Health (PH) to ensure all staff in Residential Child Caring Agencies (RCAA) have national criminal history record checks utilizing fingerprint background checks processed with and received from the NSP. PH licenses the residential child-caring agencies and conducts yearly audits with RCAAs.

On September 1, 2023, CFS launched the background check unit within the Child Adult Abuse and Neglect Hotline to complete all requested background checks in a timely manner and respond to requests 24/7. A background check portal stores and lists background check information that is readily accessible for staff to request and receive background checks while in the field with a mobile response once the background check is completed.

Additionally, staff review the processing of fingerprint cards to ensure documentation requirements are present and reviews all foster parent Record of Arrests and Prosecutions (RAP) sheets to determine foster care licensure eligibility safety requirements and IV-E funding

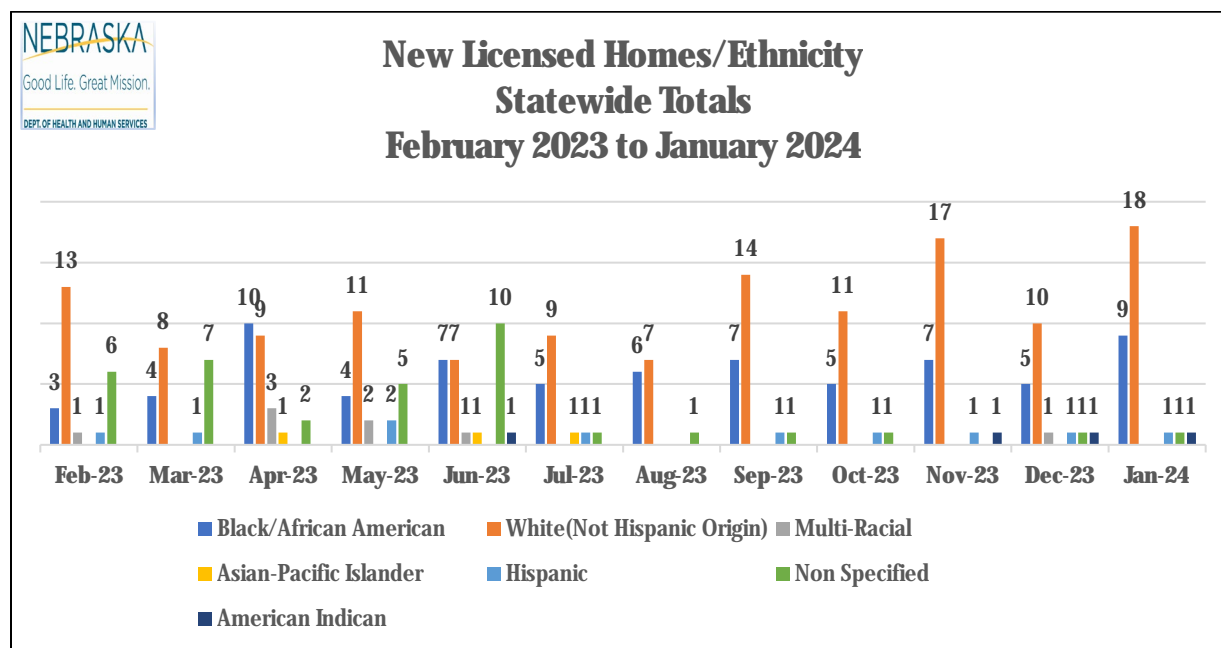
requirements. The team processed 3,957 fingerprint cards for foster care purposes from February 1, 2023, to January 1, 2024.

Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Updated Data and Information: CMRD compiles statewide and individual agency recruitment and retention plans and tracks the review of the plan and associated follow-up discussions with CPAs. Information and documentation related to agency recruitment and retention plans and quarterly updates are electronically available to CFS staff. This data focuses on the following:

- Foster parents needed for specific child/youth age groups;
- Foster parents that have placement openings for children in all levels of care;
- Measures that reflect placement stability;
- Foster homes that have placement of children;
- Foster homes that currently do not have children in an available placement; and,
- Number of newly licensed foster homes.

CMRD uses this statewide data to help direct diligent recruitment and retention efforts to increase the number of foster homes reflective of the current ethnic and cultural diversity of Nebraska's foster care youth. The following graph shows newly licensed homes by ethnicity and racial demographic. *See Item 33, Foster and Adoptive Parent Licensing, Recruitment, and Retention*, for additional information on efforts.



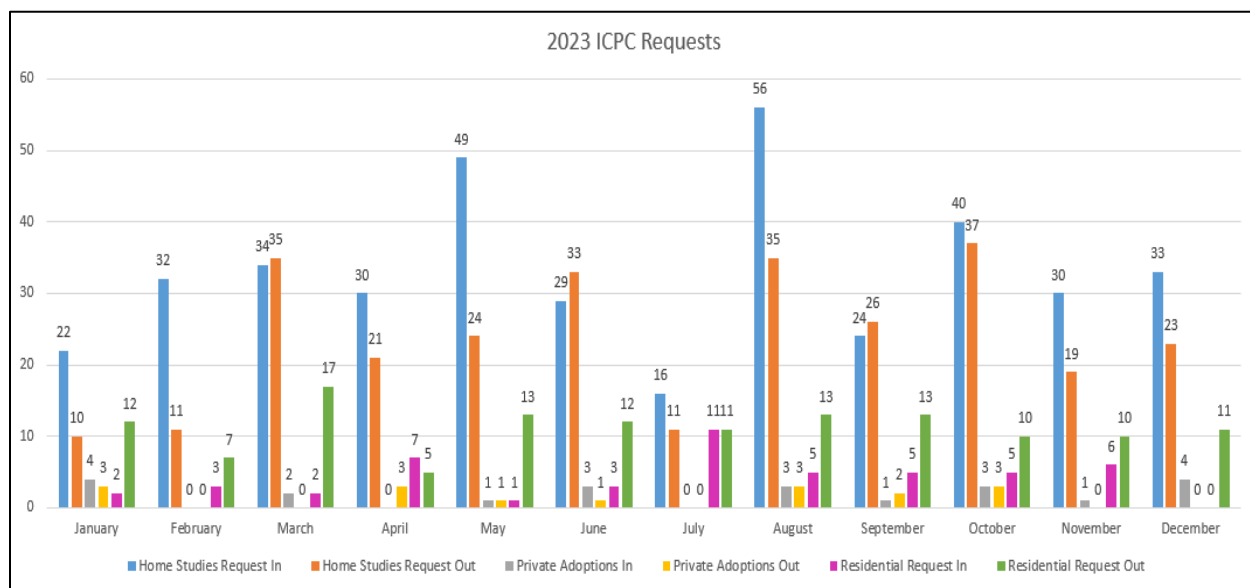
CMRD works with Foster Care Resource Development (FCRD) to assess placement disruptions with contracted child-placing agency-supported foster homes. FCRD and CMRD collaborate with the child-placing agency to determine factors that may have contributed to the disruption

and develop necessary action steps and support. CFS and the child-placing agency utilize a placement support plan to ensure communication between CFS, the child-placing agency and the foster parents to help meet the needs of children in the foster home. The support plan is a living document to address barriers that may impact the stability and success of the child in the foster home.

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Updated Data and Information: Through the Interstate Compact on Placement of Children (ICPC), Nebraska sends requests for home study completion to all 50 states. Nebraska also receives requests from all 50 states to complete home studies. ICPC home study requests include parent, relative, kinship/ non-relative, licensed foster care, and adoption.

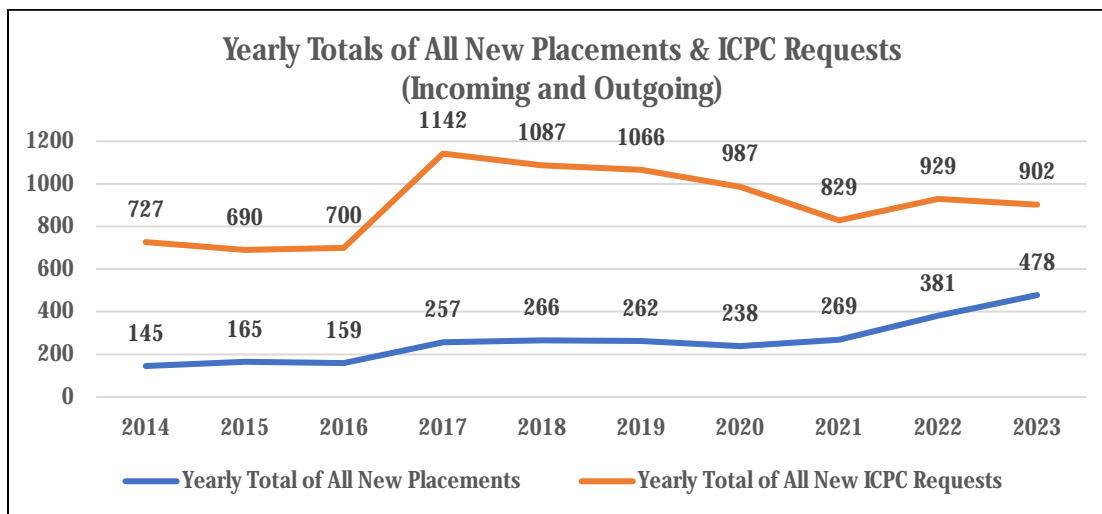
In addition to CFS resource development, Nebraska contracts with four CPAs to complete ICPC home studies. During 2023, Nebraska sent 285 home study requests to other states and received 395 home study requests from other states. The chart below shows a breakdown of the ICPC requests in and out by type of request.



Nebraska adheres to “The Safe and Timely Act of 2006,” which reads that a receiving state has 60 calendar-days to complete an ICPC home study assessment. If an approval or denial cannot be determined within 60 days, the receiving state shall provide a preliminary evaluation stating barriers to completion. In 2023, Nebraska completed ICPC home study assessments within 60 days 68% of the time. Over the last five years, Nebraska has been an integral partner with APSHA, AAICPC, and the NEICE user group. Nebraska Central Office ICPC program staff participate in nationwide meetings with the agencies mentioned above to continue improving the

ICPC process and discuss strategies to continually improve to ensure youth have safe and suitable placements.

The graph below reflects data collected from year 2014 through 2023. Nebraska historically and continually assists with placing and utilizing safe and suitable placement resources across jurisdictions and states.



Nebraska also utilizes the CFS statewide resource development team to locate foster and adoptive placements for children. This team gathers information on each child, and a placement referral is sent to all statewide CPAs and DHHS-licensed foster homes for placement identification. This team can also conduct family finding searches for the child.

Once a child is free for adoption and an adoptive home has been identified, a dedicated adoption team receives the child's case. The adoption team works with the child, adoptive home, courts, GALs, and attorneys to ensure permanency is achieved timely.

- Plan for Enacting the State's Vision. In the 2020-2024 CFSP and subsequent APSRs, states were asked to identify the plan for enacting the state's vision to improve its program, services, and outcomes for children and families over the next five years. In the 2020-2024 Final Report, provide the final update to that plan for enacting the state's vision and plan for improvement.

As described in Nebraska's CFSP, the federally approved CFSR Program Improvement Plan (PIP) and the Five-Year Title IV-E Prevention Program Plan (FFPSA Plan) guided Nebraska's child welfare system during 2020-2024. These two documents represented the collective goals, strategies, anticipated timelines, and measures of the entire child welfare system in the State of Nebraska.

The final updates to the activities outlined in Nebraska's 2020-2024 CFSP are listed below and revised in the 2024 APSR.

Planned Activities for Years One and Two:

- Activity: Address goals and strategies in the CFSR PIP

- Update: Nebraska completed its PIP in June 2021.
- Activity: Continue implementation of the Family First Prevention Services Act (FFPSA) as indicated in the Title IV-E Prevention Program Plan
 - Update: See *Section I, Collaboration: Family First Prevention Services Act*, and *Section II, Progress Made to Improve Outcomes*, for an update on Nebraska's FFPSA implementation.
- Activity: Implement one Qualified Residential Treatment Program (QRTP)
 - Update: Nebraska implemented a QRTP; however, it closed on December 31, 2021. See *Section II, Item 28*, for additional information.

Planned Activities for Year Three:

- Activity: Review data from NFOCUS for continuous assessment, evaluation, and improvement of Nebraska's FFPSA Plan, including with CFS case managers, supervisors, administrators, providers, community partners, families, and those with lived experience to discuss a plan for improvement and sustainability of services
 - Update: See *Section I, Collaboration: Family First Prevention Services Act* and *Section II, Progress Made to Improve Outcomes*, for an update on Nebraska's FFPSA implementation.
- Activity: Resubmit the FFPSA Plan to our federal partners
 - Update: An updated FFPSA Plan was not submitted as Nebraska continues to engage in strategic planning for FFPSA implementation. Nebraska will submit an updated FFPSA plan when the new program instruction is released.

Planned Activities for Years Four and Five:

- Activity: Continue FFPSA implementation with input and feedback from stakeholders
 - Update: See *Section I, Collaboration: Family First Prevention Services Act* and *Section II, Progress Made to Improve Outcomes*, for an update on Nebraska's FFPSA implementation.
- Activity: Implement a minimum of two QRTPs
 - Update: Nebraska implemented a QRTP; however, it closed on December 31, 2021. See *Section II, Item 28*, for additional information.
- Activity: Continue a robust prevention network that focuses on ensuring at-risk families and children encounter no wrong door when seeking services and supports that promote safety, togetherness, and well-being.
 - Update: See *Section I, Collaboration: Family First Prevention Services Act; Section II, Update to the Assessment of Current Performance in Improving Outcomes, Item 29, Individual Services; Section IV, Update on the Service Descriptions, MaryLee Allen Promoting Safe and Stable Families, Stephanie Tubbs Jones, and Services for Children under 5*.
- Activity: Support families to ensure child safety continues to be a top priority.
 - Update: Child safety is the foundation of the work CFS does, and updates are included throughout this plan. Specifically, see *Section II, Safety Outcomes 1-3* for additional information.
- Activity: Provide Structured Decision Making® (SDM®) training tools and resources to CFS staff
 - Update: See *Section I, Collaboration: Assessment Models*.

- Activity: Provide Safety Organized Practice (SOP) and Motivational Interviewing (MI) training. These models prioritize family voice and engagement while encouraging normalcy and accountability for safety. Evidence-based mental health services, substance use services, and in-home parenting are just a few practices that families and children receive to meet their needs.
 - Update: In 2020, CFS began training staff on SOP. From 2020 – 2024, SOP training was provided to staff during their new worker training with the external training team CCFL, and Motivational Interviewing was provided on an as-needed basis. The internal CFS Training team also offers each SOP module twice a year.

Implementation & Program Supports

In addition, in the 2020-2024 Final Report, states must:

- Summarize the state’s training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of 2020-2024 CFSP goals and objectives (45 CFR 1357.16(a)(5)).
- Describe the technical assistance and capacity building efforts that the state received in FY 2020-2024 in support of the CFSP/APSRS and/or CFSR/ CFSR PIP goals and objectives. Describe how capacity building services from partnering organizations or consultants assisted in achieving the identified goals and objectives (45 CFR 1357.16(a)(5)).
- Summarize any evaluation and research activities with which the state agency was involved or participated in and how they supported the goals and objectives in the plan (45 CFR 1357.16(a)(5)).

To support the CFSP goals, Nebraska was involved in several training, technical assistance, capacity building, evaluation, and research activities in FY 2020-2024. This information can be found throughout the APSR in *Section I, Collaboration: QIC-EY, Family First Prevention Services Act; all of Section II; Section III, Quality Assurance System; Section V, Consultation and Coordination with Tribes; and Section VI, CAPTA State Plan Requirements and Updates*. The list below highlights some of the activities.

- The QIC-EY project comprises five major components: child welfare training, child welfare coaching, child and youth engagement model, child welfare systems assessment, and capacity building and court training. See *Section I, Collaboration: QIC-EY*, for additional information.
- FFPSA implementation collaboration with Chapin Hall covered three scopes of work: gap analysis, readiness, capacity building, implementation, and evaluation. See *Section I, Collaboration: Family First Prevention Services Act*, for additional information.
- Nebraska was accepted into the *Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families* through the National Center on Substance Abuse and Child Welfare. Following the Practice and Policy Academy, the National Center on Substance Abuse and Child Welfare, in partnership with Children and Families Futures, selected Nebraska to receive

In-Depth Technical Assistance (IDTA) for two years. See *Section I, Collaboration: Prenatal Plans of Safe Care (POSC) Implementation*, for additional information.

- Plans of Safe Care: The research and evaluation team at NCFE initiated the development of a logic model providing a strategic framework for the project. See *Section I, Collaboration: Prenatal Plans of Safe Care (POSC) Implementation*, for additional information.
- QIC-QD research intervention to address staff retention. See *Section II, Item 3* for additional information.
- CFS entered into a contract with Evident Change, formerly the National Council on Crime and Delinquency (NCCD), to evaluate and improve Nebraska's SDM®. See *Section II, Item 3* for additional information.
- CFS partnered with Casey Family Programs to aid in developing a permanency framework for Nebraska. Casey Family Programs was to provide values training for all system partners and technical assistance for the identified population of cases. See *Section IV, Services for Children Under the Age of Five*, for additional information.
- Technical assistance through the Division X Paving the Way Technical Assistance Grant to support older youth in obtaining independence in driving. See *Section IV, Chafee*, for additional information.

Progress Made to Improve Outcomes

The state must report on the final progress made to improve outcomes for children and families and to provide a more comprehensive, coordinated and effective child and family services continuum (45 CFR 1357.16(a)(1)).

Progress Measures: States must cite relevant state and local data supporting the state's assessment of the progress toward meeting each goal and objective of the 2020-2024 CFSP and subsequent APSRs.

Progress Benchmarks: For each objective/intervention identified in the 2020-2024 CFSP and subsequent APSRs, the state must report on the progress it made in meeting its timeframes and benchmarks for implementing the intervention. Benchmarks may be stated in terms of implementation milestones, such as key activities completed or process measures.

Feedback loops: In monitoring and reporting on progress, the state should also continually consult with families, children, youth and other partners including: Tribes; the legal and judicial community; and other community partners who are involved in implementing the intervention or who are impacted by the intervention for information/data about effectiveness. If available, provide information obtained using feedback loops to support progress made to improve outcomes. (For instance, provide information on who the state engaged in providing feedback related to a particular objective or intervention, how those partners were engaged and the nature of the feedback provided.)

- If the state did not make progress as expected on the goals and objectives in the 2020-2024 CFSP and subsequent APSRs, describe in the 2020-2024 Final Report the factors that affected the accomplishment of the goals and objectives.

Progress Measures:

CFS identifies strengths and areas needing improvement for child and family outcomes and systemic factors using stakeholder and staff feedback. In addition to direct input from stakeholders, CFS utilizes data from various sources to support the state's assessment of the progress toward meeting each goal and objective of the CFSP and the CFSR Program Improvement Plan (PIP).

Progress Benchmarks:

Please see *Section II, Update to the Assessment of Current Performance in Improving Outcomes*, for details on progress to improve outcomes for children and families. Detailed progress is described for safety, permanency, well-being outcomes, and all systemic factors. Additionally, information on how the state's CQI/QA system was utilized to determine and measure progress for the outcomes and systemic factors can be found in *Section II, Update to the Assessment of Current Performance in Improving Outcomes, Item 25*, and *Section III, Quality Assurance*.

In June 2021, CFS completed the activities of the CFSR Program Improvement Plan (PIP) and achieved the target goals for all 10 CFSR PIP items. As previously mentioned in *Section II, Update to the Assessment of Current Performance in Improving Outcomes*, data evaluated for many of the same CFSR items that were areas needing improvement in the 2020-2024 CFSP and the CFSR Round 3 PIP continue to need improvement for Nebraska. DHHS has continued to see challenges with staff turnover and retention, the need for ongoing and effective coaching and mentoring of case managers, ongoing court/legal barriers to permanency, and a lack of services and appropriate placements to meet the needs of youth with complex behaviors. These are some of the key factors impacting safety, permanency, and well-being outcomes for youth and families.

Additional data analysis to identify root causes and barriers to safety, permanency, and well-being outcomes is included in the 2025-2029 CFSP. Additionally, Nebraska is preparing for the CFSR Statewide Assessment in the fall of 2024 and will continue working with youth, families, and internal and external stakeholders to evaluate further and identify root causes for areas needing improvement and develop strategies to address improvement.

In the past five years, Nebraska also prioritized the implementation of Family First Prevention Act Services (FFPSA). As an early FFPSA implementer, Nebraska began collaborating with Chapin Hall, an independent, non-partisan policy research center at the University of Chicago, on October 1, 2020. Chapin Hall continued to provide guidance and support for Nebraska's implementation of FFPSA through October 2023.

Based on recommendations provided by Chapin Hall within their FFPSA Business Process Mapping in 2022, CFS collaborated with field staff to begin drafting an Integrated Service Plan to reduce assessment redundancy and capture information that meets the requirements of the Alternative Response Family Plan, FFPSA Prevention Plan, and traditional child welfare case plan. CFS also collaborated with its IT team to create a more efficient referral module to support the CQI framework of FFPSA services; it is anticipated to go live in Spring 2024. Additional

information regarding FFPSA was previously described in *Section I, Collaboration: Family First Prevention Services Act*.

Feedback Loops:

Information regarding feedback loops being utilized as a part of the CQI/QA process is described in *Section II, Update to the Assessment of Current Performance in Improving Outcomes – Item 25*. Additional information regarding other collaborations and the feedback loops utilized to provide useful information to system partners is also found in *Section I: Collaboration*. The following are key feedback loops utilized in the past year to engage and obtain feedback from parents, families, youth, and stakeholders in system improvement efforts.

Feedback Loop - Parents, Families, Foster Parents and Youth:

Engaging parents, families, youth, and foster parents at all levels of discussion as frequently as possible is critical to aid CFS in executing all aspects of the child welfare system. Hearing the voices of those with lived experience opens doors to great depths of information that, when shared, is invaluable to improving the child welfare system. With this imperative in mind, CFS included numerous youth and parents in the CFSR review, PIP development, reviews, and site visits by the Children's Bureau.

CFS engages parents, families, youth, and foster parents in various initiatives and ensures parents and youth are actively involved in discussions and development of department initiatives such as the SDM® Fidelity Review and SDM® System Improvement activity with Evident Change. CFS created a family advocacy unit to further strengthen the feedback loop and engagement with children and families.

Feedback Loop – Providers:

The CMRD team schedules quarterly performance conversations with the foster care CPA supervisors, administrators, and quality assurance staff to discuss the agency's performance. During quarterly conversations, performance strengths and improvement areas are discussed. Additionally, statewide and service area provider meetings are held quarterly and provide an avenue for review of data, discussion of strengths and barriers, and obtain feedback from the providers.

Feedback Loop - CFS Staff

Feedback from the CFSR reviews and outcome data is monitored and disseminated to staff and stakeholders across the state. Feedback from case reviews and state and federal data indicators are the primary sources and focus of the CQI feedback loop. Feedback occurs in numerous ways, including delivering review results and feedback to the CFS case managers and supervisors, distributing numerous case-specific reviews and quality assurance and data dissemination at statewide CQI meetings, and sharing at the monthly and quarterly service area supervisor meetings. The various forms of feedback provide multiple modes of communication and data types, including case-specific and overall outcomes and qualitative and quantitative results. Delivery modes vary, with the team sharing feedback via virtual meetings, email, self-serve EZ Access reporting data, and in-person on-site CQI discussions.

Feedback Loop – Tribes

Feedback from the case reviews and outcome data is also disseminated to the Tribes during the bimonthly CQI and operations meetings with each Tribe. The feedback loop occurs in many ways, including disseminating written case review reports and a CQI packet with data/charts for outcome measures specifically selected by the Tribes for review and discussion.

Feedback Loop – Courts/Court Improvement Project (CIP), Legal Parties and All Other Community Stakeholders:

CFS continues strengthening the feedback loop with the Nebraska Court Improvement Project (CIP). CIP coordinated several CFSR PIP activities. CFS and CIP continue to collaborate and implement strategies to reduce timeliness to permanency. CFS shared progress toward completing PIP activities addressing barriers to permanency with the courts through participation in the Supreme Court Commission on Children and the Courts and the Three Branch Collaboration meetings.

CFS also actively participates in several legal/court-related committees, allowing CFS to provide and receive feedback from the court and legal parties. Committees include the Supreme Court Commission on Children in the Courts.

In 2022, with technical assistance from the Capacity Building Center for States, CFS engaged in a strategic process to leverage the experiences, expertise, and insight of individuals and organizations committed to transforming Nebraska's child and family services. This process involved various stakeholders, including families with lived experience, court and legal partners, children and family services staff, state partners, and Tribal and federal partners.

CFS continues to strengthen collaboration and engagement with various stakeholders and seeks to involve stakeholders, Tribes, and the courts in reviewing data and assessing agency and system strengths and areas needing improvement through various means. *For more details, please see Section I, Collaboration, and Section II, Update to the Assessment of Current Performance in Improving Outcomes, Items 31 and 32.*

Section III. Quality Assurance System

Federal regulations at 45 CFR 1357.15(u) require states to describe in their CFSP the Quality Assurance (QA) system they use to regularly assess the quality of services under the CFSP and assure that there are steps taken to address identified problems. Provide a final update to use of and any enhancements to the state's QA system over the last five years.

CFS has a fully functional Continuous Quality Improvement (CQI) system supporting the CFS operations team. The CFS CQI system utilizes a team approach to improving performance, leading to better outcomes for children and families. The CQI system operates statewide in all jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided. The CQI system enables qualitative and quantitative data review processes, providing maximum insight and support to continually assess and improve case management practices and outcomes for children and families. Additional details and description of Nebraska's CQI system were previously described in *Section II: Update to the Assessment of Current Performance, Item 25 – Quality Assurance*.

While CFS has a robust CQI system, there is always room for improvement. The CFS team continually assesses the state's CQI system's capacity and implements strategies for improvement. Below are some of the activities that were implemented in the last five years to enhance the state's CQI/QA System:

(1) Statewide Service Area CQI Process Enhancements

CFS continued to evaluate statewide and service area CQI processes and implemented enhancements as needed. Enhancements were made to statewide and service area CQI meetings, and different models were explored and piloted in some service areas to determine if changes should be made statewide. In 2023, CFS piloted a new CQI review process (ChildStat) for quarterly data reviews and CQI discussions. ChildStat is a management accountability and quality improvement process that uses data analysis and case information to drive positive outcomes. ChildStat gathers data and partners with multiple levels of the agency to provide the most accurate information to improve Nebraska's child welfare. ChildStat was first implemented in the eastern service area in January 2023. CFS is currently evaluating the ChildStat process to determine if Nebraska will continue utilizing the current model, implement enhancements to the current model, or explore a new process.

(2) CFSR Case Review Capabilities to conduct State Led CFSR Review

The CQI team implemented various strategies to ensure the state has a CQI team structure and review process that meets all criteria for state-led CFSR reviews as outlined in the child and family services review technical bulletin #12 and described below:

- The CQI team utilizes the federal Onsite Review Instrument and Instructions (OSRI) and the federal Online Monitoring System (OMS) to conduct case reviews. Nebraska utilizes the OMS exclusively for all CFSR case reviews and all OMS available reports to analyze case results and create reports to understand the strengths and weaknesses of case practice across the state.
- CFS utilizes a review schedule and sampling methodology approved by the CB Measurement and Sampling Committee (MASC) for the current PIP case reviews. CFS plans to utilize the process established for the CFSR Round 4 reviews and adhere to standards established by MASC.
- CFS PIP case reviews include case-specific interviews of key individuals in every case to inform the ratings, including all of the following: child (if age and developmentally appropriate); parents; caregiver/foster care provider; and caseworker or supervisor. There is a written protocol for acceptable case-specific exceptions. The current case-specific interview process meets the expectations for the Round 4 review.
- CFS has a process for ensuring accurate and consistent case review ratings. CFS provides training and reliability exercises for ongoing reviewers and specific training and oversight for new reviewers. CFS has a written process for conducting third-party QA reviews, including a feedback loop for all reviewers and persons conducting QA. CFS also has written guidance to avoid conflict of interest for reviewers.
 - The CQI team requires all team members (CQI administrator, CQI supervisors, program specialists, and program accuracy specialists) to complete all Round 4

CFSR training modules that have been made available by the Children's Bureau within the Round 4 CFSR Portal. Completion of the training ensures full understanding and proficiency of the Round 4 OSRI instructions and changes to CFSR item definitions.

- In addition to completing all available training modules, the team reviewed and incorporated all CFSR Round 4 FAQs into the team's internal CFSR Clarification and Expectation Guide.
- CFS utilizes a secondary oversight process consistent with the Children's Bureau (CB) standards and procedures for the current PIP measurement case reviews. CFS will work with the regional office and CFSR team to develop a secondary oversight process consistent with established standards for the Round 4 review.
- CFS has tracking tools and a written process for case elimination decisions, including the reason for elimination and notification to the CB.
- CFS maintains electronic copies of training materials, the review process, reviewer information, and all other necessary information on an intranet site that is accessible to all reviewers.

(3) Data Reporting and Utilization Enhancements

CFS began implementing strategies to increase the CQI team's utilization of internal Data Nexus and Tableau or Power BI Software to strengthen reporting capabilities. Data Nexus allows the CQI team to integrate data across programs and services. The utilization of Tableau or Power BI allows CFS to automate more reports and create user-friendly scorecards and dashboards for CFS staff. Efforts are ongoing and will remain a priority.

CFS recognized the need for enhancements to the data system to capture relevant data and produce reports that ensure it serves all people equitably and with respect for all individuals. Efforts are ongoing and continue to be a priority in the following report year to address the following:

- CFS continues to evaluate data system and reporting capabilities and will be implementing necessary changes to capture information for various populations better and ensure data and case review information is available to accurately portray the experiences of those who may be marginalized and more likely to have disparate outcomes.
- CFS continues to enhance data collection and utilization to understand and address racial disproportionality in child welfare programs and services. The enhancements allow the CQI team to illustrate racial disproportionality data at various stages of case management, e.g., child abuse reports, substantiated investigations, non-court youth, and out-of-home youth. Racial disproportionality information is available by service area, county, and statewide.

(4) Feedback Loop Enhancement

CFS believes feedback is one of the most important aspects of a successful CQI system. CFS continues to evaluate the utilization of feedback loops as part of the CQI/QA process to gather feedback from parents, families, youth, young adults, and other system partners that allow CFS

to identify system strengths and areas needing improvement. Feedback loops also allow CFS to provide information that the participants will find useful to assist the state in system improvement efforts.

CFS continues to explore effective ways to engage parents, families, youth, foster parents, and system partners in CQI discussions. In the past few years, CFS engaged parents, families, youth, and foster parents in various initiatives such as the SDM® fidelity review project with Evident Change, various service area initiatives, and activities with the CFS family advocacy unit.

Additional information regarding how the feedback loop was previously addressed in Section I, Collaboration, and Section II, *Update to the Assessment of Current Performance in Improving Outcomes, Item 25, Quality Assurance System.*

(5) Families First Prevention Service Act (FFPSA) CQI Process

CFS continued to assess and develop a CQI process for FFPSA. CFS partnered with Chapin Hall to develop a measurement framework for implementing and evaluating FFPSA Services. The measurement framework addresses capacity, reach, fidelity, and outcomes.

As part of this process, CFS identified data collection gaps and will be implementing enhanced processes to collect information from service providers to accurately assess if those needing the services are being referred for the services and identify any potential barriers such as to service completion.

CFS continues to evaluate the CQI measurement framework, and ongoing efforts are being made to enhance quantitative and qualitative analysis to assess the family's success with FFPSA. Examples of activities in the past year included:

- Creating system reports identifying FFSA-eligible youth so timely prevention plans can be created and referrals are made to access services.
- Implementing a case review process to determine if youth eligible for one of the identified programs (Healthy Families of America) were referred to and benefited from the program.

Section IV. Final Update/Report on Service Description

States are required to provide an update and/or final update/report for FY 2020-2024 on the programs/service areas identified below:

1. The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1);
2. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)
3. Services for Children Under the Age of Five (section 422(b)(18) of the Act)
4. Services provided in the four areas under the MaryLee Allen Promoting Safe and Stable Families Program⁴ (title IV-B, subpart 2):
 - Family Preservation;
 - Family Support;
 - Family Reunification; and

- Adoption Promotion and Support Services;
- 5. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)
- 6. Kinship Navigator Funding (title IV-B, subpart 2)
- 7. Monthly Caseworker Visit Formula Grants
- 8. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)
- 9. Adoption Savings
- 10. Family First Prevention Services Act Transition Grants
- 11. Family First Transition Act Funding Certainty Grants (applicable states only)
- 12. Chafee and ETV
- For each program numbered above, briefly describe the services provided during FYs 2020-2024, highlighting any changes or additions in services or program design and how the services assisted in achieving program goals (45 CFR 1357.16(a)(4)).

1. The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

The Stephanie Tubbs Jones grant was applied by Nebraska to Parenting Time/Supervised Visitation and Family Support services for our children and families throughout 2020-2024. CFS contracts with providers statewide for these services. Parenting Time/Supervised Visitation is supervised and monitored visits between parents and their children that are long enough to promote parent-child attachment. Family Support provides face-to-face assistance, coaching, teaching, and role modeling by a trained professional in the family home or community-based setting. The contractor is responsible for providing, arranging, and paying for interpreters as needed to meet the language barrier needs of the children and family during the delivery of the services. CFS requires contracted staff training, including cultural/linguistic competency, as a strategy to address inequities and disparities.

Throughout 2020-2024, service rates for both provided services varied due to fluctuations in service delivery and inflation. In response to the COVID-19 pandemic, service delivery was provided virtually for a time, returning to face-to-face when possible and safe to do so. Performance outcome measures have been established and modified for both services throughout 2020 - 2024. The estimated number of individuals and families to be provided these services is reported on the *CFS-101 (Attachment B)* form.

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

CFS can provide post-adoption services to families adopting internationally. Right Turn provided these support services until September 2021. In October 2021, CFS awarded this contract to Nebraska Children's Home Society-Families Forever. Right Turn/Families Forever serves international adoptive families when the family, CFS, or a community stakeholder reports or refers the family for support or training. Families Forever assisted six families that adopted internationally during FY 2020-2024.

Families Forever provides diverse services, including but not limited to Permanency Support, Parent2Parent Mentoring, support groups, training, recreational activities, respite care connections, mental health connections or referrals, and community events to help support the

adoptive family. Families Forever is working on their 2024 Full Circle Conference, which will be available for adoptive families and CFS staff.

CFS participates in the Nebraska Adoption Agency Association (NAAA), which includes members from Nebraska's licensed CPAs that provide adoption services to domestic and international adoptive families. CFS shares NAAA events and resources with the CFS contracted CPAs for foster and adoption care when appropriate. The NAAA provides training opportunities that CFS staff attend covering all types of adoptions, including international. The NAAA is currently working on CFS staff training for 2024.

3. Services for Children Under the Age of Five (section 422(b)(18) of the Act)

As described in *Section II, Update to the Assessment of Current Performance in Improving Outcomes*, CFS addressed the following permanency activities during FYs 2020-2024 to improve outcomes and better serve the youth and families in care. The following activities aim to reduce the length of time children under the age of five are in foster care without a permanent family:

- Supporting the use of concurrent planning early on in case planning and court review;
- Improving timeliness to permanency through enhanced judicial awareness and communication;
- Improving the execution of permanency goal planning and improved adherence to the Adoption and Safe Families Act;
- Improving engagement with the state's children and parents through implementing SOP;
- Improving workforce stability through the reduction of turnover;
- Standardized Case Staffing Model implemented to ensure consistent application of policy to achieve safety, permanency, and well-being for all children that come to the attention of DHHS; and
- SDM® fidelity work group.

Healthy Families America (HFA)

CFS continues to utilize the HFA Child Welfare Protocol (CWP) through FFPSA, which expands the referral age of the child to 24 months old for those involved in a child welfare case. In partnership with the DPH in 2023, an additional five HFA Local Implementing Agencies (LIA) have been established, focusing on rural parts of Nebraska. One of the LIAs is accepting child welfare referrals under the CWP. CFS is actively engaging with the other four LIAs to establish memorandums of understanding and contracts for service delivery. Nebraska continues to pilot the "prevention track," which is a continuum, which provision after the child welfare case is closed and is currently beginning to assess outcomes to determine the recurrence of child welfare involvement.

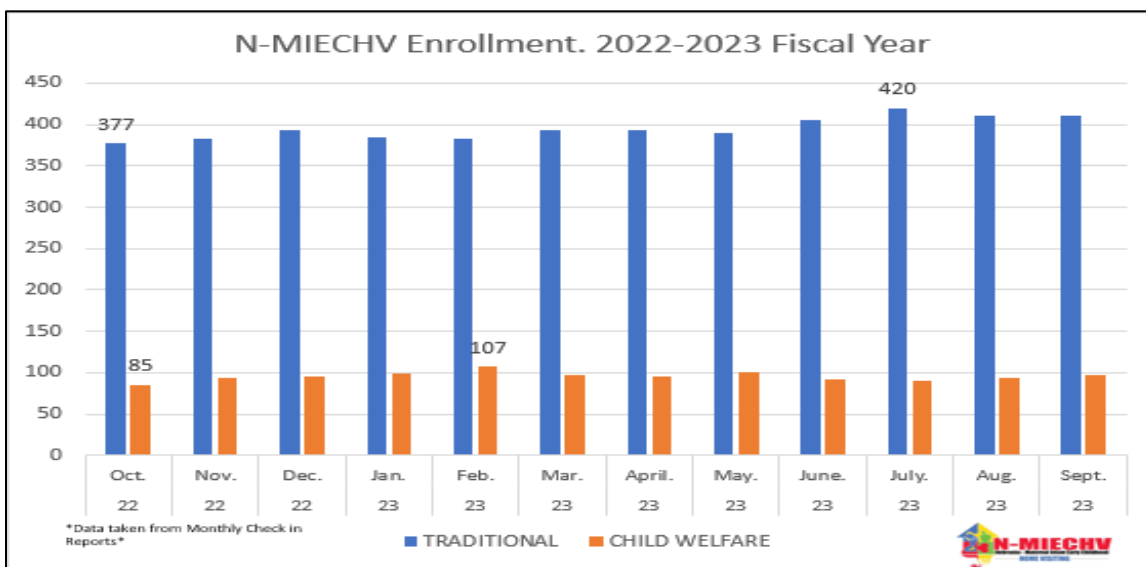
DPH reports and shares monthly data, including demographic and benchmark information for the families served. Although one LIA declined to participate in the primary prevention track, they continue to work closely with CFS and serve child welfare family referrals that come to them. CFS will work collaboratively with the DPH and every HFA LIA to ensure the success of the prevention track.

In 2023, CFS and the HFA LIA, Panhandle Public Health Department (PPHD), created a video highlighting the partnership between HFA and CFS to mirror similar videos made by DPH. This was done through interviews with home visitors, families that have graduated, and child welfare staff with experience working with these families. The video educates and trains state and local child welfare staff working with and referring to HFA LIAs, communities, and other internal and external partners to further their knowledge of HFA.

The graph below represents the number of HFA enrollments for FY 2022-2023.

Healthy Families America Child Welfare Protocol (HFA-CWP)

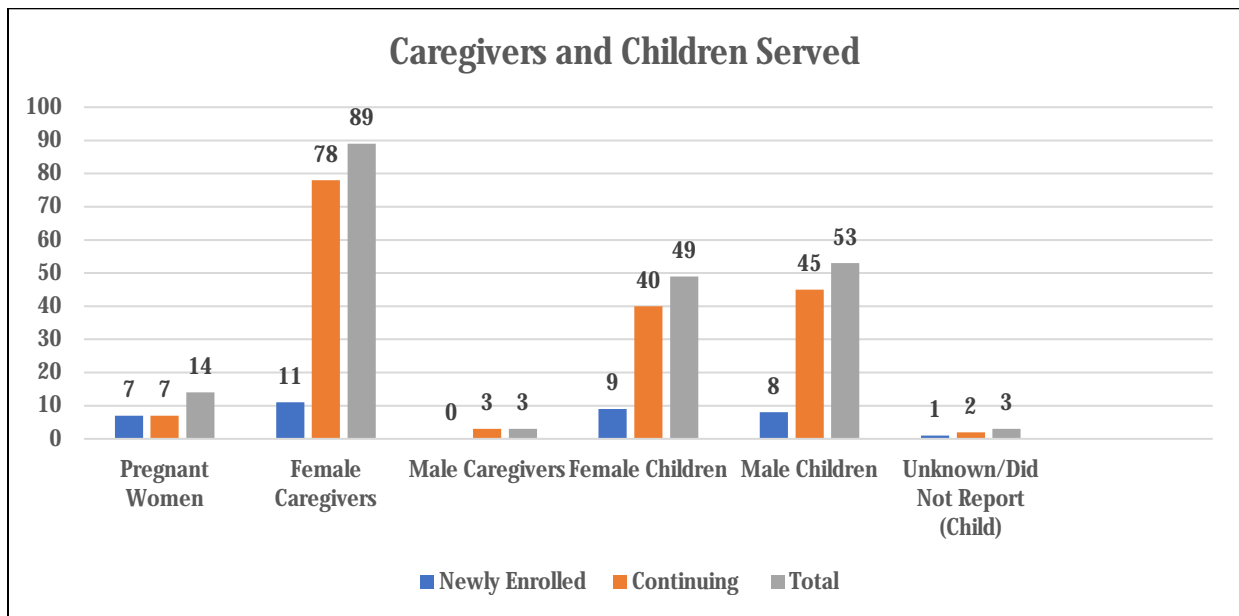
CFS has continued to provide Healthy Families America in partnership with the Division of Public Health (DPH). Over the past year, an additional six HFA sites have been established. From October 2020 through September 2023, 459 HFA-CWP families participated in one of seven original Local Implementing Agencies (LIA) across the state. A key highlight of the most recent data reports (October 1, 2022 – September 30, 2023) for child-welfare-involved families reflects an increase in families enrolling in the HFA-CWP:

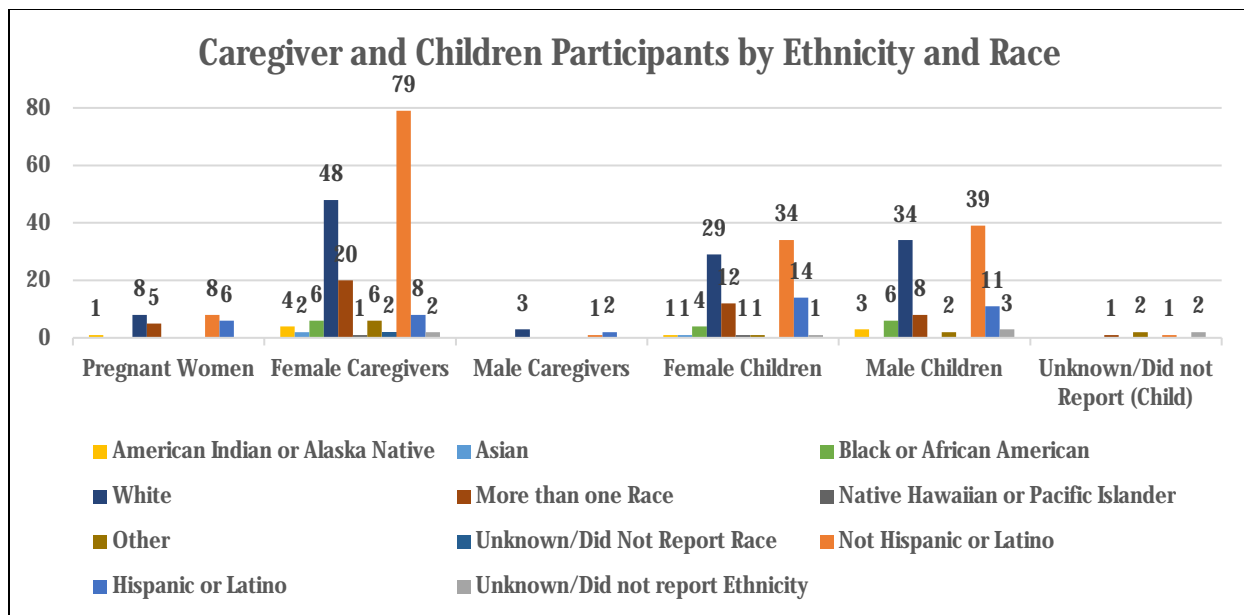


Families that have participated in the Healthy Families America Child Welfare Protocol						
Total Households	Continuing*	Q1	Q2	Q3	Q4	Total**
Oct 2020-Sept 2021	27	14	33	45	52	171
Oct 2021-Sept 2022	66	15	34	48	54	217
Oct 2022-Sept 2023	85	14	27	35	43	204
Oct 2023-Dec 2023	88	18	-	-	-	106
Total						459
*Families that continued services from a prior fiscal year.						
**Total number of families served for any amount of time throughout the year.						

Number and Percentages of Families Retained in the HFA Program from 10/1/2022 to 9/30/2023 per Site							
Site	Total Enrolled	3 Months or More	Retention Rate (3+)	6 Months or More	Retention Rate (6+)	12 Months or More	Retention Rate (12+)
LLCHD	33	27	81.82%	21	63.64%	17	51.52%
NCHS	51	44	86.27%	33	64.71%	22	43.14%
NENCAP	6	6	100.00%	5	83.33%	5	83.33%
PPHD	39	37	94.87%	32	82.05%	22	56.41%
PHS	13	9	69.23%	8	61.54%	1	7.69%
SEDHD	6	6	100.00%	6	100.00%	5	83.33%
VNA	13	10	76.92%	7	53.85%	6	46.15%
All Sites	161	139	86.34%	112	69.57%	78	48.45%
Note: Six sites (FCHD, CDHD, SHDHD, TRPHD, NCHSNP, LBPHD) are new sites that did not use CWP during the 2023 fiscal year. These sites are working toward CWP approval from HFA National.							

The tables below illustrate the demographics of HFA-CWP families between October 1, 2022 – September 30, 2023:





Primary Language Spoken at Home		
	Number of Children	Percentage of Children
English	90	85.7%
Other	6	5.7%
Spanish	7	6.7%
Unknown/Did Not Report	2	1.9%
Grand Total	105	100%

Household Income in Relation to Federal Poverty Guidelines		
	Households	Percentage of Households
50% and under	46	43.4%
51-100%	19	17.9%
101-133%	4	3.8%
134-200%	12	11.3%
>300%	2	1.9%
Unknown/Did Not Report	23	21.7%
Grand Total	106	100%

Additional data from October 2022-September 2023 reflects:

- 91% of primary caregivers were screened for maternal depression.
- 94% of primary caregivers received a service referral for a positive depression screen.
- 100% of primary caregivers who reported using tobacco were referred to tobacco cessation counseling.
- 100% of caregivers were screened for relationship violence.

- 95% of children under one had caregivers that used safe sleep practices.
- 0% of infants (among mothers who enrolled prenatally before the 37th week) were born preterm following program enrollment.
- 90% of children had a family member who reported that during a typical week, he or she told stories or sang songs with their child daily.
- 1% of children had injury-related visits to the emergency department.

Highlights from the last five years:

- Child-welfare-involved families reflect an increase in families enrolling in the HFA-CWP from 12 families in 2019 to 459 this year.
- CFS participated in the federal needs and capacity assessment of early childhood home visitation programs to inform possible future expansion of home visiting programs to new sites in Nebraska. Utilizing county-level data, communities at the greatest risk of child maltreatment due to measures such as poverty, substance use, teen parenting, and young children involved in child welfare were identified.
- Thirty-one counties were identified as "priority counties" and provided the map of where additional evidence-based home visiting programs might benefit the families in Nebraska.
 - The expansion of the existing seven HFA programs allowed for nearly 300 additional families to receive services.
- The Division of Public Health Nebraska-Maternal Infant Early Childhood Visiting (N-MIECHV) program conducted Community Planning with a minimum of one and a maximum of three additional identified priority counties. The goal was to see if a local HFA program could help address any gaps in service to meet the community's needs.

Mommy and Me Programs

The Mommy and Me programs are Nebraska's residential substance use treatment community that aims to provide adult women with long-term residential treatment when short-term treatment is inadequate while parenting their child(ren).

Of the available data between January 1, 2023-December 31, 2023, approximately 40 CFS-involved individuals (mothers and children) participated in the program, and payments were made on behalf of the children. Changes in census over this last year may have been affected, for instance, by St. Monica's programming. St. Monica's combined their Project Mother Child and Women Are Sacred programs into one building for most of 2023. Effective May 1, 2024, the plan is for these programs to be split again as Project Mother and Child moves to their new location to allow for more space to increase the number of residents. The Women's Empowering Lifeline, Inc. (WELL) also serves several tribal wards and their families. Tribal wards are not included in this particular provision or count but have their own provision between the WELL and each tribe they serve. DHHS believes the number of children served by this FFPSA provision will continue to grow over the next several years. Each of the programs typically has a waitlist. Waitlist numbers vary from month to month.

Highlights from the last five years:

- The Mommy and Me programs in Nebraska expanded from one program, the Bridge (Hastings, NE), to include three more programs: Women's Empowering Lifeline, Inc.

(Norfolk, NE), St. Monica's Project Mother Child (Lincoln, NE), Women Are Sacred (Lincoln, NE) which focused on serving Indigenous women and their children.

- Heartland Family Works (Omaha) stopped contracting with DHHS for this service.
- The Bridge has been involved with the Comprehensive Addiction and Recovery Act (CARA) related to Plans of Safe Care binders.
- The WELL has started a daycare for the children who reside there and the community in general.

Circle of Security-Parenting™ (COS-P)

Over the last year, CFS-involved families continued to take advantage of the COS-P classes offered throughout the state in person and on Zoom. CFS continues to contract with the NeAYC to engage with parents and assist in finding the class that best fits the family's schedule and location. During 2023, CFS referred 225 parents to NeAYC to connect to a COS-P class, and about 185 parents completed the class.

In the summer of 2023, DHHS and the Nebraska Circle of Security Leadership Team began partnering with Chapin Hall with the goal of providing robust data that will meet the FFPSA requirements to become a rated practice model on the FFPSA Clearinghouse. This will be a three-year secondary administrative data analysis with a quasi-experimental design. The review will look at the impacts of COSP on families referred to and participation in the practice. Data will be reported on out-of-home placement after COSP participation, child permanency, and safety of children at 6-, 12-, and 18 months post COSP participation. Data will be stratified by variance in geography and participant race and ethnicity.

The Rooted initiative supports COS-P infrastructure across the state, including training, fidelity coaching, technical assistance, website management, and evaluation. The next biannual report will be released in the spring of 2025 to report on findings for 2023-2024.

Highlights from the last five years:

- The number of referrals for COS-P continues to increase yearly.
- A significant number of CFS-involved families continue to take advantage of the COS-P classes offered throughout the state.
- Virtual classes were developed during the pandemic and continue to be offered. A small number of hybrid classes are being held.
- DHHS and the Nebraska Circle of Security Leadership Team began partnering with Chapin Hall with the goal of providing robust data that will meet the FFPSA requirements to become a rated practice model on the FFPSA clearinghouse.

Describe the activities the State undertook in the past year to address the developmental needs of all vulnerable children under five years of age, including children in foster care, as well as those served in-home or in a community-based setting.

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

The Preschool Development Grant Birth through Five (PDG B-5) program is essential in ensuring state childcare and early learning systems are as effective and efficient as possible. Highlights from the last five years:

- On December 19, 2022, DHHS was one of 21 states/territories to receive award notification of the \$4 million Preschool Development Grant Birth through Five (PDG B-5) 1-Year planning grant from ACF.
 - The term was from December 31, 2022, through December 30, 2023. Awarded funds supported early childhood services for children birth to age five with a needs assessment, strategic planning, family engagement, quality improvement, workforce compensation, and support and services for young children. The planning grant is built on the critical work the state has initiated through its PDG B-5.
- Nebraska received the renewal grant for the past three years, \$8.9 million yearly for 2020, 2021, and 2022.
- Nebraska also received a supplemental payment to continue the work.
- The PDG B-5 funding continues its focus on the state's most vulnerable populations, which includes children in many rural Nebraska communities.

Early Development Network

The Early Development Network (EDN) provides early intervention services and connections to Nebraska families with children who have developmental delays and/or health care needs from birth to age three, per the requirements of the Child Abuse Prevention Act (CAPTA) and the Individuals with Disabilities Education Act (IDEA). CFS meets semi-annually, or more often as necessary, with the EDN co-leads, the Nebraska Department of Education part C coordinator, and the EDN program coordinator with the DHHS Division of Medicaid and Long-Term Care.

In 2023, 84% of families receiving early intervention services from EDN completed the annual family survey.

- 95% of families know their rights.
- 95% of families communicate their needs.
- 96% of families help their child(ren) develop and learn.

Highlights from the last five years:

- Changes to the EDN process that leveraged technology to increase operating efficiencies and improvements were made.
- An EDN standard work instruction for the CFS case managers in the field was developed.
- EDN referrals are now automatically generated to the Early Development Network for assessment regarding child abuse and neglect reports received by law enforcement only for children that are three years of age and under that had a substantiated report or pending findings.
- Surveys were conducted regarding the EDN process to ensure the referral information was complete. It was determined that the referral information from the case manager to EDN does contain the required information for EDN to begin reaching out to families and providing services.
- A series of five webinars developed. These webinars offer information and assistance on how to support young children and families who have experienced traumatic events, including the collective experience of COVID-19.

University of Nebraska-Nebraska Resource Project for Vulnerable Young Children

The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at the University of Nebraska Center on Children, Families, and the Law (CCFL) seeks to improve the well-being of vulnerable young children in Nebraska by supporting and strengthening the professionals serving them across systems. NRPVYC focuses on reflective practice, court infusion, and infant and early childhood mental health (IECMH). Since its inception in 2015, NRPVYC has trained over 13,000 professionals across 653 training days, conducted over 5,000 surveys, trained over 200 clinicians in an evidence-based clinical model, and supported nine court projects.

In 2023, NRPVYC offered 33 trainings and presentations on early childhood mental health. NRPVYC regularly offers overview webinars about CPP, PCIT, and Circle of Security Parenting (COS-P) for court and early childhood professionals. NRPVYC hosts annual fall webinars on ECMH issues, which over 2,000 professionals have attended. In total, NRPVYC has offered over 100 trainings on IECMH issues.

Some of these trainings include:

- The 2023 Fall Webinar Series focused on pregnancy and the impact of various factors on fetal health and was attended by 511 professionals.
- NRPVYC offers a three-hour training on the impact of trauma on children, which was revamped in 2023. NRPVYC also created a companion screening guide. Over 2,000 professionals have attended these trauma trainings.
- Every two years, NRPVYC co-sponsors the Nebraska Young Child Institute (NYCI), a statewide conference held in Kearney that brings together professionals from various disciplines to focus on the needs of young children, especially those at risk for adverse outcomes. Each conference has approximately 500-700 professionals in attendance. The next conference is in June 2024; over 700 professionals are expected to attend.
- The Spring Webinar Series is offered annually and focuses on topics relevant to child welfare and juvenile court systems professionals. The 2023 Spring Webinar Series focused on the impact of trauma, parental stress, domestic violence, and parental drug use on children and was attended by 668 professionals. The 2024 Spring Webinar Series begins in March 2024 and focuses on the Early Development Network.

NRPVYC also offers a five-minute animated video about CPP, PCIT, and COS-P that provides an overview of each IECMH service (CPP, PCIT, and Circle of Security) and provides instructions on how to make referrals for the families served by court professionals. NRPVYC also offers a free on-demand online course, understanding early childhood attachment, trauma, and development. Over 500 professionals have enrolled in the course.

NRPVYC also partners with DHHS CFS in outreach to case managers, including webinar training and consultation. NRPVYC offers free I-ECMH consultation to caseworkers and other court professionals on mental health and evidence-based practices for young children and their families. Case professionals with questions about mental health and evidence-based practices for infants and young children can sign up for a 30-minute or 60-minute consultation with NRPVYC staff. NRPVYC also offered customized training to DHHS CFS offices on IECMH services, the impact of trauma on children, and other issues.

NRPVYC provides Community of Practice (CoP) support for IECMH clinicians in Nebraska. Support includes intensive training, monthly counselor café sessions, and reflective consultation. In 2023, 225 professionals participated in the IECMH CoP. The 2023 CoP activities included 82 emails to the CoP listservs, three counselor Cafes, four CPP clinician activities, and five ongoing reflective consultation groups.

The NRPVYC's Nebraska Center on Reflective Practice (NCRP) has trained over 1,000 professionals in the FAN model of reflective practice and provided ongoing reflective consultation to 500 professionals. Reflective practice is a relationship-based practice that assists in mitigating the effects of emotionally intrusive work by helping individuals examine their actions, emotions, experiences, and responses to become more resilient in the face of work stress and to improve their interactions with others.

The FAN training program is an eight-month process that includes two days of initial training, six months of group and individual mentoring, and one day of advanced training. NCRP works with ten FAN trainers, 21 FAN mentors, and 17 FAN consultants to provide training and consultation. The NCRP partners in these efforts with the Nebraska Children and Families Foundation, UNMC-Munroe Meyer Institute, Nebraska Department of Education, and Erikson Institute. Over 70 DHHS staff have participated in FAN training, and the NCRP currently provides ongoing reflective consultation to two DHHS CFS caseworker teams. In 2023, nearly 200 professionals across multiple professions working with young children and their families received ongoing reflective consultation from NCRP. NCRP also supports 530 professionals through its ongoing CoP, which includes support such as booster training, online materials, and listservs. In 2023, there were 220 participants in its CoP booster training.

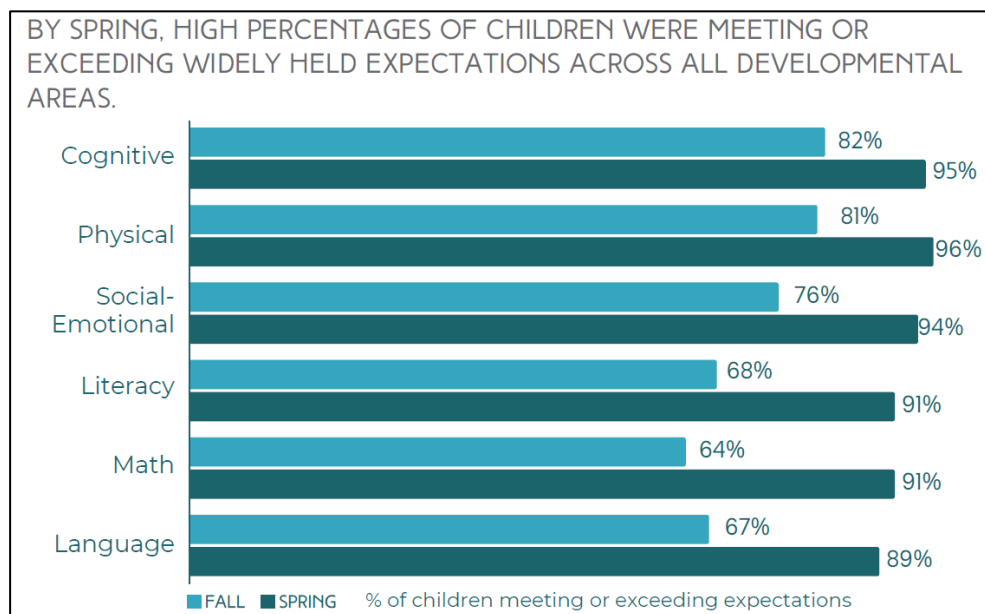
Over the last ten years, NRPVYC has focused on infusing therapeutic principles and evidence-based practices into court communities and providing program evaluations to measure their impact on outcomes. Evaluation outcomes from the Lancaster County Safe and Healthy Families Court and Family Treatment Drug Court have shown better outcomes for children and families, including fewer children removed from home, quicker time to reunification, and increased usage of trauma-informed evidence-based services. Parents also report higher rates of trust in the system. Professionals report higher rates of satisfaction with the less adversarial court processes and the focus on relationships. NRPVYC's current court infusion work includes (1) Supporting juvenile court programs like the Lancaster County Safe and Healthy Families Court, (2) Conducting program evaluation, and (3) Supporting court professionals through FAN and IECMH training and reflective consultation. Since its inception, NRPVYC has supported nine court projects and is currently actively involved in two court projects, with a third project in development. NRPVYC has trained 16 judges and 79 attorneys in the FAN model.

Sixpence

Sixpence was established in 2006 to promote high-quality early care and learning opportunities that help parents guide the healthy development of their infants and toddlers. Over the years, legislation has allowed Sixpence to expand to other communities, which now totals 42 programs across 40 of Nebraska's counties.

In 2023, Sixpence served 1,176 children from birth to age three and 83 mothers who participated prenatally. Nearly half of these families lived in rural Nebraska. About 90% of the participating children came from low-income households, 43% of the children came from single-parent homes, and 38% of the children came from homes where the parent experienced a mental health challenge.

Every year, a team of independent researchers at Nebraska's Munroe-Meyer Institute at the University of Nebraska Medical Center thoroughly evaluates Sixpence-funded programs and services statewide. Comparing 317 children participating in Sixpence from the fall of 2022 to the spring of 2023, high percentages of children met or exceeded expectations across all developmental areas.



In 2023, Sixpence also partnered with the Nebraska Department of Education, the Statewide Family Engagement Center, and Unite for Literacy to facilitate a new Nebraska Growing Readers initiative. The two-million-dollar investment will allow dozens of books to be sent to families and childcare providers throughout the state by creating community book gardens. During the past year, Sixpence also became a national affiliate for Parents As Teachers. DHHS and Sixpence are currently in discussions for the upcoming year to pilot a partnership that will allow the community Sixpence programs that use Parents As Teachers for their model for service delivery to serve families referred by case managers. These referrals for service delivery would then be paid for using IV-E Prevention FFPSA dollars.

Highlights from the last five years:

- The Nebraska Legislature increased funding to allow the program to expand to more communities.
- The annual evaluation through Nebraska's Munroe-Meyer Institute at the University of Nebraska Medical Center indicates that children participating in Sixpence meet or

exceed expectations across all developmental areas measured and that parents are satisfied with their provider.

Communities for Kids

The Communities for Kids (C4K) initiative was created in response to community requests for assistance with shortages of high-quality early care and education programs. The mission is to ensure that communities, primarily rural areas, can grow and prosper by strengthening and sustaining a quality early childhood care and education infrastructure. Created by the Nebraska Children and Families Foundation in 2017, C4K started with a small cohort of nine community partnerships and has since expanded to 67 communities seeking to establish quality childcare and increased capacity. C4K provides high-touch technical support, expertise, and resource connections to communities as they create and carry out work plans that prioritize early childhood efforts.

In 2023, C4K worked to implement federal stimulus dollars aimed at capacity expansion in areas of high need and succeeded in eliminating a childcare desert. A cohort of new communities was also brought on using the traditional C4K model, and a monthly statewide call was established to bring C4K communities together for peer learning opportunities regardless of the funding source in their contracts. In 2024, C4K intends to continue expanding its reach across the state and to double back with communities who had to spend pandemic relief funds on a tight timeline to help them build sustainability plans.

Highlights from the last five years:

- Despite a slowdown in projected growth, the program has expanded from 18 communities in 2020 to 67 communities in 2024.
- The focus for recent expansion is for C4K communities to have at least 12% of their population speaking Spanish as their primary language.

Rooted in Relationships

Rooted in Relationships (Rooted) is an initiative focusing on increasing access to early childhood mental health services through a systems approach. Access to services occurs through supporting the infrastructure of several evidence-based practices across the state and funneling funds to communities to implement the Pyramid Model with early childhood professionals. In 2023, Rooted supported 16 community hubs across the state. Since the implementation of the Pyramid Model in 2014, 82 coaches have supported 760 center and home-based childcare providers in 433 programs, impacting over 14,700 children. Of the children impacted, 8.4% were English language learners, and 20% qualified for childcare subsidy. Please note that this number may account for duplicate children if children have completed demographic surveys over a year.

In 2023, the South Omaha community continued its second year of implementation of the Pyramid Model in Spanish with bilingual coaches and a bilingual trainer. The North Omaha community was able to begin its first year of implementation of the Pyramid Model with ten community childcare teachers from three centers and one family childcare home. With non-federal grant funding, the Rooted initiative expanded to two other communities: Phelps County and the South-Central area, comprised of Adams, Webster, and Nuckolls counties.

In 2024, Rooted staff will continue to provide technical assistance to the 16 current community hubs and build relationships with stakeholders in Cherry County. The team will collaborate with state partners around work promoting young children's social-emotional development. Some examples of these collaborations include work with the Division of Public Health, the Division of Behavioral Health, the Division of Children and Family Services, and the Court Improvement Project.

Highlights from the last five years:

- Rooted in Relationships has continued to expand from supporting ten communities in 2020 to supporting 16 communities in 2024.
- A pilot was conducted in Douglas County to promote young children's social-emotional development when sixteen childcare providers and one director attended training and began to receive coaching.
- Pyramid Model training materials were also translated into Spanish.

Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP) NEP-MAP is a collaboration of many stakeholders working together to improve access to mental and behavioral health care for children and families in Nebraska, led by a maternal and child health team in the DHHS Division of Public Health. See *Section I, Collaboration*, for additional information.

Service Areas

CFS leadership in the service areas facilitates various ongoing activities to strengthen permanency for children, including those children under the age of five.

Eastern Service Area (ESA): Continuous Quality Improvement (CQI) reviews and case staffing reviews have assisted in identifying barriers to cases achieving timely permanency. All in-home cases are reviewed at 90 days to monitor for continued safety needs. Best interest case staffing reviews occur to ensure youth in a higher level of care are not in those levels of care for longer than is medically necessary. Placement disruption case staffing reviews have assisted in identifying foster youth's unaddressed developmental needs and identified solutions to reduce barriers to placement stability for those youth.

The Impact from Infancy (IFI) program, a multi-disciplinary team (MDT) in the ESA, continues to target families with children birth to five involved in the juvenile court and child welfare systems. This team has seen great success in recognizing and identifying families who need community support on an individualized basis and do not require formal interventions.

Southeast Service Area (SESA): SESA continues to partner with community stakeholders through monthly meetings with the Early Development Network (EDN), the Educational Service Unit, and the 1184 team. SESA also maintains bi-monthly calls with teams consisting of various partners, providers, DHHS representatives, and Region V representatives. The bi-monthly meetings discuss innovative methods to reduce the length of time children are in foster care without a permanent family, generally focusing on the 0-3 population.

Northern Service Area (NSA): For all youth removed from their home, an immediate triage or a 30-day case mapping occurs to identify barriers to reunification and develop strategies to prioritize well-being and reuniting families. Staffings include the ICWA champion, case managers, supervisors, administrators, and resource development from across the service area. Administrators conduct 60- and 90-day case staff meetings and help address barriers to achieving permanency for all youth.

Central Service Area (CSA): CFS launched a permanency pilot in the central service area focused on the local case team staffing to understand the barriers to achieving permanency. The project engaged statewide CFS leadership, including the deputy director of protection and safety, DHHS legal, and Court Improvement Project (CIP) leadership. At the end of 2022, CFS partnered with Casey Family Programs to aid in developing a permanency framework for Nebraska. Casey Family Programs was to provide values training for all system partners and technical assistance for the identified population of cases. In 2023, Casey Family Programs and the Court Improvement Project (CIP), CFS leadership, and permanency staff started meeting in early 2023 to identify a permanency staffing framework. In September 2023, this project was put on hold as the Department is focusing on other projects.

4. Services provided in the four areas under the MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2):

- Family Preservation;
- Family Support;
- Family Reunification; and
- Adoption Promotion and Support Services;

Between FYs 2020-2024, CFS utilized the MaryLee Allen Promoting Safe and Stable Families (PSSF) formula grant to fund family preservation, family support, family reunification services, and adoption promotion and support services via sub-awards to other organizations. The below table breakdown includes programming that has been in place during this entire reporting time.

Family Preservation Services	25%
Family Support Services	25%
Family Reunification Services	20%
Adoption Promotion and Support Services	20%
Administrative Costs	10%

CFS requested an adjustment to the percentage of FY24 Title IV-B Subpart 2 funds to better align with the programs and services needed in Nebraska. Nebraska statute annually allocates state general funds to post-adoption services. Therefore, CFS cannot fund post-adoption services with adoption promotion funds as this could supplant federal funds where current state allocations cover the necessary costs. The adjustments are as follows:

Family Preservation Services	30%
Family Support Services	30%
Family Reunification Services	20%
Adoption Promotion and Support Services	10%

Administrative Costs	10%
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The additional allocation to the Family Preservation Services and Family Support Services allows CFS to increase the number of families who can receive support and strengthen their families through Central Navigation and the other services identified below. Data information is provided by The Annual Community Collaboratives Report 2022-2023.

Family Preservation

CFS continues to provide a sub-award to the Nebraska Children and Families Foundation (NCFF) to provide Family Preservation Services through Community Response and Central Navigation.

Family preservation services assist families in increasing their family and community protective factors, strengthening parent and child resiliency, and increasing self-sufficiency. The number of participants and race/ethnicities of those served through community response and central navigation are listed in the graphs below.

Overall Summary of Participants Served Through Individual-Level Prevention Strategies (Community Response)			
	2022-2023	2021-2022	2020-2021
Number of Participants Served Directly	13,228	13,521	13,531
Number of Children Served Directly	9,711	10,287	11,720
Number of Participating Staff	44	274	857
Number of Participating Organizations	154	350	592
Number of Communities in Statewide Evaluation	18	17	14

Race/Ethnicity of Individuals Served Through Individual-Level Prevention Strategies (Community Response)			
	2022-2023	2021-2022	2020-2021
American Indian or Alaska Native	393 (4.2%)	475 (5.3%)	224 (3.3%)
Asian	100 (1.1%)	45 (<1%)	23 (<1%)
Black or African American	1,891 (20.4%)	1,742 (19.3%)	1,123 (16.5%)
Hispanic or Latino	1,467 (15.8%)	1,515 (16.8%)	1,254 (18.5%)
Multiracial	758 (8.2%)	535 (5.9%)	110 (1.6%)
Native Hawaiian/Pacific Islander	22 (<1%)	10 (<1%)	14 (<1%)
White	4,315 (46.6%)	4,447 (49.3%)	3,789 (55.8%)
Another Race/Ethnicity	90 (1.0%)	127 (1.4%)	270 (4.0%)
Prefer Not to Say	70 (<1%)	117 (1.3%)	22 (<1%)
Total	9,265	9,013	6,793
<i>Note: Race/ethnicity data was not available for 3,963 (30.0%) of participants for the 2022-2023 evaluation year, nor was race/ethnicity data available for 4,508 (33.3%) of participants for the 2021-2022 evaluation year.</i>			

Family Support Services

CFS continues to provide a sub-award to the Nebraska Children and Families Foundation (NCFF) to provide Central Navigation, support services, family engagement, and community response coaching. The graph below represents the number, demographics, and allocations of those that utilized the services, including COS-P and community response coaching.

Overall Summary of Participants Served Through Central Navigation			
	2022-2023	2021-2022	2020-2021
Number of Participants Served Directly	4,019	3,797	3,770
Number of Children Served Directly	5,856	6,095	6,573
Gender			
Male	831 (21.6%)	863 (22.7%)	805 (21%)
Female	2,962 (76.9%)	2,876 (75.7%)	2,899 (77%)
Other/Prefer not to say	58 (1.5%)	47 (1.2%)	66 (1.8%)
Race/Ethnicity			
American Indian or Alaska Native	184 (4.7%)	214 (5.6%)	156 (4.1%)
Asian	23 (<1%)	18 (<1%)	21 (<1%)
Black or African American	663 (16.8%)	645 (17%)	545 (14.5%)
Hispanic or Latino	588 (14.9%)	690 (18.2%)	801 (21.2%)
Multiracial	418 (10.6%)	190 (5%)	110 (2.9%)
Native Hawaiian/Pacific Islander	17 (<1%)	7 (<1%)	14 (<1%)
White	1,925 (48.8%)	1,951 (51.4%)	2,067 (54.8%)
Another Race/Ethnicity	18 (<1%)	26 (<1%)	57 (1.5%)
Prefer Not to Say	39 (1.0%)	38 (1%)	22 (<1%)
Not Reported/Missing	71 (1.8%)	56 (1.5%)	--
Age			
Participants ages 14-18	434 (11.2%)	372 (9.8%)	--
Participants ages 19-26	1,263 (32.6%)	1,125 (29.6%)	--
Participants ages 27-40	1,397 (36.1%)	1,183 (31.2%)	--
Participants age 41-60	678 (17.5%)	626 (16.5%)	--
Participants 61+	101 (2.6%)	105 (2.8%)	--
Disabilities			
Number of Participants with Disabilities	637 (15.8%)	711 (18.7%)	540 (14%)
Number of Children with Disabilities	467 (7.9%)	415 (6.8%)	462 (7%)
Number of Participants that Qualify for Public Assistance	2,748 (68.4%)	2,617 (68.9%)	2,678 (71%)
Number of Participating Staff	44	219	588
Number of Participating Organizations	154	280	361

Support Services

Flexible and supportive funding was available through Central Navigation to bridge gaps when other funding sources were unavailable or the participant didn't qualify for additional resources. The graph below represents areas of assistance with correlating requests and allocations.

Support Service Funds Distributed In 2022-2023				
Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Housing	1,773	\$1,294,964.38	62.02%	\$730.38
Utilities	1,215	\$393,886.59	18.87%	\$324.19
Transportation	620	\$180,992.36	8.67%	\$291.92
Other	282	\$89,791.59	4.30%	\$318.41
Mental Health	164	\$44,553.24	2.13%	\$271.67
Daily Living	234	\$36,814.63	1.76%	\$157.33
Parenting	98	\$24,349.20	1.17%	\$248.46
Physical/Dental Health	33	\$11,484.85	0.55%	\$348.03
Education	29	\$9,556.75	0.46%	\$329.54
Employment	18	\$1,426.78	0.07%	\$79.27
2022-2023 Total	4,466	\$2,087,819.97		\$467.49
2021-2022 Total	4,395	\$2,100,325.65	--	\$477.89
2020-2021 Total	5,006	\$2,585,460.72**	--	\$413.44
2019-2020 Total	2,079	\$702,333	--	\$338
<i>**This amount includes federal CARES Act funding distributed to communities in 2020-2021. Caution is required when comparing these funds to prior years.</i>				

Family Engagement

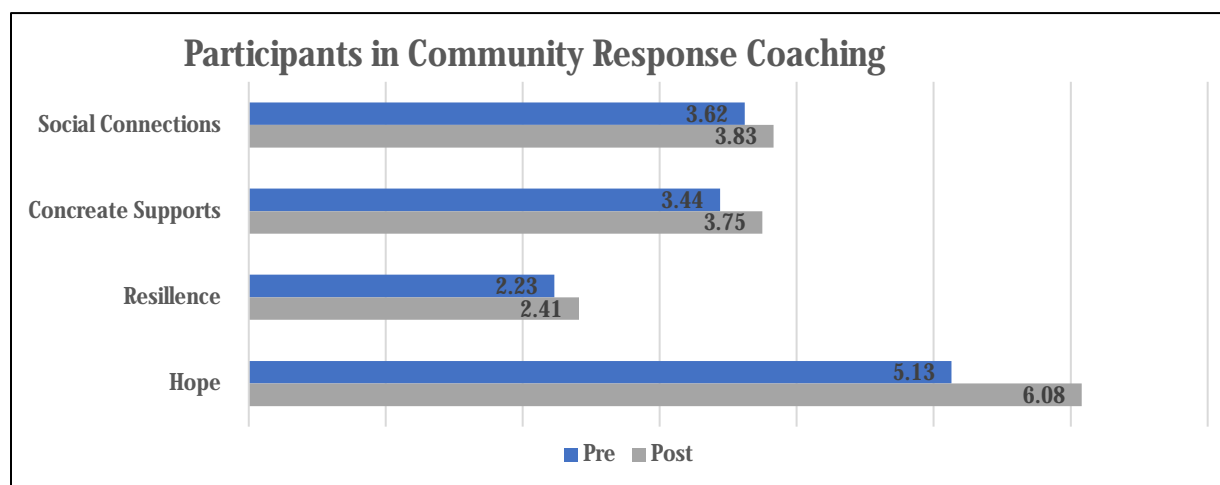
Central Navigation service focuses on improving parent-child relationships/interactions, reducing parental stress, and increasing parent efficacy. The MaryLee Allen funds were used for the engagement program, COS-P. Additional information regarding COS-P can be found in *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*.

Overall Summary of Participants Served Through COS-P			
	2022-2023	2021-2022	2020-2021
Number of Participants Served Directly	367	339	292
Number of Children Served Directly	935	806	811
Gender			
Male	92 (24.9%)	86 (25.4%)	70 (24%)
Female	273 (74.0%)	198 (58.4%)	210 (71.9%)
Missing/ Not Reported	4 (<1%)	55 (16.2%)	12 (4.1%)
Race/Ethnicity			
American Indian or Alaska Native	4 (1.1%)	6 (1.8%)	9 (3%)
Asian	5 (1.5%)	1(<1%)	2 (1%)

Black or African American	31 (8.4%)	18 (5.3%)	11 (3.8%)
Hispanic or Latino*	70	70 (20.6%)	13 (4.5%)
Multiracial	--	--	--
Native Hawaiian/Pacific Islander	--	--	--
White	245	181 (53.4%)	229 (78.4%)
Another Race/Ethnicity	8	8 (2.4%)	16 (5.5%)
Missing/ Not Reported	6	55 (16.2%)	--
Number of Participants that Qualify for Public Assistance	204 (55.3%)	170 (50.1%)	135 (46.2%)
Number of Participating Staff	70	35	43
Number of Participating Organizations	66	37	50
Number of CWB Communities Offering	12	12	10

Community Response Coaching

The Munroe-Meyer Institute evaluated community response coaching over the past year. It found improvements in social connections, concrete supports, resilience, hope, and protective factors. The graphs below represent the evaluated information.



**Social Connections and Concrete Supports are based on a 5-point Likert scale; Hope is based on an 8–8-point Likert scale, and resilience is based on a 4-point Likert Scale*

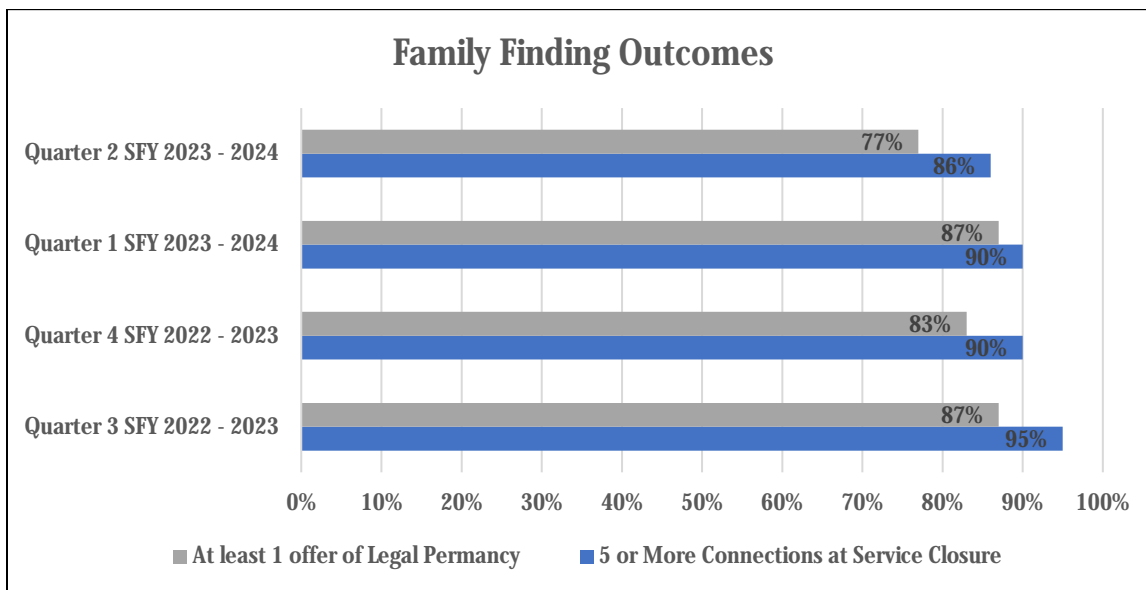
Family Reunification

CFS provided a sub-award to the Nebraska Children’s Home Society (NCHS) to provide family reunification services through the Family Finding program. The service includes engagement, searching, preparation, planning, decision-making, lifetime network creation, healing, and permanency. Outcomes for this sub-award create movement towards increased connections, leading to timely permanency and prevention of reentry into the child welfare system.

Strategy: Family Finding	
Location	All 93 Counties
Number of Families Served Directly in 2023	148

Established performance outcomes included:

- At least five family members or connections to be identified who were committed to providing a lifetime network of unconditional support for 80% of the families referred; and,
- A minimum of one family member or connection willing to provide permanency, adoption, or legal guardianship within six months for 55% of the families referred.



Starting in March 2024, all statewide referrals for family finding will be assumed by DHHS.

Adoption Promotion and Support Services

CFS utilized PSSF-adoption funds to help support the Nebraska Foster and Adoptive Parent Association (NFAPA) with the following:

- Management of the statewide foster parent inquiry phone line;
- Distribution of packets to persons who inquire about becoming a foster or adoptive parent;
- Social media outreach;
- Production and statewide distribution of a bi-monthly newsletter for foster and adoptive parents;
- Training in all service areas for foster and adoptive parents;
- Mentoring services for foster and adoptive parents in all service areas;
- Training to foster parents who are planning to adopt; and
- Provision of feedback surveys from training and mentoring services.

NFAPA also includes information on which CFS-contracted CPAs offer services in specific areas of the state. Throughout 2023, NFAPA provided support groups for foster and adoptive parents. Efforts made by NFAPA support the recruitment and training of foster and adoptive homes to provide a safe home pending reunification or an alternative permanency plan.

In addition, Nebraska utilized PSSF adoption funds to promote adoption. The campaign had many components that brought attention to the need for adoptive parents for youth in foster care. The Nebraska Heart Gallery is an extension of CFS that maintains a website and a social media presence. This website promotes Nebraska children who are available for adoption from foster care. Child Saving Institute is contracted to maintain the Nebraska Heart Gallery.

Information regarding the estimated number of individuals and families to be served, the population, and the geographical locations are provided in the *CFS-101* documents.

5. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

There is a complex interplay of risk factors in identifying the populations at greatest risk of maltreatment. Risk factors include parent or caregiver characteristics such as depression, substance abuse, and mental health needs; contextual factors, such as social isolation, poverty, and violence; and child vulnerabilities, including age, developmental delays, behavioral and mental health needs, or substance abuse. Additionally, some communities have fewer resources and access to prevention services and supports, which impacts the risk of maltreatment. It is also important to consider race, age, and geographical factors contributing to risk and the data. Across the country and similarly, within Nebraska, social determinants of health and access to services can increase individual and family risk factors.

State-Level Data

Knowing why children enter out-of-home care is essential to understanding the populations at greatest risk of maltreatment. These factors can help identify gaps and where to target prevention efforts, reducing maltreatment and removal from the home.

The chart below illustrates the NFOCUS removal reason for calendar years 2022 and 2023. Children enter care for many reasons; however, neglect remains the most common reason for children entering out-of-home care in Nebraska. The graphic below identifies the top 15 reasons for removal; each child may have multiple reasons for entering out-of-home care. The top reasons have remained steady over the last five years. However, fluctuation in percentages has resulted in the reasons moving up or down from the current spot. Neglect, by far, remains the top spot.

Removal Reasons/Conditions	CY 2022	CY 2023
Neglect (alleged/reported)	56.15%	50.03%
Drug Abuse (parent/caretaker)	19.87%	18.37%
Physical Abuse (alleged/reported)	15.53%	13.08%
Child's Behavior Problem	9.03%	10.05%
Domestic Violence	9.08%	9.31%
Alcohol Abuse (parent/caretaker)	9.03%	5.76%
Incarceration of Parent(s)/Caretaker(s)	8.74%	5.55%
Inadequate Housing	9.72%	4.34%
Abandonment	4.15%	5.13%
Sexual Abuse (alleged/reported)	5.86%	3.04%
Homelessness	2.88%	3.30%

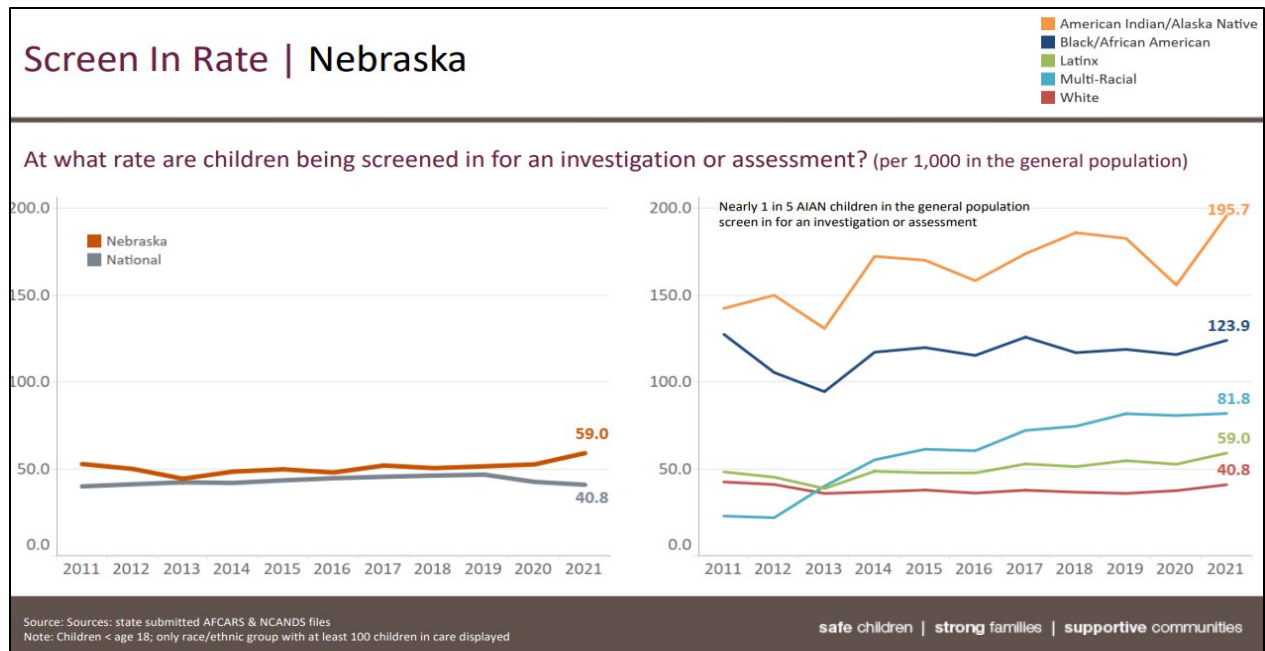
Education Neglect	1.42%	2.83%
Medical Neglect	1.86%	1.99%
Prenatal Drug Exposure	1.90%	1.73%
Mentally Ill and Dangerous (child)	1.42%	1.47%

*Source: NFOCUS database

Another important factor to consider is the source of calls to the CPS hotline and the disposition of those calls by caller type. This information helps identify targeted reporter groups that can be utilized to share information and training and identify where additional resources could be located for families.

Reporter to Disposition Nebraska			
Understanding who reports are accepted for investigation can help target prevention activities.			
Report Source Description	Disposition Grouped	# of children	% of children
Education	substantiated	359	4%
	alternative response	4,881	49%
	unsubstantiated	5,244	52%
	no finding	48	0%
		Educators report roughly 1 in 3 children, yet only 4% are substantiated	
Legal	substantiated	1,182	18%
	alternative response	1,008	16%
	unsubstantiated	4,328	67%
	no finding	167	3%
Medical	substantiated	436	9%
	alternative response	1,399	30%
	unsubstantiated	2,849	62%
	no finding	45	1%
Family/Friends	substantiated	330	7%
	alternative response	1,733	36%
	unsubstantiated	2,857	59%
	no finding	66	1%
Others	substantiated	409	10%
	alternative response	1,121	28%
	unsubstantiated	2,472	62%
	no finding	65	2%
Anonymous	substantiated	75	4%
	alternative response	704	38%
	unsubstantiated	1,083	59%
	no finding	4	0%
Unknown	substantiated	15	8%
	alternative response	94	47%
	unsubstantiated	89	45%
	no finding	1	1%
Source: Sources: state submitted AFCARS & NCANDS files Note: Children < age 18; only race/ethnic group with at least 100 children in care displayed			
safe children strong families supportive communities			

Race and ethnicity are important considerations when reviewing data and identification of populations that are at greater risk, either of maltreatment or of being disproportionality reported. The chart below shows the screen rate for Nebraska based on race/ethnicity data.



Neglect is a broad category that includes serious parental acts of omission or commission that fail to provide for the child’s basic physical, medical, educational, or emotional needs, including failure to provide adequate supervision. Many factors categorized as neglect are related to poverty, education, resources, and access. CFS supports the Community Wellbeing (CWB) model to address the needs that contribute to neglect and poverty in communities across Nebraska. The CWB model is a statewide effort branded as Bring Up Nebraska that allows local communities to develop strategies, priorities, and cross-sector solutions to support families in their communities. *The Community Wellbeing 2022-2023 Evaluation Report (Attachment I)* is attached.

CFS has engaged community partners and families through outreach efforts organized by our internal community support specialist (CSS) team. The CSS team links families to economic assistance benefit programs and community resources to prevent maltreatment related to poverty stressors.

Nebraska’s second and sixth-highest removal reasons were due to substance abuse. Some efforts to address substance abuse include participating in local and statewide Systems of Care, coordinating with other DHHS divisions, planning safe care/prenatal plans of safe care, FFPSA programming, and expanding the Mommy and Me programs. Additionally, Nebraska’s Division of Behavioral Health continues its strategic planning efforts focused on access and gaps for substance abuse services and programming. For more information, refer to *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, and *Section VI, CAPTA State Plan Requirements and Updates*.

Domestic violence is the fifth-highest removal reason in Nebraska. Please see *Section I, Collaboration*, for more information about how CFS engages and enhances domestic violence supports and services across the state. In 2019, Lancaster County created the Safe and Together Families Problem Solving Court. This court is designed to provide support and accountability for

families experiencing domestic violence and involved in the child welfare system. The main feature of this problem-solving court is frequent and meaningful interactions between parents, case managers, and the judge. The assigned case managers have specific training in the Safe and Together model, domestic violence dynamics, and resources.

Additional CFS data shows the number and percent of state wards aged 0-5 whose parent was also a Nebraska state ward in 1998 or later. This crucial data shows the need to provide targeted strategies for individuals exiting care and older youth/young adults who are pregnant and parenting. *Section IV, Update on the Service Descriptions, Services for Children Under the Age of Five*, and *John H. Chafee Foster Care Program*, provides more information on multi-generational strategies and involvement.

State Wards aged 0-5 with a Parent that was a Nebraska State Ward 1998 - January 2024		
Service Area	0-5 Wards Parent was a Ward	Percent of Total Wards
Central	81	58.7%
Eastern	219	39.11%
Northern	53	31.93%
Southeast	125	51.65%
Western	70	38.25%
Grand Total	548	42.51%

**Point-in-time data from NFOCUS*

Missing youth are also at risk of harm, lack of access, and potential deeper system involvement. The below service area-specific data shows the number of system-involved youth who were missing or parent-abducted at any time during the data reporting period. See *Section I, Collaboration*, Human Trafficking Prevention and Response, for additional information on efforts to address missing youth.

System-involved Youth who are Missing or Parent-Abducted January – December 2023			
Service Area	Missing Youth	With Parent-Abducted	Grand Total
Central	25	0	25
Eastern	343	11	354
Northern	25	4	29
Southeast	54	0	54
Western	19	6	25
Tribal	21	0	21
Grand Total	487	21	508

**Data is from NFOCUS*

Community Level Data

The 2023 CWB report outlines specific community-level data and resources supporting targeted communities and identified gaps.

Through the CWB networks and Bring Up Nebraska Collaboratives, the Nebraska Children and Families Foundation dispersed over two million dollars in support service funds across the state. Support service funds include a combination of PSSF, private dollars, and CFS sub-awards with NCCF. Overwhelmingly, 75% of the total support service funds expended were for housing and utilities, demonstrating the prevalence of families' basic needs that could place them at risk for maltreatment and system entry.

The following table details how the support services funds were spent through the Bring Up Nebraska collaborative efforts. This data gives insight into populations at risk and gaps that the funds help to fill.

SUPPORT SERVICE FUNDS DISTRIBUTED IN 2022-2023				
Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Housing	1,773	\$1,294,964.38	62.02%	\$730.38
Utilities	1,215	\$393,886.59	18.87%	\$324.19
Transportation	620	\$180,992.36	8.67%	\$291.92
Other	282	\$89,791.59	4.30%	\$318.41
Mental Health	164	\$44,553.24	2.13%	\$271.67
Daily Living	234	\$36,814.63	1.76%	\$157.33
Parenting	98	\$24,349.20	1.17%	\$248.46
Physical/Dental Health	33	\$11,484.85	0.55%	\$348.03
Education	29	\$9,556.75	0.46%	\$329.54
Employment	18	\$1,426.78	0.07%	\$79.27
2022-2023 Total	4,466	\$2,087,819.97		\$467.49
<i>2021-2022 Total</i>	<i>4,395</i>	<i>\$2,100,325.65</i>	<i>--</i>	<i>\$477.89</i>
<i>2020-2021 Total</i>	<i>5,006</i>	<i>\$2,585,460.72**</i>	<i>--</i>	<i>\$413.44</i>

**This amount includes federal CARES Act funding that was distributed to communities in 2020-2021. Caution is required when comparing these funds to prior years.

6. Kinship Navigator Funding (title IV-B, subpart 2)

In 2020 and 2021, CFS utilized kinship navigator funding to implement KIN-TECH™, the Florida Children's Home Network's Kinship Navigation Model. Through a formal RFP process, CFS contracts with two organizations, Lutheran Family Services (LFS) and Nebraska Children's Home Society (NCHS), to deliver the KIN-TECH™ model to non-system-involved kinship families.

The 2022 and 2023 kinship navigator funds have continued to be used to deliver the kinship navigation service, but CFS has ended the use of the KIN-TECH™ model due to model concerns. The contacts CFS has with LFS and NCHS do not limit where services can be provided. However, because of capacity and funding, they primarily serve families in the southeast, eastern, and northern CFS service areas. LFS and NCHS are interested in expanding capacity and coverage areas; CFS has been exploring funding and a plan to support expansion.

In 2023 and 2024, Nebraska has moved forward with plans to train and implement the Arizona Kinship Support Services (AKSS) model. Training is scheduled to commence in April 2024, with service delivery of the AKSS model by the summer/fall of 2024.

September is National Kinship Caregiver Month. CFS, LFS, and NCHS were present for the Nebraska Governor's proclamation of September as Kinship Caregiver Month, including a press release and media coverage. CFS and the Kinship Navigation program were featured in a video series called *Live and Learn* that focuses on resources and support for grandparents. In addition, an article featuring the Kinship Navigator program, including an interview with a kinship parent raising her grandchildren, was published in the Aging Partners *Living Well* magazine. There is also a page on the DHHS website regarding benefits for kin and relative caregivers that CFS shares broadly with internal staff and external partners. NCHS and LFS have intentional marketing efforts for the program through online platforms, print materials, a website, and the development of articles. The kinship navigation team members regularly present to partners, stakeholders, and parent groups. NCHS and LFS have focused recruitment efforts to ensure diversity and inclusion, including translating marketing materials into Spanish.

NCHS and LFS collect and report quarterly data to CFS, including demographics of families served, length of service, re-entry into kinship services, prevention of entry into the formal CFS system, concrete supports or services, and referrals provided. Annually, NCHS and LFS collectively serve approximately 100 families through kinship navigation services. CFS is working with the model developer and the Nebraska team to address the feedback. Data reports have shown that these families who are able to be supported through the Kinship Navigator program do not subsequently enter the formal child welfare system at a success rate of 98%.

CFS plans to continue participating in the IV-E Kinship Navigator program. CFS is focused on implementing the AKSS model and hopes to expand capacity in 2025.

7. Monthly Caseworker Visit Formula Grants

Throughout FYs 2020-2024, the Monthly Caseworker Visit Formula Grants was utilized to improve the quality of caseworker visits through funding the following:

- Printing the Redbook for Nebraska's Bridge to Independence program for young adults.
- Nebraska Indian Child Welfare Coalition (NICWC)- (ICWA) training to enhance CFS knowledge of tribal customs and working with families.
- Gifts provided to caseworkers for Social Worker Appreciation Month.
- Webcams and headsets for caseworkers to hold virtual family visits or other case-related meetings and attend training during the COVID-19 pandemic.
- Reference guides on substances for caseworkers to assist in identifying and working with families with substance use concerns.
- The following conferences:
 - The Crime Victim Rights Virtual Conference addressed how to support survivors of violence, build trust, and engage with communities.
 - SESA Safe and Together Conference.
 - CFS Staff Conference.
 - Speaker Agreement-Gaelin Speaks for CFS Leadership Conference.
- Reflective practice training for caseworkers.
- Promotions, printing, and marketing documents.
- Caseworker retention items such as leather portfolios.
- Car seats to assist caseworkers and families.

- Pack-n-plays to assist caseworkers and families.
- Purchase card transaction.

These services above improved caseworkers' decision-making on safety, permanency, and well-being, as well as the recruitment, retention, and training of caseworkers.

See Section VII, Statistical and Supporting Information, Monthly Caseworker Visit Data, for additional information.

8. Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

In FY21 and FY22, Nebraska did not qualify for adoption and guardianship incentive funds. The decreased funding created challenges for CFS in funding the resources and supports mentioned below and offering financial assistance for adoptive families. CFS continues identifying new funding opportunities to ensure these programs and activities can continue.

Resources and supports provided for FYs 2020-2024 included the following:

- Purchasing national criminal history background checks for fingerprinting of foster and adoptive parents.
- Contracting with the Nebraska Heart Gallery to display children who are state wards available for adoption on their website.
- Contracting with the Nebraska Foster and Adoptive Parent Association (NFAPA) to provide Trauma-Informed Partnering for Safety and Permanence (TIPS-MAPP) and Deciding Together Pre-Service training and in-service training for CFS foster homes.
- Membership dues to allow active participation in the American Public Human Services Association's Association of Administrators of Interstate Compact on Placement of Children (APHSA-AAICPC), which includes development and training opportunities through national conference attendance.
- Active membership on Ancestry.com to assist adoptees in locating and connecting with birth families.
- Assisting with legal fees associated with adoptions or guardianships.
- Payment for staff attendance at the North American Council on Adoptable Children Conference in Kansas City, Missouri.
- Membership dues to allow active participation in the Nebraska Adoption Agency Association (NAAA).
- Home and vehicle modifications for adoptive parents to continue to care for their adoptive children who are disabled.
- Staff registrations and speakers for the Nebraska Adoption Agency Association Conference 2021.
- Contractor for foster and adoptive rate consulting fees.
- Gift bags for over 700 adoptive families.

CFS intends to utilize adoption and legal guardianship incentive payment funds to continue funding the abovementioned activities. In addition, CFS provides financial assistance to adoptive homes to provide for the needs of their adoptive children.

9. Adoption Savings

During FYs 2020-2024, CFS used and plans to continue using the adoption savings funds to provide respite care services to adoptive families. Post-adoption services include permanency support specialists who assist adoptive families in identifying informal or formal individuals who can provide respite care. Post-adoption services have a network of formal respite providers across the state, but some regions have limited formal respite care options available. Nebraska continues to work to identify individuals willing and able to provide respite care for adoptive families.

CFS has not had any unused savings in the previous years and does not anticipate any challenges in the future. Currently, changes have yet to be made to the methodology for the adoption of savings funds, and CFS does not expect changes in the future.

10. Family First Prevention Services Act Transition Grants

Prior to 2023, Nebraska did not use the Family First Prevention Services Act (FFPSA) Transition Grants. Nebraska is currently using a portion of the FFPSA transition grant for the start-up implementation of the Arizona Kinship Navigator program. A strong functioning Kinship Navigator program has shown to be a good prevention tool to keep children from entering the formal child welfare system. Consideration is also being given to using this grant to train providers on evidence-based programs and a rigorous evaluation of non-well-supported programs, as required through FFPSA.

11. Family First Transition Act Funding Certainty Grants (applicable states only)

In 2022, Nebraska received notice from the Administration on Children, Youth, and Families that our reported FFY 2020 and FFY 2021 post-demonstration costs exceeded the established funding certainty level. Therefore, ACF reduced Nebraska's funding certainty grant awards to \$0.

12. Chafee and ETV

CFS administers the Chafee Foster Care Independence Program (CFCIP). CFS is ultimately responsible for transitional planning for youth ages 14-19 in the custody of DHHS and out-of-home care, ensuring youth have the support they need as they transition into adulthood.

The Bridge to Independence Program (B2i) is intended for young adults between 19 and 21. However, tribal youth can enter B2i at the age of 18 if their tribal code ends juvenile jurisdiction at the age of 18. B2i is required by state law to provide foster care services and support to young adults who are aging out of foster care or leaving foster care through independent living, guardianship, or adoption. The state statute allows for extending guardianship and adoption

assistance. B2i provides the youth with CFS case management, a monthly stipend, and medical coverage if the young adult qualifies for IV-E funding. The case management duties focus on various areas, including employment needs, obtaining necessary identification, financial needs, connecting young adults with community resources, educational needs, health care needs, social and family connections, and accessing pregnancy and parenting resources and services.

CFS contracts with Nebraska Children and Families Foundation (NCFF) to achieve program goals and deliver chafee-related services to young people across Nebraska. Together with NCFF, private donors and DHHS created a state-wide Connected Youth Initiative (CYI), an overarching older youth and young adult system that provides services and supports to youth and young adults between the ages of 14-26. The partnership focuses on quality youth and young adult services, highlighting prevention and enhancing a young person's transition into adulthood.

CYI Core Services

Central Navigation: Central navigation is the component in which youth and young adults are matched to services. Utilization of this service has increased every year throughout the past five years. In 2023, the numbers significantly increased, with 57.7% of those served between the ages of 19-21 and 58% identified as people of color. There has been a 250% increase in central navigation in the last year.

Central Navigation	
Year	Number of Young People Served
2019	Data Unavailable
2020	Data Unavailable
2021	1264
2022	1436
2023	5036

Financial Well-Being: Financial well-being is provided through programs such as Opportunity Passport (OPP) and Your Money Your Goals, and Keys to Your Financial Future.

Coaching: Coaching is a case management approach that is youth-driven, strength-based, and goal-oriented. Over the last three years, 73% of the participants were over the age of 19, and 1,270 were chafee-eligible.

CYI Coaching through Central Plains Center for Services	
Year	Unique Individuals that Accessed CYI
2019	766
2020	851
2021	1688
2022	1763
2023	2297

Youth and Young Adult Leadership: Leadership includes opportunities for young people to engage in leadership and advocacy, which is community-led and youth-driven via local chapters. This is detailed later in *the Final Update for the John H. Chafee Foster Care Program*.

Support Services Funding- Youth Support Services Funds: Youth support services funds are flexible funds for older youth (current or former foster youth ages 16-25) to access an array of basic needs and support in emergencies where support is unavailable through other sources. Funding requests for housing and utilities have been consistently the highest requested need for the previous five years.

Time Frame for Supportive Funds Provided for ages 14-25	Number of Requests	Total Amount of Funds
2019-2020	Data not Available	Data not Available
2020-2021	1,225	\$528,946
2021-2022	1,120	\$482,053
2022-2023	1,093	\$795,054

John H. Chafee highlights focusing on program changes and enhancements since the submission of the 2020-2024 CFSP:

Youth Voice

CFS values the collaborative efforts of youth with lived experience and recognizes young adults (later referred to collectively as young people) as experts who can inform system improvements.

Since 2014, in partnership with NCFF and CFS, seven youth councils across Nebraska were established, which brought young people together to encourage leadership and advocacy for system change. Young adult leadership and engagement aim to provide young people opportunities to build social connections, develop leadership skills and competencies, and advocate for system change. Connected Youth Initiative (CYI) chapters enable stakeholders to learn from young people and encourage them to find their place in their community through networking and connections. CYI implemented a tier system for youth leadership opportunities as young people enhance their skills and willingness to participate in leadership opportunities. Young people can start at the skills-building tier, progress to the community tier, and advance to the advocacy tier. Each tier is designed to match the young person's level of commitment, advocacy skills, and community involvement, which allows young people to transition from local chapters to advocating at the state and national levels.

Youth leadership, a core component of CYI, includes opportunities for young people to engage in community-led and youth-driven leadership and advocacy via local chapters. Since 2019, coordinated and robust efforts through partnerships have intensified among CFS, NCFF, communities, and young people to strengthen efforts to ensure young people served by CFS and the CYI continuum of support are heard. CYI currently has seven local youth chapters operating across the state, where young people increase leadership and advocacy within their community. The local chapter numbers and locations have varied between seven and nine in the last five years. The decline in local chapters has been attributed to staff turnover for local chapter

facilitation and young people's location and engagement after the pandemic. Since 2019, community stakeholders have increased their desire to have young people at the table to offer feedback on system change. Every month, NCFF sends notifications to young people on youth voice opportunities. In the last five years, youth voice opportunities have been increased to 19 forums providing valuable feedback regarding lived experience, policy, and legislative change recommendations. Forums include committees focusing on important issues facing young people, including homelessness, healthcare, juvenile justice issues, pregnancy and parenting, court improvements, racial inequalities, and Indian Child Welfare. The following forums provide direct feedback from young people to CFS.

- NCFF Local Youth Advisory Board: DHHS attends meetings frequently to discuss current policy needs and topics youth and young adults want to bring to DHHS awareness.
- Project Everlast Citizen Review Panel: DHHS receives a yearly report on projects, and this group recommends strengthening older youth programs with DHHS.
- Youth Engagement Summit (2021): A Nebraska team led by young adults identifying strategies for enhancement with older youth work in the child welfare system.
- CFS Policy Unit Request: The CFS policy unit connects with CYI youth and young adults for feedback during policy development.
- Bridge to Independence Advisory (B2i) Committee: Statewide advisory committee for the Nebraska Extension of Foster Care Program.
- Strengthening Families Act Committee: The statewide committee focuses on the provisions of the Strengthening Families Act.
- Various round table discussions in 2022 and 2023 on topics such as education and B2i.

The number of young adults accessing activities and the number of activities since the submission of the 2020-2024 CFSP has gone down for several reasons. Local chapters have yet to regain attendance post-COVID, various chapters have been postponed due to staffing issues, and some local chapters have relocated.

Summary of Young Adults Served Through Youth Leadership	2022-2023	2021-2022	2020-2021	2019-2020
Total Number of Young Adults Involved in All	161	207	211	400
Number of Young Adults Involved in Statewide	44	48	72	N/A
Number of Young Adults Involved in Community-Based	117	159	139	N/A
Total Number of Youth Leadership Activities	129	199	224	N/A
Number of Statewide Youth Leadership Activities	4	4	4	N/A
Number of Community-Based Youth Leadership	123	195	220	N/A

Despite the many efforts to engage young people, obtaining feedback and participation remains challenging. The most common barriers include meetings held during the day when young people are in school or working, not having the technology needed to attend virtual meetings, and compensating young people for their time and effort. NCFF will compensate for attendance at meetings.

In 2022, CFS created the FAU and implemented a procedure to compensate individuals with lived experience. See *Section I, Collaboration* for additional information.

The GOALS Program

As the COVID-19 pandemic started, NCCF and CFS implemented the GOALS program, which proved to be a significant advantage for young people who completed B2i between March and September 2020. This program provided eligible young individuals with a PALS coach through Central Plains Center for Services, a monthly living stipend, and resources through NE Works. NCCF issued \$102,300.00 in stipends to 40 young individuals participating in the GOALS program, with 93% of individuals benefiting from the resources provided by NE Works.

Youth Thrive™

Over the past five years, NCCF has offered Family and Youth Thrive™, one of the most extensive community training opportunities. Youth Thrive™ is a research-based framework that focuses on youth well-being. It is an initiative designed to promote healthy development and well-being. By training community providers across the state under the same framework, their understanding of adolescent development and consistent ability to interact with young people has increased.

In 2021, Central Plains Supportive Services launched a pilot project utilizing the Youth Thrive™ Survey in the central service area. This survey was designed to evaluate the presence, strength, and growth of protective and promotive factors that contribute to youth well-being. Both young people and staff members who participated in the survey reported finding the survey to be a helpful and valuable tool. The survey aided in promoting positive self-sufficiency growth, identifying and addressing needs, and strengthening the supportive relationship between the coach and the young adult. After the pilot's success, in 2022, Central Plains implemented the survey statewide as the assessment to determine a young person's growth and skills gained through coaching.

Recognizing the value of all staff working with youth and young adults in the older youth network, the B2i staff were trained in the Youth Thrive™ Framework. CFS implemented the Youth Thrive™ Survey in 2023 for all B2i participants. Utilizing the same survey provides the same data measures and the ability to make longitude comparisons for young people involved in coaching and the B2i program.

Coaching Enhancements

Since submitting the 2020-2024 CFSP, CFS and NCCF have worked to enhance the services and supports provided to youth and young adults. CYI enhanced coaching to include best practice models to serve youth and young adults better. This includes dual-generation core competencies and training. Coaching staff utilizes the following programs:

- Adverse Childhood Experiences (ACES)
- Reaching Teens
- Keys to Your Financial Future
- Your Money, Your Goals
- Futures Back on Track™ (BOT)

Pandemic Response

While the COVID-19 pandemic altered the course of service delivery for all populations, young people at risk of or experiencing homelessness faced an immense number of barriers and challenges to stability. Education and employment were immediately disrupted, impacting access to meals, income, and social networks. During the pandemic, CFS and NCFE worked to identify COVID-19 needs through feedback and surveys. Collaborative planning was initiated using the information and feedback obtained between CFS and NCFE for the Division X funding.

Knowing that CYI still had services and support for chafee young people between ages 14 and 23, focusing on the extended chafee population for ages 23-26 was a priority for Division X funding. Keeping young adults' needs in mind and Division X's flexibility, it was determined that a one-time financial stipend would be offered. In partnership with CYI, a one-time financial grant of \$1750 was provided for young adults aged 23 and 26. The stipend amount was determined by an average of young people's reported budgets. A total of 339 financial grant payments were made, totaling \$627,791.

In compliance with the Division X requirement for IV-E agencies to prevent youth from aging out of foster care and facilitate re-entry into foster care, CFS implemented the Pandemic Foster Care Program (PFCP). After the governor's approval, PFCP was initiated on July 1, 2021. Eligibility for PFCP included B2i young adults who successfully graduated from January 27, 2020, through September 30, 2021. Any young adult who chose to enter PFCP signed a new voluntary agreement to re-enter foster care. PFCP provides the services a young adult receives in B2i, including case management, transitional planning, and a monthly foster care maintenance payment.

Nebraska's older youth continuum of care allows young adults to receive coaching services until age 26. Several young adults who exit B2i may enter CYI for additional coaching and support. Nebraska implemented the Pandemic Support Program (PSP) through CYI based on the importance of young adult voice and choice. PSP offered the young adult the same services and support as PFCP, but the young adult did not have to re-enter foster care, and they would be able to keep their same coach instead of changing back to a B2i worker.

163 young adults received PFCP invitations for re-entry or the ability to enter PSP through CYI. 153 young adults joined PFCP, three entered PSP, five could not be located, and two were incarcerated.

In 2022, NCFE and CFS met with the Young Adult CRP to discuss the best way to use the remaining funds for young people aged 14-22. During the discussion with emerging leaders, it was apparent that young people faced increased economic hardships in maintaining self-sufficiency, primarily due to rising housing prices, food, and transportation. They emphasized that young people have a different level of family connections or informal support than those peers of the same age who did not experience foster care. 547 young people, including state wards, B2I participants, and Chafee-eligible young people, have been approved. Each young person received the Consolidated Appropriations Act stipend of \$1,802.

Housing Supports

CFS and NCCF work closely with several Continuum of Care (CoC) providers, including Lincoln, Omaha Metro, and the Balance of State (BoS), which is rural Nebraska. The most significant barrier young people face is the availability and affordability of housing in rural areas. Coordinated efforts and collaborative partnerships at the state level include the Department of Education, Office of Probation, and the Nebraska Commission on Housing and Homelessness. Recognizing homelessness issues surrounding unconnected young people, NCCF, CCFL, BoS, and All Doors Lead Home Coordinated Entry applied for a homeless grant for rural Nebraska. CCFL was awarded the Youth Homeless Demonstration Grant (YHDG) for rural Nebraska in the summer of 2019. Programming was launched with referrals in December 2019. In 2021, the city of Lincoln was awarded a YHDG, with the first grant year being a planning year. YHDG housing projects include ongoing rent assistance for rapid re-housing, joint transitional housing, and permanent supportive housing.

Youth Homeless Demonstration Grant Program-Balance of State	Number of Chafee Young People Served
December 1, 2019-September 30, 2020	Data not available
October 1, 2020-September 30, 2021	74
October 1, 2021-September 30, 2022	95
October 1, 2022-September 30, 2023	85

Youth Homeless Demonstration Grant Program-Lincoln, Nebraska	Number of Chafee Young People Served
October 1, 2022-September 30, 2023	129

In 2022, the Legislative session passed LB1014, which included the American Rescue Act budget. The program appropriated \$1,000,000 for low-income campus housing, including construction, building upgrades, transportation, and training for youth who have exited foster care. In response to this funding program, CFS published a request for applications, and the applications were scored throughout March-April 2023. Two programs, Blair and Lincoln, were awarded the funding.

Lincoln: Cedars Youth Services (CYS) has recently expanded its transitional living program by adding eight additional apartments for young adults for a period of up to 24 months through the additional ARPA funds. The program started accepting applications in July 2023 and quickly reached its total capacity as all the units were full. The young adults who sign up for the program can take advantage of various resources, such as coaching, transportation, life skills training, employment assistance, and educational support.

Blair: Angel Share - Blair Tech Campus is a campus setting located on the former Dana College. It has dormitory buildings renovated into two-bedroom apartments for transitional-age youth aged 18-24. Angel Share opened its transitional housing project in 2020 with eight living units. In 2023, Lutheran Family Services secured ownership and management of Blair Tech Campus. Obtaining various grants, including ARPA, helped LFS increase the housing from eight to sixty units. Besides the increase in living units, LFS has hired staff to work directly with young people on the campus. Unfortunately, with the transition from Angel Share

to LFS, the services and completion of the apartments took longer than expected. Young people started moving into the new units in February 2024. Funding also supported building a technology lab for young adults, an enhanced security system, financial assistance (discounted rent for the first two months), and staff, including a transitional living director, care and service coordinator, and education specialist.

The Foster Youth towards Independence (FYI) Voucher Program is HUD's investment requiring local and cross-system collaboration to identify and target young adults at risk of, or currently experiencing, homelessness. Young adults who qualified were eligible for a housing voucher for 36 months and supportive services.

Nebraska has 19 Public Housing Authorities that qualify to provide housing choice vouchers that can issue the new FYI vouchers. However, only eight housing agencies have chosen to partner with CFS. Most voucher requests have been in Bellevue and rural Douglas County, which are suburbs of Omaha and where most young people reside.

The utilization of the FYI vouchers has been slow in Nebraska. There have been no FYI referrals outside of the Omaha Metro Area. Eight young adults are using the FYI vouchers, with two additional requests pending with HUD. This is the highest utilization of the FYI vouchers since FYI implementation.

NEHelpChat (chatbot): A youth-initiated and designed project is available for young people to connect quickly to support and services by texting "HELP" to be connected to the central navigator in their community.

CYI Coaching Enhancements: CYI staff and partners coordinate support for parenting youth involved in CYI coaching, or Education Training Vouchers are co-enrolled in virtual Love & Logic and Circle of Security parenting courses.

Nebraska Transition-aged Youth Website: CYI's newly created website is youth-focused and includes statewide information and resources.

Independent Transportation

CFS believes every teenager should have equal opportunities to succeed, regardless of their living situation. A driver's license can open doors for teens to pursue education, employment, and social opportunities. In 2022, CFS received technical assistance through the Division X Paving the Way Technical Assistance Grant. To develop driving programs, CFS, NCFF, and the Central Plains team have worked directly with technical assistants (TAs) from Embrace Families in Florida and TreeHouse in the State of Washington. During the TA calls, the TAs received detailed information about Nebraska's driving policies, statutes, and CYI program description. Although the TAs could not create a driving program solely, they have implemented and enhanced support for obtaining independence in driving.

Through the OPP, young people can learn the fundamental aspects of financial wellness, such as budgeting, saving, and financial planning. This program allows young people to save for asset purchases, including purchasing a car with a 4:1 match.

The program's first full year (2019) resulted in the need to reduce the vehicle purchase ratio from 4:1 to 3:1. However, starting in the spring of 2020, COVID-19 limited the ability to make matches happen. As the pandemic subsided, enrollments ticked up, but vehicle purchases continued to trend down. We heard a lot of feedback from participants, coaches, and dealerships that vehicles at the \$10k mark were in record-high demand and hard to find. Dozens of youths had their savings ready but could not find an appropriate car. Therefore, in October 2022, the match ratio was raised back to 4:1. There was an immediate increase in vehicle purchases. In-person classes and face-to-face coaching started again with maximum staff capacity to help with matches and new ones throughout 2023.

NE Opportunity Passport Transportation Asset Purchases				
	Number Asset Purchases	Participant Savings	Match Funding	Total Asset Purchase Value
10/1/2018-9/30/2019	130	\$257,401.50	\$651,605.69	\$909,007.19
10/1/2019-9/30/2020	98	\$207,433.89	\$507,454.27	\$714,888.16
10/1/2020-9/30/2021	76	\$158,658.73	\$480,458.95	\$639,117.68
10/1/2021-9/30/2022	47	\$113,921.92	\$256,734.15	\$370,656.07
10/1/2022-9/30/2023	134	\$214,187.71	\$847,697.63	\$1,061,885.34
Total	485	\$951,603.75	\$2,743,950.69	\$3,695,554.44

Drivers Education		
	Number of participants	Funding amount
October 2019-September 2020	54	\$16,074.75
October 2020-September 2021	64	\$20,975.00
October 2021-September 2022	79	\$27,215.00
October 2022-September 2023	118	\$40,495.00
Total	315	\$104,795.75

In 2021, CFS implemented policy and procedures to comply with the passing of LB219, which requires CFS to provide a copy of the Nebraska Department of Motor Vehicle Drivers Manual, the location of driver education courses, and payment for youth and young adult driver permits and licenses.

How Chafee Services assisted in achieving the program goals

After receiving young people's feedback, the Chafee goals initially outlined in the CFSP for 20-24 were modified in the 2022 APSR. Below, we have identified each goal, the strategies to meet the goal, the summary of steps taken to work on the strategies and the status.

Goal #1 Enhance successful transition into adulthood by meeting transitional needs of youth in foster care age 14 and older.

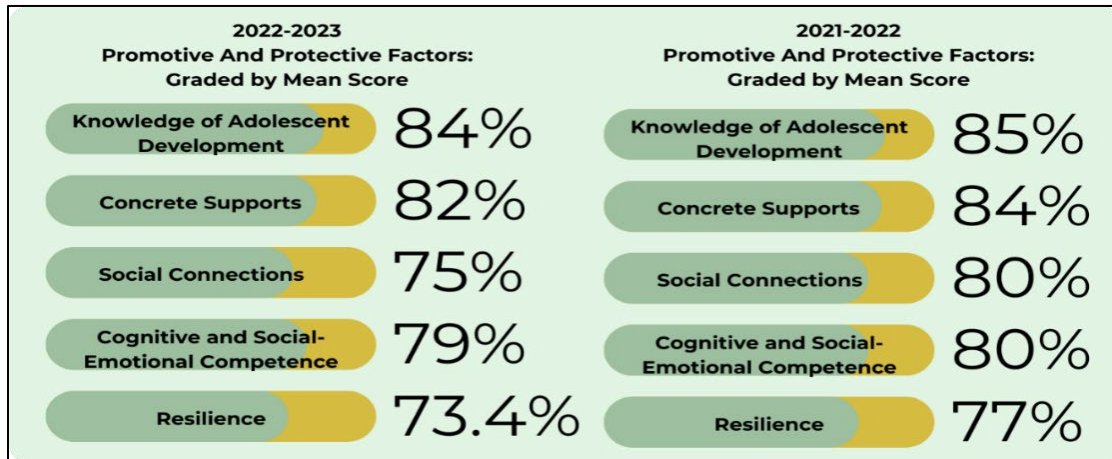
- Strategy: Review the current Transitional Living Plans (TLP) quality review process and enhancements to the review tool to capture valuable data and determine true quality for a successful transition.

- Summary: Reviews occur yearly, and results are published for CFS staff to review.
 - § Status: Completed
- Strategy: The independent living program specialist will work with CFS staff to determine how the Transitional Living Plan status report can be helpful in ensuring that youth have a transitional plan completed in a timely manner.
 - Summary: *Youth 14 and Over Independent Living Plan Status Report* identifies which youth have a completed TLP and can be viewed by CFS staff. Since the 2020-2024 CFSP, CFS has increased the completion of TLPs from 77% to 81%. In addition to CFS staff creating TLP's, CYI also completes Independent Living Plans for young people who receive coaching services with a 94% completion rate for 2022-2023.
 - § Status: Completed
- Strategy: Develop a monitoring system to ensure the Ansell Casey Life Assessment is completed for youth.
 - Summary: *NYTD- Provided Service Report* identifies which youth have completed the Ansell Casey Life Skills. In the last five years, the average completion of the Ansell Casey Life Skills has been 54%.
 - § Status: Completed
- Strategy: Evaluate different independent living assessments and choose the best assessment to determine youth and young adult's needs and strengths.
 - Summary: In late 2021, focusing on young adult voices, the CYI coaching instrument was re-designed to assess how young people accessing coaching increase well-being over time, as well as the ability to capture aggregate data as future surveys are administered. The Coaching Survey Measures Youth Thrive™ Protective and Promotive Factors, including youth resilience, social connections, knowledge of adolescent development, concrete support in times of need and cognitive and social-emotional, a hope scale, coaching relationships, and open-ended questions about life milestones and achievements, advice, and additional help.
 - In 2022, the southeast services area received a grant from QIC-EY. QIC-EY is charged with advancing child welfare programs and practices to ensure that they authentically engage and empower children and youth in child welfare; therefore, finding a different life skills assessment was put on hold for youth 14-18. In 2023, B2i trained independence coordinators to implement and utilize the Youth Thrive™ Assessment on young adults participating in B2i.
 - § Status: Partially Completed
- Strategy: Create a data tracking for youth to demonstrate knowledge of skills and strengths.
 - Summary: CYI started to use the Youth Thrive™ Assessment statewide for young people who participate in Coaching through CYI in 2021. The Youth Thrive™ Assessment survey differs from the Ansell Casey, which focuses on skill knowledge. CYI coaches indicate that the Youth Thrive™ Assessment promotes conversations and allows staff to know youth better. Youth who have taken the Youth Thrive™ Assessment survey respond favorably as it does not question how people will perceive themselves if indicating "no" for a task, such as with the

Ansell Casey Assessment. Young people also report just marking "yes" on some skills in the Ansell Casey because young people believe staff expects them to know the skill and do not want to appear unprepared.

- Youths aged 14-18 not included in coaching services will complete the Ansell Casey Life Assessment.
- B2i implemented the Youth Thrive™ Assessment in October 2023. Therefore, data will not be included in this final report.
- The following is data gathered since the implementation of the new assessment.

§ Status: Partially Completed



* Visual of Score Ranking by Promotive and Protective Factor

Theme	October 2022 Survey % of responses (n=234)	April 2023 Survey % of responses (n=236)	Examples of responses – “I’m most proud of...”
Success related to school/education	24%	31.8%	“The effort I put into school.”
			“My school grades getting better.”
Securing/keeping employment	19%	17.8%	“Being able to keep my job.”
			“Having a good job that I love.”
Housing-related	15%	22.0%	“Getting a house.”
			“Having my own place.”

*Most cited themes regarding what respondents said they were most proud of.

- Strategy: Create a "Redbook" with resources and information about transitional services.
 - Summary: The young adult CRP recommended that youth in foster care need a resource guide, including information about the foster care system, chafee resources, and a place where youth can keep their important personal documents. As a result, the Nebraska Court Improvement Project developed a guide called "What's Now," which contains information about the foster care system and court involvement. The guide was edited to include QR codes and additional information the young adults identified as important, which were then delivered to offices across the state.

§ Status: Completed

- Strategy: Collaborate with NCFF on coaching reports to ensure CFS is getting quality information about youth services.
 - Summary: The independent living program specialist has partnered with Central Plains in conversations on increasing narrative quality. This will require continued monitoring and discussion.
 - § Status: Partially Completed
- Strategy: Create and facilitate "Listening Sessions" or town halls across the state using panels and Q&As with young people.
 - Summary: Town halls and a young person panel were discussed in chafee highlights. Nebraska Teams for Activating Youth Engagement Summit identified the need for town halls. However, this team disbanded in 2022 and could not schedule additional town halls.
 - § Status: Partially Completed
- Strategy: Develop a monitoring system to ensure youth exiting foster care receive essential documents.
 - Summary: CFSS documents essential documents provided to young people in NFOCUS through the essential document screen and in the TLP. Even though this data can be entered, NFOCUS does not have the capacity to create a report. Monitoring is the responsibility of CFS staff individually.
 - Opportunity Passport will ask young people involved in the OPP if they have received their essential documents. According to several years of surveys conducted with young people, CFS needs to work on consistency. According to the surveys since 2020, CFS has not provided vital documents for more than 33% of the time, with social security cards being the highest provided, with birth certificates coming in second highest.
 - § Status: Partially Completed

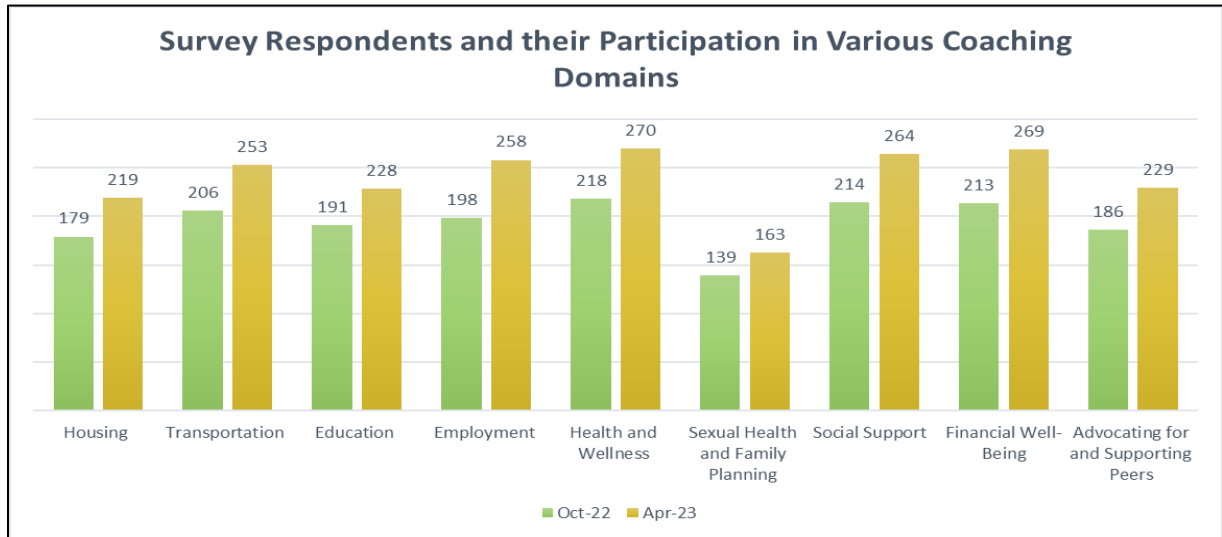
Goal #2: Young people involved with DHHS and Connected Youth Initiative will have increased social and community connections.

- Strategy: Define a tool to help measure social connections for all young people involved with DHHS and CYI.
 - Summary: In the last five years, young people have continuously voiced the importance of focusing on social connections. CFS has yet to define one tool that can help measure social connections for all young people. CFS can access various social connection data, including the National Youth in Transition Database (NYTD) and the CYI coaching assessment.
 - CFS analyzes whether young people have a supportive adult through data from the NYTD. NYTD data has not been extracted on an individual basis. Throughout the various cohorts surveyed for NYTD, Nebraska's average for connections to adults has been relatively consistent at 90%. Trends show connections decrease as the young person's age increases.
 - CFS provided a standard work instruction, which included guidance that all youth aging out of foster care need at least six to 10 connections to transition to adulthood successfully. Feedback from CFSS found that identifying and locating social connections for young people is challenging. Collaborating with

young people and stakeholders will be vital to improving CFSs ability to connect youth with meaningful relationships.

- The chart below outlines the number of young people working with a CYI coach who have identified a goal focusing on social connections, which has increased from October 2022 to April 2023.

§ Status: Partially Completed



**Participation Across Coaching Domains*

- Strategy: Collaborate with CYI stakeholders, youth, and young adults to determine what connections are meaningful and how they can be generated and measured.
 - Summary: The Nebraska Young Adult CRP, youth engagement summit team, B2i Round Table participants, and Pregnancy Prevention and Parenting Support (PPPS) work group recommended that Nebraska develop a peer support system. Nebraska's Youth Engagement Summit Action Plan included the following strategy, "Partnering with CFS and community-based organizations to create youth-led pathways to connect to leadership, advocacy, employment opportunities, or career exploration across various disciplines." As mentioned before, the youth engagement summit team disbanded.

§ Status: Not Complete

Goal #3: Create a CQI process across DHHS and the CYI system to determine the quality of services and supports for young people as they transition into adulthood.

- Strategy: Identify current data measures across CYI, OPP, and Education and Training Voucher (ETV) programs.
 - Summary: The older youth continuum of care (CYI, OPP, and ETV) collects diverse data measures. Young people participating in services and support throughout the continuum are surveyed frequently. However, the data does not demonstrate the effectiveness of programming as youth age through these programs. Although CFS collects quantitative data, it varies in quality and the ability to intersect across CYI programs to determine the effectiveness of chafee services. The updated CYI Coaching Survey, which includes the Youth Thrive TM

Assessment and Strengths and Needs Assessment data collected by Central Plains Supportive Services, which administers coaching and ETV, can identify trends of knowledge, skill attainment for self-sufficiency and demographics as surveys and data frequency are collected.

§ Status: Not Complete

- Strategy: In collaboration with NCFF, young people and other stakeholders will identify data measures that will best determine whether young people are enhancing their self-sufficiency skills.
 - Summary: Moving forward, using the Youth Thrive™ Assessment will provide consistent and reliable data across different programs that young people might be participating in, such as CYI Coaching, Educational Training Voucher Program, and B2i.
 - CFS and NCFF have worked collaboratively to ensure services provided through CYI for chafee-eligible young people over 19 are collected and provided to CFS monthly for entry into NFOCUS. This additional data collection will provide a more comprehensive analysis of services and support being provided to all Chafee young people between the ages of 14-23. One challenge with the CYI network is that the data combined all young people from the various eligibility populations. In the last year, Central Plains has been able to separate data that only includes chafee-eligible youth.
 - In conjunction with the B2i advisory committee, CFS is working on collecting data to determine if young adults who participate in B2i are better off when they exit B2i. B2i staff met to determine the necessary data points CFS wants to collect, as well as mechanisms and frequency. This data collection would also include collecting common trends for those who leave the B2i program voluntarily or terminated due to non-compliance and tracking those who do not enter B2i within 30 days of their nineteenth birthday.

§ Status: Partially Completed

- Strategy: DHHS will create a mechanism for how to combine current NFOCUS data for young people being collected for a targeted CQI report.
 - Summary: In 2023, the B2i CQI packet was enhanced to include data measures for total enrollment for B2i participants since the program's inception and entry after the young adult's nineteenth birthday.
 - The Foster Care Review Office (FCRO) has created a data report for B2i from a collection of NFOCUS data, which includes types and progression of individualized goals and how placement disruptions in traditional foster (under the age of 19) may contribute to the progression of goals in B2i as they transition into adulthood. FCRO identified key influencers on progress:
 - § Young adults with stable housing were 1.5x as likely to be making progress in goals.
 - § Young adults who had four or more occurrences of missing from their out-home-placement in traditional foster care were 8.1x as likely to have unstable housing.

- § When housing was found to be unstable, young adults were 11.4x as likely not to have a reliable support system.
- § Status: Partially Completed

Goal #4: Increase the number of services and social supports for pregnant and parenting young people who are state wards or former state wards involved in DHHS.

- Strategy: Map current services available for young parents in the geographical area.
 - Summary: CYI has updated its website to include resources that young parents can access across the state. In addition, a NEHelpChat line has been implemented. CFS offers young families a resource guide to assist in identifying resources for young families. CYI partners and 15 young adult parents worked with the Urban Institute and Annie E. Casey Foundation to develop a *Young Parents Cohort Resource Guide* for CYI staff to reference when working directly with young parents.
 - In 2021, Nebraska was invited to join a Learning and Action Network hosted by the Annie E. Casey Foundation focused on PPPS. This network aims to innovate, elevate, and advance best practices for supporting expectant and parenting youth in foster care and young parents transitioning or transitioning out of care. Nebraska's site team comprises cross-sector partners from the DHHS Division of Public Health and CFS, community-based youth-serving organizations, and several inspiring emerging leaders with lived experience in Nebraska's foster and juvenile justice systems. The promising result for PPPS is that expectant and parenting youth and their child(ren) succeed and thrive because Nebraska has the opportunities, services, and resources to build and strengthen protective and promotive factors in young families and thriving communities that support them.
 - Since the last submission for the CFSP, the PPPS parent leader group delivered presentations about adulthood to group homes, including statistics and resources for single adults and young families. The independent living program specialist created a resource guide for pregnant and parenting young adults, found on the DHHS public website, and presented at the CASA Conference in 2022.
- § Status: Completed
- Strategy: Gain feedback from young parents in the system on policy, services, and support needs.
 - Summary: The following are young people forums in which CFS has gained valuable feedback and recommendations from young people.
 - § Project Everlast Citizen Review Panel
 - § Young Adult Parenting Advisory Council
 - § Preventing Pregnancy and Parenting Support Workgroups
 - § Status: Completed
- Strategy: Collaborate with CYI and other prevention service stakeholders about enhancing services and support.
 - Summary: This information can be found above in Goal #4-Strategy #1.
 - § Status: Completed

Education and Training Voucher Program Changes and Enhancements since the Submission of the 2020-2024 CFSP

CFS administers the ETV. CFS contracts with the NCFE to achieve program goals and deliver ETV-related services to young people across Nebraska that focus on successful support and completion of post-secondary education.

In 2023, Nebraska lowered the ETV eligibility age to 16 for those in foster care to match those who entered guardianship and adoption. Nebraska's ETV program has improved its services by implementing Future's Back on Track™ (BOT) as a best practice for young adults receiving ETV and participating in independent living coaching services, such as case management while pursuing post-secondary education or career training. Coaches across the state are using the BOT model to guide youth in the ETV program pursuing further education or career training.

Coordination

Coordination with Nebraska State College Vice Chancellor for Student Affairs and Risk to explore ways to align ETV work with Nebraska's State College's Strategic Plan: This strategic plan consists of key areas with significant positive outcomes for our ETV students. These keys are: Ensure student success and completion by providing all students adequate support; deliver institutional and academic quality to best prepare students for life after graduation; expand capacity for colleges to produce graduates to meet Nebraska workforce needs; and offer open access and affordability by providing all students with equitable opportunities.

Seven colleges have collaborated with Central Plains to enhance support and services within their educational institution. The list below identifies increased support and services in the last five years (services and support may vary between the seven colleges) to include the following:

- Key college staff members for ETV students to work with directly for scholarships, admissions, and financial aid.
- Academic advisement and support.
- Initiated TRIO- a federal outreach program designed to identify and provide services for individuals from disadvantaged backgrounds to serve and assist low-income individuals, first-generation college students, and individuals with disabilities.
- Linking ETV students together within the educational institution.
- Implementation for a Registered Student Organization (RSO): RSO is a youth-led initiative to create space and visibility and support students by providing opportunities to explore their academic, professional, political, social, recreational, artistic, cultural, spiritual, or community service interests.

Division X

CFS, in collaboration with NCFE, Central Plains ETV staff, and young adults, implemented and completed the following strategies to assist young adults with the additional ETV funds:

- Re-engaged students in college by helping pay off a debt to the school, creating a barrier for re-enrollment. Twenty-three students had the opportunity to re-enroll in college as their past debt was paid, lifting the re-enrollment suspension.
- Expanded coverage for ETV vouchers for tuition or fees to students who are 26 years old.

- ETV students who could receive an ETV payment received an additional \$700 (Chafee-Division X) for 2022 spring semester tuition.
- Each ETV student:
 - Was awarded an additional \$900 in funding for the 2021 fall semester, paid directly to the college.
 - Was awarded an additional \$600 in funding for the 2022 fall semester, paid directly to the college.

Students' robust appreciation was apparent with the additional funding for tuition. However, the most impactful change was from those students who could re-enter college and continue their education dreams by paying off college debt. Medicaid Managed Care Organization Healthy Blue of Nebraska offered \$50,000 to purchase computers for ETV students. Through these funds, 85 ETV students received a personal laptop.

Section V. Consultation and Coordination Between States and Tribes

As referenced throughout this PI, states are required 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 and subsequent APSRs. States without federally recognized Tribes within their borders should still consult with Tribal representatives and document such consultations.

In the 2020-2024 Final Report, states must:

- Describe the process used to gather input from Tribes since the submission of the last APSR and during the last five years, including the steps taken by the state to reach out to all federally recognized Tribes in the state. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

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") 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.

Contact with these Tribes varies in frequency depending on each Tribe's needs and requests. Contact ranges from email, phone, and in-person for training and meetings on and off reservations. Contact with the four headquartered Nebraska Tribes occurs at least once a month, although most Tribes contact the CFS Tribal Program team weekly. Oglala and Rosebud Sioux Tribes are frequently contacted with ICWA case issues via phone and email, given the high number of their Tribal youth involved in the Nebraska child welfare system. CFS meets on-site with the Oglala and Rosebud Tribes annually to discuss ICWA cases and cultural plan resources. CFS contact with the Iowa Tribe and the Sac and Fox Nation primarily consists of phone and

email contact. All tribes detailed above have been invited to participate as stakeholders in the Together for Indigenous Families grant (see below for more information).

CFS has a designated CFS Tribal program manager to work with the Nebraska Tribes and two CFS program specialists who work more specifically with ICWA cases. Contact information for these positions can be found on the DHHS Indian Child Welfare webpage. All email correspondence contains signature lines with current contact information.

Communication with Tribal representatives focuses on consultation and coordination regarding policy changes, new initiatives, ICWA compliance, permanency planning, and providing culturally appropriate services to older youth through the Chafee and Bridge to Independence programs. Regional Tribal representatives with whom CFS has been in contact during the 2020-2024 reporting period can be found in *Tribal Contacts (Attachment II)*.

Tribal Operations and CQI Meetings

CFS facilitates regular Tribal Operations (Ops) and Continuous Quality Improvement (CQI) meetings with the four headquartered Nebraska Tribes. The opportunity for Tribal CFS and CFS staff members to build relationships and networks is one of the most valuable aspects of continuing this collaborative process. CFS is flexible in working with the Tribes to identify the frequency, format, and content that makes these meetings most valuable. Ops and CQI meetings also allow Tribal CFS staff to receive additional training on topics pertinent to their work.

Ops meetings are held quarterly and attended by all four Tribes, CFS, and external partners to discuss topics and concerns affecting all tribes. The Ops meeting also addresses more significant joint planning considerations, such as the Child and Family Services Plan (CFSP), and shared areas of interest, such as Disaster Plans, the Health Care Oversight Committee, the Family First Prevention Services Act, and the Thriving Families, Safer Children initiative.

The CQI meetings are targeted meetings between CFS and one Tribe to review individual CQI data, determine technical assistance and training needs, discuss budgets and agreements, and address any barriers the Tribe is experiencing in providing services to families.

Tribal Program Team

CFS has committed to ongoing meaningful collaboration with local and regional Tribes. The Tribal Program team, established in 2022 and consisting of a Tribal program manager and two ICWA program specialists, oversees the state/tribal agreements for child welfare services. The CFS Tribal team provides training and technical assistance to Tribes as requested and collaborates with Tribes to ensure all Nebraska citizens' safety, permanency, and well-being. This team oversees state-funded domestic violence contracts to Tribes and tribal Chafee Foster Care Independence Program (CFCIP) sub-awards to assist Tribes in identifying eligible children and expenses for the program to ensure the appropriate use of funding. The Tribal program team is also responsible for building strong working relationships with regional Tribes and developing policy, training, and technical assistance for case managers to ensure compliance with the federal ICWA and the Nebraska ICWA.

Tribal State Agreements

Tribes have concurrent jurisdiction with the State of Nebraska over children who are members of, or eligible for membership with, a federally recognized Tribe and reside outside the reservation. Tribes have exclusive jurisdiction over Native American children who are wards of the Tribal court or residents of or are domiciled on the reservation. CFS recognizes that all Nebraska children, whether under State or Tribal jurisdiction, are entitled to equitable child welfare services and protections. Additionally, as provided by the federal ICWA, the State of Nebraska has had child welfare agreements with the three land-based Tribes in Nebraska since 2006.

CFS provides funding through child welfare agreements for the Omaha Tribe, Winnebago Tribe, and Santee Sioux Nation to provide case management and service provision 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 CFS. No Title IV-E funds are passed directly to the Tribes. CFS currently serves children from the Ponca Tribe of Nebraska through ICWA cases.

Over the last five years, CFS and the Tribes collaborated with CFS to revise the tribal/state agreements for child welfare services to provide more adequate funding to meet the needs of the Tribal CFS departments and support families involved in the Tribal CFS system. With the additional funding provided in 2019, Tribes were able to hire additional CFS workers and significantly decrease caseload sizes. The Tribes also created dedicated positions for internal finance staff, CQI, family support workers, foster care recruiters, permanency specialists, and cultural support specialists. In 2022, the tribal/state agreements were again renegotiated to include an increased commitment to consistent and transparent communication, the development of joint protocols for collaborative processes, and a commitment to the development of an annual state-of-the-agreement report. Through these agreements, CFS has committed to providing tribal wards access to the state's service array by including provisions relating to tribal wards in the service contracts and providing Tribes with the ability to create service referrals through the Nebraska Family Online Client User System (NFOCUS). This NFOCUS change was completed in December 2022. CFS is also committed to supporting Tribes in capacity-building related to the programmatic areas outlined in the tribal/state agreements, including SDM®, data entry and reporting, continuous quality improvement, and system navigation.

The three Tribes with child welfare agreements utilize the CFS data management system, NFOCUS, to document, track, and report their work with children and families. The Omaha, Santee Sioux, and Winnebago Tribes report that the primary populations served are children who are wards of the tribal court. However, some cases are with non-court involved families to prevent entry into the Tribal child welfare system. Additionally, Omaha, Santee Sioux, and Winnebago Tribes participate in CFS Alternative Response (AR) for families. All Tribes provide services for children at risk of entering foster care. However, the services available have historically been limited primarily due to funding and staffing constraints.

Foster Care Prevention

Thriving Families, Safer Children provides a natural opportunity for Tribes in Nebraska to partner with CFS and other community-based organizations to receive intensive support in

refining and enhancing systems to serve their communities better. Through tribally led partnerships with local, state, and national agencies (both public and private), Tribes can access financing, system navigation, and technical assistance to capitalize on cultural and community strengths and address the service gaps and individualized needs of their community members. Through the leadership of Ho-Chunk Community Development Corporation (HCCDC), the Winnebago Tribe has begun to identify areas of community focus to help move this initiative forward. Conversations about the Thriving Families, Safer Children initiative continue with the Omaha, Santee, and Ponca Tribes, but this initiative has not been identified as their priority.

CFS is also working with the Tribes to identify the unique needs and strategies for leveraging FFPSA-related services. The Tribes expressed the need for drug and alcohol counseling for both adults and youth, more options for the placement of children with special needs (including shelters, group homes, and treatment centers), and increased parenting support. Tribal CFS staff noted that access to culturally appropriate services is limited and that efforts to include Native American behavioral and mental health practitioners are in the conversations about FFPSA-supported evidence-based practices. Tribal CFS staff also shared that the Motherhood and Fatherhood is Sacred models of parenting classes are beneficial and would be interested in utilizing Positive Native American Parenting and Healthy Families America (HFA). The Plan and implementation strategies are discussed with the Tribes regularly at the Tribal Operations meetings. CFS continues to provide specific training to Tribal CFS staff on developing Foster Care Prevention Plans and accessing the proposed services. Changes in the Tribal-State Agreements and the NFOCUS system allow Tribes to access services through NFOCUS referrals rather than child-specific service agreements. This is anticipated to increase the utilization of in-home family support services. CFS is working with the Society of Care (SOC) to expand the provision of culturally supportive behavioral and mental health services.

CFS has explored the Family Spirit, a home visiting program, as a potential FFPSA service. CFS communicates with the model developers regarding strategies to implement this practice statewide. The Public Health Administration at the Winnebago Tribe has home visitors trained in the Family Spirit model, and discussions between CFS, the model developers, and Winnebago Public Health are ongoing.

Safety Interventions

The child welfare agreements between CFS and the Tribes note that all abuse and neglect reports will be sent to the Nebraska Child and Adult Abuse and Neglect Hotline (Hotline). This allows for a central repository of available information when families move and is a means for communicating between CFS staff and law enforcement. The hotline shares all reports of abuse and neglect with the appropriate law enforcement agency. The Tribal CFS departments have all stated that reports of abuse and neglect occasionally come directly from community members and local law enforcement. Tribal CFS then calls the concerns into the hotline to ensure documentation. The Tribes have requested additional training for the communities about reporting abuse and neglect and the role of the centralized hotline.

CFS and the Tribes continue collaborating to ensure the accurate assignment of abuse and neglect reports referred for an initial assessment. The child welfare agreements outline that Tribes are responsible for investigating all accepted abuse and neglect reports within reservation

boundaries, regardless of whether the family is affiliated with the Tribe. If the initial assessment identifies a safety concern with a family not affiliated with the Tribe, the case transfers to state CFS for ongoing services. CFS and the Tribes are in close communication throughout the initial assessment process to ensure the completion of all documentation when case transfer occurs. CFS and the Tribes are also collaborating to develop shared response procedures when non-Native families are involved in intakes to ensure that families don't fall through the cracks in the system. When these procedures are finalized, joint process training will occur between CFS and the Tribes.

Tribal CFS staff are trained on SDM® assessments during the new worker training program. These assessments are designed to assist case managers with key decision points while working with a family. The utilization of SDM® assessments has been and will continue to be a topic at the Tribal CQI meetings. The Tribes indicate an understanding of the importance of the SDM® assessments to help guide decision-making, though using the assessments remains sporadic. Barriers to SDM® use include staff turnover, time constraints, and concerns about the validity of the tools in assessing concerns in tribal communities. Tribal staff actively participated as part of a core team and workgroups working with Evident Change, the model developer of the SDM® system, to conduct a fidelity review of the policy, procedures, use, and applicability of the SDM® tools.

Tribal staff members visit children in out-of-home care at least once a month. Discussion on the data associated with monthly contacts and case planning will continue during the monthly Tribal CQI meetings. The Tribes report that they see the children in their care regularly and need to improve with timely documentation of the contacts in NFOCUS. The Tribes have worked meticulously to make infrastructure changes to ensure accurate and timely data is entered into NFOCUS. They include adding positions within their Tribal CFS departments that help workers complete their documentation. Tribal CFS workers continue to receive technical assistance related to NFOCUS documentation. Additionally, discussions at Tribal CQI meetings have led to the Tribes developing priorities regarding program development and data accuracy.

Inter-jurisdictional Placements

Through this reporting period, CFS and the Tribes collaborated on various issues regarding inter-jurisdictional placements, including Medicaid and Child Care, as Tribes are not subject to the Interstate Compact for the Placement of Children (ICPC). CFS provides training to the Tribes about using the ICPC process and continues to work with the Tribes to understand the benefits of utilizing the ICPC process when placing Tribal wards in homes outside of the State of Nebraska.

When Tribes want to place children in another state, they can work with Nebraska ICPC to obtain an agreement from the state where the child will live. While Tribes are beginning to utilize this process regularly for children placed in facilities, it is not well utilized when children are placed with foster/kinship families. The Tribes are currently coordinating with the Tribal Liaison in Iowa to streamline placements in that state, and Nebraska CFS is helping to facilitate that communication as needed.

Tribes utilizing foster homes outside of the State of Nebraska faced several instances where tribal children lost Medicaid coverage. This barrier led to partnering with the CFS Tribal

program specialist, Nebraska ICPC, Nebraska Division of Medicaid (MLTC), and Iowa Department of Human Services (Iowa DHS) representatives and representatives from ACF Region VII to develop communication plans. CFS, ACF Region VII Tribal Child Welfare Specialist, and the Tribes are discussing the best way to communicate with the State of Iowa when Tribal wards are placed across state lines without using ICPC. Youth are being served case-by-case until a formal plan is in place. Regular meetings are held to discuss barriers in specific cases.

Tribal Courts

Each Tribe has court jurisdictions under tribal-specific law and order codes. Tribal courts receive minimal funding, which continues to present challenges for the Tribes' CFS departments as it sometimes causes delays in scheduling child welfare cases on the court's docket. There are also challenges in obtaining timely court orders, which can delay IV-E eligibility determinations and permanency. Nebraska CIP has provided technical support to the tribal courts to improve processes and procedures that should impact the IV-E determinations. CFS has requested additional information from each Tribe regarding their tribal codes, agency policies, the relationship between the Tribal Court and the Tribal CFS, and any jurisdictional concerns experienced by the Tribes. Staff turnover within the Tribes is a barrier to establishing consistent communication between CFS, CIP, and the Tribal courts.

Foster Home Training and Licensing

CFS supports and prioritizes its partnership with Nebraska Tribes, which continues to progress toward its goal of increasing the number of licensed tribal foster care homes for children who are unable to live safely with their current caregivers. Nebraska assists the Tribes with the foster care licensing process as guided by federal and state laws, regulations, and CFS policies while considering the importance of each Tribe's specific tribal codes and traditions. Nebraska DHHS is the Title IV-E agency, and while the state allows flexibility for Nebraska Tribes to license according to their licensing standards, those standards must meet all requirements for Title IV-E in addition to the standards outlined in the Native American Children's Safety Act (2016), while also considering the importance of each Tribe's specific Tribal codes and traditions for the homes to be considered for IV-E eligible funding.

The CFS foster care program specialist continues to develop and enhance relationships by providing technical assistance for the tribal foster care home licensing process, which includes individualized meetings for tribal licensing and support specialist staff. When a tribal foster home meets the licensing requirements, this provides the Tribes access to federal foster care program funding. The Tribes continue to stress the importance of foster parent training and have provided their foster homes with convenient and supported options for accessibility to complete training. This includes the online DHHS foster parent training, Reasonable Prudent Parenting Standards (RPPS), human trafficking prevention, and sexual abuse prevention training. Nebraska Tribes are working together to offer Native TIPS-MAPP to foster parents who are considered kinship families or are interested in traditionally providing foster care. This partnership has increased the Tribes' ability to reach more native families interested in providing care. Tribes also offer in-person training unique to their culture and customs. Nebraska anticipates that the flexibility provided by the 2023 Final Rule on Separate Licensing Standards for Relative and

Kinship Foster Family Homes will greatly benefit Tribes and assist in increasing the number of children who become IV-E claimable in the state.

Together for Indigenous Families

Together for Indigenous Families is a five-year cooperative project between the Nebraska Division of Children and Family Services, the Nebraska Court Improvement Project, and the Winnebago, Omaha, and Ponca Tribes. Supported by a demonstration grant from ACF, Together for Indigenous Families will streamline communication between jurisdictions, enhance the experience of Indigenous families involved in child welfare, and help meet the political and cultural needs of children, families, and Tribes. This project will also help build Tribal communities' capacity to prevent family entry into the child welfare system by developing culturally driven comprehensive community plans for prevention and supportive services. Co-developed goals for this project include:

- Goal 1: Nebraska will promote positive outcomes for Indigenous families through greater compliance with the ICWA and NE ICWA.
- Goal 2: Nebraska tribes will have increased capacity to manage child welfare cases in their jurisdiction through the development of culturally specific prevention measures and increased licensing of tribal foster homes.
- Goal 3: Nebraska DCFS, courts, and Tribes will enhance government-to-government relationships by developing a communication and training framework.

Together for Indigenous families provides an opportunity for continued engagement with Tribes and other Tribal community partners to promote Tribally led prevention services and well-being standards that ensure safe, healthy, and culturally connected Indigenous families.

- Provide a final update, developed after consultation with Tribes, on the specific measures taken by the state to comply with ICWA since submission of the 2020-2024 CFSP.

Since the 2020-2024 CFSP submission, several DCFS ICWA compliance initiatives have been accomplished. A brief description of each measure is included below.

Nebraska ICWA and Training

Training on policy changes and new policies is included in initial new worker training and provided upon request for current staff. During this reporting period, CCFL renewed its subcontract for the ICWA portion of new worker training, allowing the Nebraska Indian Child Welfare Coalition (NICWC) subject matter experts to present the material. NICWC provides the training via webinars in two segments, ICWA 1 and ICWA 2. New case managers have offered positive feedback and report that these training sessions provide them with another connection and resource for any ICWA questions they may have as they begin casework.

As a part of active efforts and following the Nebraska ICWA, Tribes are invited to participate in case management activities in both court and non-court-involved cases, case planning for reunification, and alternative permanency planning for those children who cannot be reunified. Provisions of the Nebraska ICWA (Nebraska Revised Statute 43-1506) require CFS to notify Tribes within five days of offering voluntary services to Native American families. This allows the Native American child's Tribe(s) to assist with efforts to provide pre-placement and preventive services to Tribal families in conjunction with CFS services. CFS staff are provided training that Tribes' involvement in ICWA cases may range from no involvement to transfer of

jurisdiction. Training includes clear guidance that the ICWA applies regardless of a Tribe's level of involvement in the case when the case involves a Native American child.

CFS staff are trained to ask Tribal representatives about culturally responsive services that may benefit Tribal youth and families involved in the state's child welfare system. The Tribal program team is available to assist case managers in connecting with Tribal representatives and identifying appropriate services for Native families. CFS contracts with NICWC for advanced ICWA training annually. This training is an optional in-service training that consists of three webinars – Why ICWA? Historical Trauma and Resulting Social Issues, Contemporary Issues for Native American Children and Families, and Digging Deeper into CFS ICWA Policies – and a two-day in-person training held on one of the Nebraska reservations that provides an opportunity for case managers to experience the culture and daily life of Tribal CFS staff.

Service Area ICWA Advocates

Each of the five service areas has designated ICWA advocates. ICWA advocates serve as their CFS colleagues' main point of contact regarding ICWA compliance and case issues. They can contact the CFS ICWA program specialists for additional guidance as needed. The ICWA Advocates provide technical assistance to CFS staff within their Service Areas and support and backup to other ICWA advocates across the state. Technical assistance may include but is not limited to education and assistance on entering ICWA information, education on cultural plans, assistance in identifying where and how to send tribal notice, education on active efforts, education on placement preferences, and assistance identifying culturally responsive services and providers.

All ICWA Advocates have been trained and received certificates through the National Indian Child Welfare Association's (NICWA) online ICWA training. CFS strives to find ways to enhance ICWA training and better utilize the ICWA advocates in their roles.

Legal Training Regarding ICWA

The Nebraska CIP has developed 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. CFS, Nebraska CIP, and NICWC collaborated to develop an online on-demand ICWA training for legal parties to increase compliance with ICWA in the courts. CIP is an active partner in the Together for Indigenous Families grant, which provides an opportunity for court observation to gain a better understanding of how ICWA is implemented in courtrooms across the state.

ICWA Staffing Calls

The CFS Tribal program team continues to hold monthly phone calls for ICWA case staffing with the Omaha and Ponca Tribes' ICWA department based on the high number of ICWA cases managed by CFS. The calls are beneficial to the Tribes in monitoring court and non-court-involved cases. Calls provide a dedicated time for CFS to receive feedback from the Tribe on cases managed by CFS. The Omaha and Ponca ICWA staff assist in determining tribal eligibility and identifying additional active efforts that can be taken. CFS will continue discussions with the Oglala Sioux Tribe, the Rosebud Sioux Tribe, and the Yankton Sioux Tribe on the benefits of these calls, hoping to establish similar calls for these Tribes in the future. Staff turnover has been a continual barrier to consistent communication with the Tribes in South Dakota.

ICWA Permanency Planning

CFS educates field staff and legal parties that many Tribes prefer guardianship over adoption as an alternative and culturally responsive permanency option. CFS administration and field staff appear receptive to making this recommendation. However, judges, Guardians Ad Litem (GAL), and county attorneys do not always accept this option, especially for young children. CFS does have an established process for requesting an exception to recommend guardianship for Native American children when the Tribe voices a preference for guardianship rather than adoption. The Ponca, Omaha, and Winnebago Tribes have provisions for Tribal Customary Adoption (TCA) in their Tribal Codes, and the Santee Sioux are currently considering this option. There have been cases in which the Tribe has transferred the case to the Tribal court to pursue a TCA.

CFS Data System (NFOCUS) Changes

During this reporting period, CFS changed several ICWA elements in NFOCUS to comply with the updated AFCARS reporting requirements. CFS workers need continued guidance and instruction to utilize data points to assess and report ICWA compliance efficiently. Very few ICWA cases currently have intervention, transfer, and qualified expert witness (QEW) data documented. CFS regularly communicates with ICWA advocates and CFS case managers about the importance of and instructions for documenting ICWA information on NFOCUS.

CFS reviews data monthly regarding confirmed or possible ICWA cases and completes informal case reviews to align documentation with the pulled data. Monthly data is sent to the four Tribes headquartered in Nebraska, as well as the Oglala Sioux Tribe, Rosebud Sioux Tribe, and Yankton Sioux Tribe, so they remain informed of which children are system-involved that are or may be affiliated with their Tribe.

ICWA Compliance Case Reviews and Other Initiatives

ICWA compliance reviews were completed quarterly throughout the 2020-2024 reporting period. CFS worked with CQI staff and service area ICWA Advocates to determine the best place to document ICWA items and outlined the documentation guidance for field staff. There are ongoing discussions between the CQI team, central office program staff, and service areas to determine how to best disseminate the information in quarterly reports and utilize it for improved compliance. Following recommendations from past compliance reviews, the CFS CQI team, Tribal program manager, and ICWA program specialists developed desk aids and ongoing training for field staff. CFS reviews the quarterly reports with the service area ICWA Advocates and follows up individually with field staff to discuss problems or issues with compliance on individual cases.

The Nebraska Tribes receiving CFCIP funding from CFS primarily utilize this funding to directly support eligible youth in their jurisdictions. The Winnebago and Omaha Tribes have designated staff positions to work with older youth who are eligible for the program under CFCIP but have been unable to fill those positions.

The following is a summary of services all Tribal youth and young adults can receive through their Tribe or Nebraska Older Youth Systems.

- Life Skills Assessment: Tribal workers continue to be trained to administer the Ansell Casey Life Skills Assessment to youth.
- Life Skills Education: Tribes have the youth's foster parents, family, or workers provide education and guidance on various life skills.
- Education: Tribal workers set up college tours, fill out applications, and schedule placement tests.
- Service Referrals: Referrals to local agencies for services.
- Mentoring: Family and community support provide personal and emotional support to youth.
- Needs-Based Funds: Funds made available to help youth and young adults with daily living and other concrete needs to enhance self-sufficiency.
- Housing: Housing assistance through Tribal housing authority.
- Education and Training Vouchers: Educational coaching and tuition assistance.
- Bridge to Independence (B2I): Extension of foster care services and support, including a monthly financial stipend and case management.
- Learn and Earn to Achieve Potential (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 post-secondary education or vocational training that will lead to long-term sustainability.

Native American youth and young adults living in Nebraska's Panhandle are served through the Chadron Native American Center, funded through the private/public partnership between CFS and NCFF. Services include but are not limited to life skills assessments, housing, higher education navigation, B2I, education and training vouchers, and needs-based funds. The Chadron Native American Center has a representative at the Panhandle Connected Youth Initiative (CYI) stakeholder meetings. This representative assists the Chadron Native American Center in coordinating services with other agencies.

All Native American youth and young adults living off the reservation or not within the Ponca service delivery areas can access services through the Connected Youth Initiative. Bi-annually, CFS and the Tribes compare a list of youth that are under tribal jurisdiction with Tribal youth who have been identified in the CFS report, Identifying Youth Who Have Tribal Affiliation. This ensures that Nebraska is identifying all Native American youth who are in foster care and eligible for CFCIP services.

Individually, each Tribe has developed older youth programming specific to their Tribe. These specific plans are described below.

- Omaha Tribe: Provides housing assistance, youth transportation, state identification cards, college preparation fees, regalia, sewing machines, sewing educators' fees, moccasin-making curriculum and supplies, food and kitchen supplies for cooking classes, and traditional medicine instruction.
- Winnebago Tribe: Provides youth and young adults with household or personal items related to independent living, sewing, beading, drum and cooking supplies, job skill programming and instruction, and incentives for completing Generation Red Road Cohort.

- Ponca Tribe: Provides training for staff, deposit, rent, clothing for employment, utility deposits, household items, bus passes, and cell phones and pays for speakers to train youth on certain topics related to independent living.

CFS, Winnebago, Ponca, and Omaha Tribes of Nebraska were able to execute an agreement to administer CFCIP programs for the 2023 Federal Fiscal Year. Santee continues to receive CFCIP funding directly through the ACF. The Tribes do not administer ETV funds. All Native American youth are eligible to apply for ETV through Central Plains Supportive Services.

Section VI. CAPTA State Plan Requirements and Updates

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

In the state's Annual CAPTA Report Update:

- Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would or would not affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)

Over the past year, no substantive changes to state law or regulations have affected the state's eligibility for the CAPTA State Grant.

- Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA (see section 106(b)(1)(C)(ii) of CAPTA).

There are no significant changes in how the state proposes to use CAPTA funds.

- Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2023 (see section 108(e) of CAPTA).

As part of that description, provide information on whether and how CAPTA funds have been used, alone or in combination with other funds, such as title IV-E Foster Care administrative claiming, to improve legal preparation and representation, including provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106(a)(2)(B)(ii)).

CB reminds states that all states receiving the CAPTA State grant have provided an assurance that the state has "provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role,

including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings— to obtain first-hand, a clear understanding of the situation and needs of the child; and to make recommendations to the court concerning the best interests of the child” (section 106(b)(2)(B)(xxiii)).

CFS used CAPTA state grant funds to support the Prevent Child Abuse Nebraska Coordination, the SDM® evaluation project, Circle of Security, the Strengthening Families grant, the CASA grant, Plans of Safe Care (POSC) prevention services, and three citizen review panels (CRPs). CAPTA funds have not been used, alone or in combination with other funds, to improve legal preparation and representation; Nebraska law requires other entities to fund and organize this.

Structured Decision-Making Evaluation

For information, refer to *Section I, Collaboration, Assessments*.

Prevent Child Abuse Nebraska Coordination

CAPTA supports the Nebraska Children and Families Foundation through the Prevent Child Abuse Nebraska Coordination grant. The scope of work includes:

- Lead the development and implementation of state media campaigns in coordination with the DHHS Office of Communications and, when applicable, the Nebraska Child Abuse Prevention Fund Board (NCAPF) to enhance and expand upon statewide efforts.
- Conduct at least one regional or statewide training focused on prevention strategies for Bring Up Nebraska local collaborations, NCAPF grantees, and other state prevention partners as coordinated with and approved by CFS.
- Provide additional support for the NCAPF grantees and other community partners through connection to state and national partnerships and resources. This may include researching and sharing new programs and practices for consideration and implementation at state, regional, and local levels.

Circle of Security-Parenting™

CFS-involved families have continued to take advantage of the COS-P classes offered throughout the state. CFS contracts with the Nebraska Association for the Education of Young Children (NAEYC) to connect referred families from child welfare to the COS-P class that best fits the family’s schedule and location. Additional information about COS-P can be found in *See Section IV, Services for Children Under the Age of Five*.

Strengthening Families

CAPTA supports the Nebraska Children and Families Foundation through the Strengthening Families grant. The scope of work includes:

- Expand the Community Wellbeing Collaborative model to new communities as identified in the Bring Up Nebraska Plan.
- Provide training to community members, providers, central navigators, and community coordinators to build upon knowledge, skills, and abilities.

- Provide technical assistance for support and services to Community Wellbeing Collaboratives.
- Facilitate community ownership and prevention partnerships to improve outcomes for children, youth, and families.
- Coordinate and support families first implementation through the State of Nebraska Support the “Community Well-Being Collaborative Community Response” systems.
- Facilitate developing and promoting tools and/or processes that enable shared access to relevant, timely, high-quality data, including the community opportunity map.
- Pursue additional funding opportunities, including leveraging additional private funding and seeking additional federal grants.
- In partnership with DHHS, develop materials, presentations, website, and other activities necessary for community and marketing activities.
- Organize, lead, and facilitate Camp Catch Up, which provides promotive and practice factor training to staff to build campers’ protective factor capacity.

CASA

CAPTA supports the Nebraska CASA Association through a grant to increase the number of CASA volunteers serving abused and neglected children in the court system in Douglas, Sarpy, and Lancaster counties. The scope of work includes:

- Hire and train volunteer coordinators, one for each of Douglas, Sarpy, and Lancaster counties.
- Add a minimum of 60 new volunteers per each period of performance.
- Offer informational recruitment meetings in each of the three counties.

Citizen Review Panels

CAPTA funds were used to support the three citizen review panels. Please see *Section I, Collaboration*, for additional information about the CRPs.

- Submit a copy of the annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system (see section 106(c)(6) of CAPTA).

See attached annual citizen review panel reports and CFS responses(Attachments III - VII).

Provide an update on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) -(iii) of CAPTA), including information on:

- How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants and affected family or caregivers. This may include information on the entities responsible for developing the plans of safe care with the pregnant person

or caregiver, protocols for monitoring plans of safe care, training for child welfare and community partners, and prevention strategies used prior to the birth event.

CFS supports the development, implementation, and monitoring of POSC for infants born affected by substance use. CAPTA CARA funds were used to assist in purchasing binders with pockets and pencil pouches for new and expecting parents.

- Updates on the changes to the implementation of plans of safe care. Include any changes made to policy, practice, and/or lessons learned from implementation of plans of safe care.

Over the past year, CFS has not made policy changes regarding the direct implementation of the POSC. CFS rescinded a policy that required all intakes made to the hotline by a medical professional involving a child 0-5 years of age to be accepted for investigation. The revised policy states that the intake will be accepted if it meets the statutory definition of abuse and/or neglect.

The CFS central office uses a weekly POSC report and reaches out to case managers to ensure compliance with documenting a POSC when applicable. There have been instances of information on the weekly POSC report not aligning with what was documented and/or completed on a POSC. CFS is working with the internal information technology team to adjust the system to ensure accurate information.

The CFS central office conducts case reviews on cases that have or should have a POSC to ensure proper documentation. If required documentation is outside NFOCUS, the CFS Central Office contacts the case manager and supervisor to ensure the required documentation is saved into the system. The CFS central office and the CFS QA team are collaborating to draft a case review tool that reviews if a factor of abuse and/or neglect being related to substance exposure of a child 0-12 months of age was selected.

The CFS central office has collaborated with the Abuse/Neglect Hotline to draft procedural instructions on the identification and documentation of a POSC.

Nebraska continues to collaborate with medical providers and individuals with lived experience to strengthen practice. Advisory groups have been established for those with lived experience to provide expertise to all POSC workgroups for the state and individual counties. Utilizing those with lived experience has helped CFS better understand where pregnant women are going in the community to better support resources and services.

- Any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs, and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers). Include information on the roles and responsibilities of key partners involved and examples of training or

cross-training for child welfare staff and community partners on the development and monitoring of plans of safe care.

In 2020, Nebraska was accepted into the *2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families* through the National Center on Substance Abuse and Child Welfare. Nebraska's application focused on the development of Prenatal POSC. CAPTA does not require a Prenatal POSC but a supportive practice that can mitigate the impact of exposure and minimize a crisis at the birth event. Members of the practice and policy academy team included stakeholders from:

- Division of Behavioral Health
- Nebraska Court Improvement Project
- Division of Public Health
- Division of Medicaid and Long-Term Care
- Addiction Medicine Division- Director
- Addiction Medicine Fellowship- Program Director
- University of Nebraska Medical Center
- Nebraska Department of Education
- Nebraska Children and Families Foundation
- Nebraska Medical Association
- Heartland Family Services (a residential treatment provider)

Throughout the Practice and Policy Academy, the team gathered information from other states on how they have implemented safe care plans and how they have worked with external partners to set up peer support and systems for supporting the POSC.

Following the Practice and Policy Academy, the National Center on Substance Abuse and Child Welfare, in partnership with Children and Families Futures, selected Nebraska to receive In-Depth Technical Assistance (IDTA) for two years. In January 2021, Nebraska began IDTA with two virtual kickoff events. After the kickoff events, Nebraska launched two new workgroups to support the short-term goals identified at the Practice and Policy Academy. The partnership with IDTA ended in December 2022.

With IDTA support, Nebraska met with the core team from the Practice and Policy Academy to support the implementation of Prenatal POSC. As a result of this technical assistance, Nebraska launched two pilot sites in Adams and Lincoln counties, focusing on developing the plan before delivery for women with historical drug/alcohol issues to prevent removals after birth and providing binders in a collaborative effort to inform of resources available to expectant mothers who may struggle with substance use.

In 2023, NCFE created the Prenatal POSC statewide coordinator position, funded through the supplemental CAPTA state grant funds. This position aims to collaborate with state and local teams to increase cross-system collaboration and care coordination for pregnant individuals and their families to establish family-driven goals. Specific work with medical providers and DHHS is to focus on individuals with substance use disorders, their infants affected by parental substance use, and their families.

A coordinator retreat took place in October 2023, where collaborative goals for 2024 were discussed. Subsequent meetings were arranged with Growing Community Connections in South Sioux City, NE, to initiate discussions on Prenatal Plans of Safe Care. Engagements also occurred with Post-Partum Support International (PSI) and the Wellbeing Initiative in Lancaster County, exploring their potential roles in supporting women through postpartum and mental health challenges.

The research and evaluation team at NCCF initiated the development of a logic model in October 2023, providing a strategic framework for the project. This model will be shared with the Nebraska POSC core group upon completion. Additionally, an application was accepted for the Statewide Coordinator to present at the 2024 Nebraska Young Child Institute in June. This allowed for a comprehensive overview of the challenges and successes of Prenatal POSC implementation in Hastings and North Platte.

In November 2023, a conference was held in Denver, Colorado, where discussions centered on Nebraska's Prenatal POSC implementation and an examination of Colorado's approach and funding usage. An invitation was extended for the statewide coordinator to attend a Farm Tour at Robinette Farms in Martell, NE, focusing on the potential connection between Prenatal POSC Binders and food security, particularly in ensuring nutritional resources for pregnant women and sustainable food sources for children. This invitation created new connections with Post-Partum Support International, Wellbeing Initiative, Director of Food Security, The Medical Care Advisory Committee, and CHI Health Omaha.

In December 2023, the statewide coordinator established connections with two new communities. The Fremont partners meeting yielded valuable information about a Nurse Navigator program implemented in the emergency room and an OBGYN office. A presentation to the Dakota County coordinator and early childhood lead was followed by scheduling a presentation in January 2024 for the Early Childhood Connect team. Further connections were made with the Medical Care Advisory Committee, CHI Health in Omaha, and the Office of Health Disparities at DHHS through additional presentations.

CFS continues its work with the Hastings community regarding regionalized disbursement of the Prenatal POSC binders and launched this same program within the North Platte community in June 2023. Collaboration with these communities includes monthly meetings with community stakeholders and providers, Nebraska's three Managed Care Organizations, community collaboratives, central navigators, internal local CFS staff, Nebraska's Division of Public Health and Behavioral Health, the Court Improvement Project, and others. These monthly meetings provide updates regarding the disbursement of the binders, brainstorming strategies for community outreach, training opportunities in the community and within CFS, and updates from CFS. As a result of these meetings, additional resources were identified to include in the binders. These include: "ABCs of Safe Sleep," "1-2-3 Don't Shake Me," and the "CRYing Plan." Additionally, feedback was provided by the infant mortality and death board review team, suggesting the separation of "Safe Sleep" and "Crying Plan" on the POSC template on the DHHS public website; this change was made.

In September 2023, Hastings held its first parent panel meeting. This is an opportunity for parents to share their experiences with substance use and a strategy to disburse the binders to other mothers through peer support. CFS and NCFF are collaborating to gather and review data to better understand the binders' effectiveness. This includes a logic model and surveying parents who received the binders during each trimester while they use the binder.

CFS continues to use data surveys for prenatal POSC binders.

Preliminary discussions regarding implementing the same prenatal POSC work are taking place within the South Sioux City community. This has included meetings with the community coordinator, early childhood connect the team, and possible collaboration with South Dakota and Iowa.

- The state's process for plans of safe care, including how local entities are providing referrals and services for substance-exposed infants and affected family members and caregivers.

In Nebraska, the POSC is developed and monitored by the treating professional or health care provider for infants prenatally exposed to substances but with no child safety concerns. The POSC is then provided to the infant's primary care physician for ongoing monitoring. For infants with an open CFS case, the case manager convenes a multidisciplinary team meeting with treating professionals, parents, other caregivers, and other professional partners or agencies involved in caring for the infant and family to monitor the POSC; the POSC is also integrated into the family's case plan. The case manager monitors the POSC ongoing through the case plan evaluation.

- Any challenges identified in implementing the provisions and lessons from implementation. Describe technical assistance the state would find helpful to support the effective implementation of these provisions.

One notable challenge has been the inclusion of key agencies, particularly probation and drug court, in the collaborative efforts of both the Hastings and North Platte pilots. Ongoing efforts are directed toward establishing connections with these agencies and identifying individuals willing to participate in the monthly meetings.

The conclusion of the year witnessed a decline in meeting attendance, necessitating concerted efforts to re-engage with all initially involved stakeholders in each community. This initiative aims to verify the continued suitability of meeting days and times, ensuring alignment with the availability of the entire or majority of the team.

During the CFSP, Nebraska received beneficial technical assistance in implementing POSC. Our TA with the National Center ended in 2023; however, we still have access to the TA they offer because we were past recipients, so we reach out to them as needed. Additionally, we get invited to various state calls that the national center works with to learn from each other. Though there have been challenges over the past year, Nebraska has utilized information learned from the technical assistance and applied that to continued efforts in collaborating with agencies.

American Rescue Plan Act Funding

As part of the state's 2025 Annual CAPTA Report Update:

Provide an update on the state's use to date and planned use of the supplemental funding provided through ARPA.

In 2023, CFS utilized the supplemental funding provided through ARPA to support NCFF in hiring a Prenatal Plan of Safe Care (POSC) statewide coordinator. Duties include:

- Assist in developing a statewide prenatal POSC structure to support local community implementation of POSC programming, including training, technical assistance, and collaboration with local area medical and treatment providers.
- Coordinate the development of a toolkit and other media/communication resources to support the consistency of programming across local communities and professional networks.
- Work to establish collaborative relationships between disciplines to improve the delivery of services and coordination of care.
- Create systems of care that increase access and knowledge in efforts to support pregnant women who are using substances in the engagement of wrap-around support.
- Participate in statewide and local meetings to assist in shaping program policy and best practice guidelines.
- Explore braided funding opportunities for sustainability.

Additional information about this position can be found in *Section I, Collaboration*.

CFS continues to evaluate a plan for the remaining CAPTA state grant funds, which includes developing and expanding non-system-involved Kinship Navigator programming.

Nebraska is implementing three Family Resource Center (FRC) sites. The FRCs will focus on activities to prevent child abuse and neglect and coordinate resources and activities to strengthen families. The FRCs will prioritize activities that address equity and programming focused on serving historically marginalized populations disproportionately affected by persistent poverty and child welfare involvement. CFS is determining how to utilize funds to support the implementation of the FRCs. In 2023, the Lancaster County FRC has rebranded as "Square One" and has secured a building location. The Douglas County Family Resource Network launched its initial implementation in October 2023 and remains committed to adding new partners. Dakota County remains in the planning stage and is developing additional partners to design its model.

Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.

Nebraska continues to assess need and capacity in communities to adequately spend the supplemental funding in accordance with the grant's requirements.

Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email of the state

CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

Nebraska's State Liaison Officer is:
Beth Buhr, DHHS Administrator II
DHHS-Division of Children and Family Services
301 Centennial Mall South
Lincoln, NE 68508
Elizabeth.Buhr@nebraska.gov

States must include all required information indicated above in their 2025 CAPTA Annual Report as part of the 2020-2024 Final Report. Missing or incomplete information will result in the withholding of CAPTA funds until such time as approval can be granted by CB. Please note that compliance with the eligibility requirements for a CAPTA State Grant program is a prerequisite for eligibility to receive funding under the Children's Justice Act State Grant Program, authorized by section 107(a) of CAPTA.

If the state has previously participated in a CB site visit relating to the development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow-up actions the state has taken to address issues identified or discussed through the site visit.

Nebraska did not have a visit related to POSC from the Children's Bureau during this reporting period.

Section VII. Statistical and Supporting Information

The following must be reported in the 2020-2024 Final Report:

a. CAPTA Annual State Data Report Items:

Each state receiving the CAPTA State Grant must annually provide, to the maximum extent practicable, an Annual State Data Report. The complete list of data elements to be included in the report can be found in section 106(d) of CAPTA. Most information for this report is collected through state participation in the National Child Abuse and Neglect Data System (NCANDS). The following items are to be included in the 2020-2024 Final Report.

Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:

- i. information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
- ii. data on the education, qualifications, and training of such personnel;

- iii. demographic information of the child protective service personnel; and
- iv. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state was unable last year and continues to be unable this year to provide all the requested information relating to the child protective service workforce, please provide an explanation as to why that information is not currently available, and describe steps the state will take to be able to report the information in the future.

The CFS workforce directly impacts the DHHS mission of *Helping People Living Better Lives* by providing critical family services, supporting families as they build their future, and ensuring the safety and well-being of children.

The education requirements for a Child and Family Services Specialist (CFSS), also referred to as a case manager, and a CFS supervisor include a bachelor's degree in social work, psychology, sociology, counseling, human development, mental health care, education, criminal justice, or another closely related area. Additionally, a CFS supervisor requires experience performing case management activities in counseling, protective services, alcohol/drug abuse, juvenile justice probation, and social services delivery. Additional qualifications can be found on the State of Nebraska class specifications website.

With the information we were able to obtain due to a change in platform that collects this data, as of 09/18/2023, we verified that 325 staff met the required education requirements as described above. CFS is working to update the new platform with the educational background of all the case managers to ensure compliance with the educational requirements are met for this position.

All CFSS must complete New Worker Training to advance to case management. See *Staff and Provider Training (Items 26)* for recent completion data. All CFS staff are required to complete 24 hours of in-service training each year. CFS staff have the flexibility to reach the hour requirement based on identified needs and interests. CFS workforce training is an ongoing activity and includes content from various disciplines relevant to child and family services policies, programs, and practices.

DHHS has recently moved to a new platform called Workday to track education qualifications and training hours; due to this, there is incomplete data at the time of this report.

2023 Training Hours				
Job Code	Classification	Staff	Hours	Hours/Staff
C72311	Child/Family Services Specialist Trainee	81	8,130.60	100.40
C72312	Child/Family Services Specialist	496	52,509.70	105.90
C72313	Child/Family Services Specialist Lead Worker	27	746.10	27.60
V72314	Child/Family Services Specialist Supervisor	116	4,395.00	37.90
Total		720	65,781.40	91.40

CFS Personnel Ethnicity Data (February 21, 2024)					
Ethnicity	Trainee	CFS Specialist (Case Manager)	Lead Worker	Supervisor	Total
African American/Black and White (United States of America)	4 (5%)	3 (1%)	0 (0%)	0 (0%)	7
American Indian/Alaska Native (United States of America)	1 (1%)	1 (0%)	0 (0%)	0 (0%)	2
American Indian/Alaskan Native and White (United States of America)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	2
Asian (United States of America)	0 (0%)	3 (1%)	1 (4%)	0 (0%)	4
Asian And White (United States of America)	1 (1%)	3 (1%)	0 (0%)	0 (0%)	4
Black or African American (Not Hispanic or Latino) (United States of America)	13 (15%)	41 (9%)	2 (7%)	6 (5%)	62
Hispanic and African American/Black (United States of America)	0 (1%)	1 (0%)	0 (0%)	0 (0%)	1
Hispanic or Latino (United States of America)	7 (8%)	32 (7%)	1 (4%)	5 (4%)	45
Hispanic/Latino and Asian (United States of America)	2 (2%)	1 (0%)	0 (0%)	1 (1%)	4
Hispanic/Latino and White (United States of America)	1 (0%)	8 (2%)	0 (4%)	0 (0%)	9
Two or More Races (United States of America)	2 (2%)	13 (3%)	1 (4%)	1 (1%)	17
White (Not Hispanic or Latino) (United States of America)	52 (61%)	315 (68%)	23 (82%)	99 (88%)	489
(Unspecified)	2 (2%)	42 (9%)	0 (0%)	0 (0%)	44
Total	85	465	28	112	690

Gender Data (February 21, 2024)					
Gender	Trainee	CFS Specialist (Case Manager)	Lead Worker	Supervisor	Total

Female	73 (86%)	388 (83%)	24 (86%)	96 (86%)	581
Male	11 (13%)	77 (17%)	4 (14%)	16 (14%)	108
Unspecified	1 (1%)	0 (0%)	0 (0%)	0 (0%)	1
Total	85	465	28	112	690

Caseload Requirements The operational definitions utilized for caseloads under Neb. Rev. Statute 68-1207 and the standards established by the Child Welfare League of America (CWLA).	
Case Type	Caseload Requirements
Initial Assessment Active, open child abuse or neglect investigations conducted by Initial Assessment Worker	1:12 families (urban) 1:10 families (rural) This does not mean that the worker can be assigned 10 or 12 new cases each month unless all 10 or 12 cases from the previous month are closed. This is a rolling number. Cases assigned the previous month are carried over and counted toward the total number of 10 or 12.
Mixed; Initial Assessment and On-Going Caseload	One child = a case 1:7 Children Out-of-Home One family = a case 1:3 Families in the home 1:4 Families for Initial Assessment A total of 14 cases assigned. Cases include On-Going Case management for In-Home or out-of-home and Non-Court or Court-Involved.
On-Going (Includes ICPC and Court Supervision): Children residing In-Home and no children have been removed from the home due to DHHS involvement	1:17 Families Open and active voluntary with children placed in the home. These children have never been removed and are not court-involved.
Children residing in a planned, permanent home (parent, adoptive parent, legal guardian) *	1:17 Families The open and active court-involved families with the child in a planned, permanent home. These are children who are still in the Department's custody and court-involved.

Mixed; one or more wards in-home, one or more wards out of the home within the same family	1:10 Out-of-home wards 1:7 In-home families Total 1:17 Open and active Court Involved children. The court only wards and does not involve non-ward siblings. § Ward = each ward out of the home count as one case each § Family = any number of wards in the home count as one case
Children are out of the home	1:16 Children These are court-involved cases where children are placed formally out of the parental/guardian home. § Child = Each child placed outside the home is counted as one case
*A planned permanent placement will be defined as a home that will provide permanency for a child. This includes: § The child returns from out-of-home care and resides with a parent. § The child resides in a pre-adoptive placement with a signed adoptive placement agreement. § The child's permanency plan is guardianship, and the child lives with an identified guardian.	

Juvenile Justice Transfers

Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2023 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d)(14) of CAPTA.)

In Nebraska, the juvenile justice system (juvenile probation) is a separate division overseen by the Administrative Office of the Courts, also known as the Nebraska Supreme Court, which is part of the Judicial Branch of the Nebraska State Government. CFS is a separate division and part of the Executive Branch of the State Government. Probation has its own staff, computer system, and case management methodologies.

The probation division uses a data administration system, and there is no unique indicator to match youth precisely in both systems. Additionally, in the interest of privacy, the youth's case information stored in the probation computer system is not accessible by CFS employees. CFS does not always know of youth served by probation unless disclosed directly by the youth and their families.

Nebraska has three Youth Rehabilitation Treatment Centers (YRTCs). The YRTC facilities are considered “locked” facilities administered by CFS for juvenile justice youth. While CFS oversees these facilities, most youth are placed at YRTC through a probation order. From January – December 2023, 27 youths served in the YRTC were involved in a CFS case before entering the YRTC. At the time of this report, the CFS cases have closed for 5 of the 27 youths.

CFS recently implemented NFOCUS enhancements as part of the new AFCARS 2.0 requirements, allowing for more accurate tracking and reporting of the youth who continue to be involved in the juvenile justice system. From January to December 2023, the NFOCUS system showed that one youth transferred from out-of-home care with CFS to the juvenile justice system.

CFS continues to monitor the utilization of the new tracking requirements and provide additional guidance to case management staff to ensure accurate data collection. Staff utilization of the new tracking methods will help improve the identification of these youth and help promote ongoing collaborations between CFS and juvenile justice system partners to support these youth better. See *Section I, Collaboration: Probation* for information on the collaboration between the Administrative Office of Probation and CFS.

Education and Training Vouchers

Identify the number of youth/young adults (unduplicated count) who received ETV awards from July 1, 2022, through June 30, 2023 (the 2022-2023 school year) and July 1, 2023, through June 30, 2024 (the 2023-2024 school year). States may estimate a total if they do not have the total number for the 2023-2024 school year.

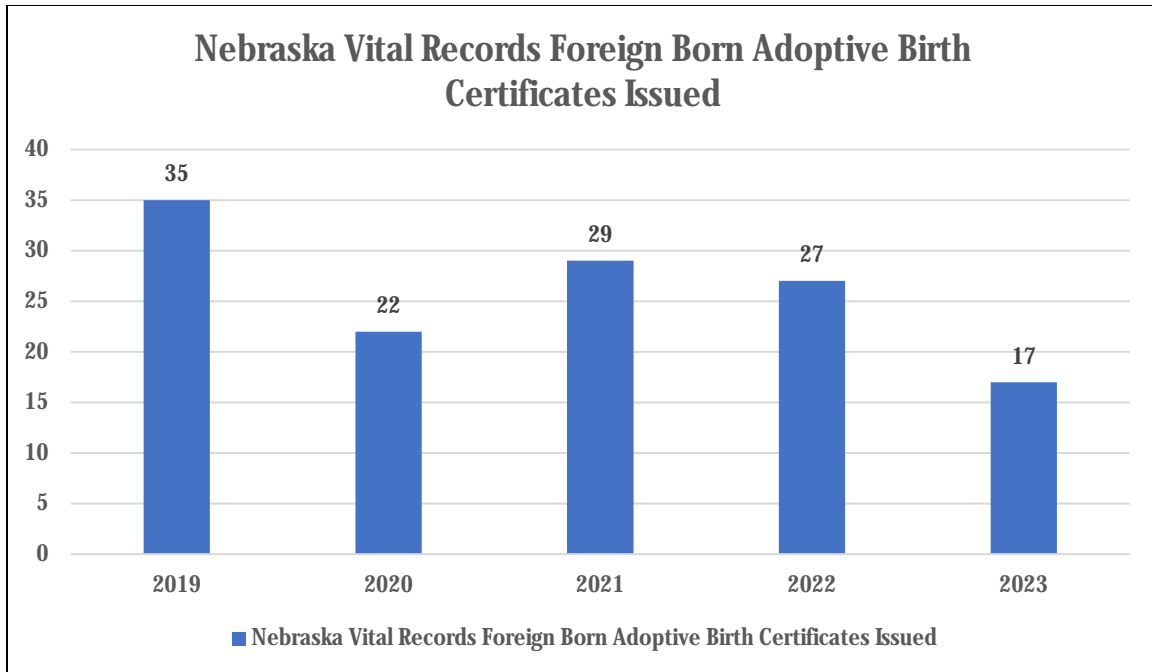
Report the number of youth/young adults who were new voucher recipients in each of the school years. To facilitate more consistent reporting, please use Attachment D to report information on the ETVs awarded.

See *Attachment D, Annual Reporting of Education and Training Vouchers Awarded*.

Inter-Country Adoptions

Report the number of children who were adopted from other countries and who entered into state custody in FY 2023 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.)

In 2023, the Division of Public Health (PH) Vital Records Unit reported a decrease to 17 foreign (international) born adoptions filed for Nebraska birth certificates. The chart below shows foreign-born adoptions filed with the Vital Records Unit by calendar year 2020-2023. In the 2023 calendar year, CFS had no children in legal custody due to an international adoption disruption, displacement, or dissolution.



Monthly Caseworker Visit Data

States are required to collect and report data on monthly caseworker visits with children in foster care (section 424(f) of the Act). The statute established the following performance standards for caseworker visits in FY 2015 and afterwards:

- The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.
- At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence.

Data for FY 2024 needed to determine whether states met these performance standards must be reported separately from the 2025-2029 CFSP/ 2020-2024 Final Report and will be due for submission to the state's CB Regional Office by December 16, 2024.

States must submit the following:

- The aggregate number of children in the data reporting population. (Please see Program Instruction ACYF-CB-PI-12-01 for detailed information on the reporting population for monthly caseworker visit data.)
- The total number of monthly caseworker visits made to children in the reporting population. If multiple visits were made to a child during the calendar month, the state must count them as one monthly visit. When a child's or a caseworker's severe health condition warrants limiting person-to-person contact only, a visit conducted by means of

video conferencing with the child may be counted as a monthly caseworker visit. (See [Child Welfare Policy Manual, Section 7.3, Question 8.](#))

- The total number of complete calendar months children in the reporting population spent in care.
- The total number of monthly visits made to children in the reporting population that occurred in the child's residence. To be counted as a visit in the child's residence, the visits must have occurred in person, not by video conferencing. If multiple visits were made to a child during the month, and at least one of those visits occurred in the child's residence, the State should count and report that one monthly visit occurred in the residence of the child.

Additional information on the Monthly Caseworker Visit Data requirement was provided in [ACYF-CB-PI-12-01.](#)

The current federal goal for monthly contact with children in out-of-home care is 95%, and at least 50% of monthly visits made by case managers must occur in the child's residence. As of February 2024, 98.5% of children in foster care in Nebraska were visited monthly by the case manager while in out-of-home care; 91% of the visits occurred in the child's residence. Nebraska has consistently met or surpassed the child visit performance requirements for the past several years.

Current FY 2024 data from October 2022 to February 2023	
Total # of Children/Youth	3,890
Total Actual Months Visited	16,468
Total # Months Requiring Visits	16,724
Total % of Months Visited	98.5%
Total # Months with In-Residence Visit	15,054
Total % of Months with In-Residence Visit	91%

The complete data for FY2024 needed to determine whether Nebraska met the federal performance standards will be reported separately from the APSR. CFS will submit this to the CB regional office on or before December 16, 2024.

Nebraska requires face-to-face visits by the case manager whenever it is safe to do so. While CFS is meeting the target goal for caseworker visitation with the child while in out-of-home care, CFS recognizes the importance of continually implementing strategies to address the quality of visits with the child. Below are some of the strategies implemented by CFS to continue to address the frequency and quality of case manager contacts with the child:

- Child visit data is available to service area staff and posted daily on the CFS intranet site. Case managers utilize a daily Case Manager Due Date Tracker (CMDDT) Report, which allows the case manager to view due dates for the case management duties, including monthly contacts with the child. In addition to the daily CMDDT report, staff has access to a child summary report that is a part of the state's information system (NFOCUS).

Case managers and supervisors utilize this report to ensure monthly contacts are made with the child, parents, and caregivers in a timely manner.

- Case managers continue to utilize SOP tools and strategies to improve engagement and quality contacts with youth throughout the state.



COMMUNITY COLLABORATIVES

The Annual Community Collaboratives Report
for 2022-2023 is a collaboration between
Nebraska Children and Families Foundation and
The Munroe Meyer Institute
at the University of Nebraska Medical Center



nebraskachildren
AND FAMILIES FOUNDATION



MUNROE-MEYER
INSTITUTE

October 2023

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Structure and Purpose of the Report

This report focuses on the work with communities to build locally-based prevention systems and the strategies associated with these systems, which exist at both the systems and the individual levels. Multiple partners working in coordination through community collaborations are implementing the strategies.

Evaluation of locally-based prevention systems incorporates both implementation and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of services were provided?” “How well are strategies being implemented?” and “To what extent are strategies adopted, and to what extent are strategies evidence-based?” Outcome data is used to answer questions such as, “To what extent did strategies improve participants’ well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children and Families Foundation focuses on a data-driven decision-making approach to help communities improve the performance of their adopted strategies and to ultimately improve the lives of people and their communities. Data is collected and reviewed as part of their decision-making and continuous improvement processes. Additionally, Nebraska Children and Families Foundation supports communities in developing their own community-specific learning agendas and helps build their evaluation capacity by providing local support for identifying a community-specific evaluation question for a community to focus on during a specific time period (see Table 16).

Scope of Report

This report covers all the work that the 18 collaboratives participating in the evaluation undertook over the past year (July 1, 2022 to June 30, 2023) to build their community-based prevention systems. It consists of three main sections. The first section describes Nebraska Children and Families Foundation’s statewide community collaborative work, the second section provides community level systems findings, and the third section focuses on the community response model programs and practices findings. There are also several appendices that highlight different aspects of community-based prevention work.

Beginning in the 2020-2021 evaluation year, longitudinal data were included where possible to support looking at this work over the past several years. Nevertheless, it is important to note that the number of collaboratives participating in evaluation and methods for collecting data have differed across time, thus year-to-year comparisons should be made with caution. These caveats are noted in their respective data tables.



Nebraska Children and Families Foundation's Statewide Community Collaborative Work

Nebraska Children and Families Foundation's Approach to Community-Based Prevention

Nebraska Children and Families Foundation envisions a Nebraska where all people live in safe, supportive environments that provide opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children and Families Foundation works in partnership with local communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children and Families Foundation works with communities to build locally based prevention systems. The underlying assumption is that by building strong community collaborations, a local prevention system is strengthened, resulting in improved child and family protective factors (Figure 1). This collective approach is known statewide as "Community Well-Being." Community Collaborative partners in each community come together through the Collective Impact Model, promoting and addressing local priorities and implementing specific targeted strategies to build Protective and Promotive Factors for all children, youth, and families.

Bring Up Nebraska, coordinated by Nebraska Children and Families Foundation, is the statewide infrastructure that works collaboratively with all the critical players in a community and the state. This includes service providers, educators, health care professionals, law enforcement personnel, businesses, government agencies, and most importantly, parents and youth. Together, these collaborative groups commit to common goals, measurements, and practices, working as one toward the end goal of improving well-being. Through public-private partnerships that are part of *Bring Up Nebraska*, Nebraska Children and Families Foundation has convened community and state partner commitments toward a common statewide plan for Community Well-Being. Nebraska's shared goals set forth in this plan are as follows:

By 2025, we will:

1. Improve authentic collaboration between lived experience partners, system partners, local school districts, and both community collaboratives and community members.
2. Increase community collaborative infrastructure that leads to equitable well-being outcomes.
3. Improve services and supports that build Protective and Promotive Factors in children, youth, families, and communities, including:
 - Education, postsecondary education, and career services and support for children, youth, families, and communities hosted both inside and outside of the traditional school day.
 - Supports and services for youth/young adults and young parents/families.
 - Access to and increased capacity of early childhood services in communities.
 - Access to and increased capacity of physical and behavioral health services in communities.
 - Access to economic stability and concrete supports for children, youth, families, and communities.

Figure 1



4. Strengthen the well-being workforce in Nebraska.

To accomplish this mission, blended funds are made available to strengthen integrated community prevention systems. Major funding sources include Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPFB), Child Abuse Prevention and Treatment Act, Nebraska Dept of Education, John H. Chafee Funds, and private funding sources. Nebraska Children funds a range of strategies within each local prevention system, including those aimed at strengthening community systems themselves as well as those focused on individual and family level needs. System-level strategies range from Collective Impact training to best practices to build inclusive communities, while individual and family-level programs and practices are adopted across the lifespan. The dollars leveraged this reporting year include Community Collaborative Infrastructure (previously labeled CWB Funding), Initiatives and Program (previously labeled Additional Initiative Funding), and Local Leveraged Funding (External and In-kind) for a total of \$38,166,149.

Bring Up Nebraska – Pinwheels for Prevention Campaign

Twenty-two Community Collaboratives and other partners participated in the Bring Up Nebraska-Pinwheels for Prevention Campaign which promotes the primary prevention work of the Community Collaboratives and State Partners. A sampling of highlights for April, Child Abuse Prevention Month, includes the following:

Website

The Bring Up Nebraska website realized a 132% increase in visitors from the previous 11 weeks with 8,215 visitors. There were 6,793 page views and Community Collaboratives was the most visited page with 4,099 views.

Radio

Radio ads in English and Spanish reached almost 400,000 people across the state with 1,350,900 gross impressions (the number of times ads are heard or seen).

Paid Advertising

- Targeted digital display ads ran in English and Spanish
- Facebook/Instagram ads: Impressions = 442,327
- Google display ads: Impressions = 3,868,928



Resources for Collaboratives and Councils

Twenty-two Community Collaboratives/Prevention Councils, several DHHS sites, and other partners used the campaign toolkit and products to host local events and activities across the state. These included mayoral proclamations, Wear Blue Day, and pinwheels plantings with local media coverage and social media promotions. Almost 6,000 campaign products were ordered through the Prevention Store and over 17,500 pinwheels were ordered for local campaign activities across the state.

Events

Governor Pillen signed a Child Abuse Prevention Month proclamation during a press conference. In addition to Governor Pillen's proclamation remarks, DHHS CEO Dannette Smith, and Mary Jo Pankoke from Nebraska Children and Families Foundation addressed the Media Month; and many local events sponsored by Bring Up Nebraska Collaboratives.





Promotive and Protective Factors

Strengthening children, families, and young adults through strengthening Protective and Promotive Factors is 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 and Promotive Factors is associated with the probability of positive outcomes in individuals, families, and communities. Protective Factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risks. Promotive Factors are conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being (Table 1). Protective and Promotive Factors are assets in individuals, families, and communities. For young adults, the Protective and Promotive Factors are associated with positive development and help young adults to overcome adversity (Fergus & Zimmerman, 2005). For both families and young adults, these factors increase the probability of positive, adaptive, and healthy outcomes across the developmental continuum. The following is a description of the Protective and Promotive Factors that Nebraska Children and Families Foundation uses to guide its prevention work. The Promotive and Protective Factors are recognized by Nebraska Department of Health and Human Services, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

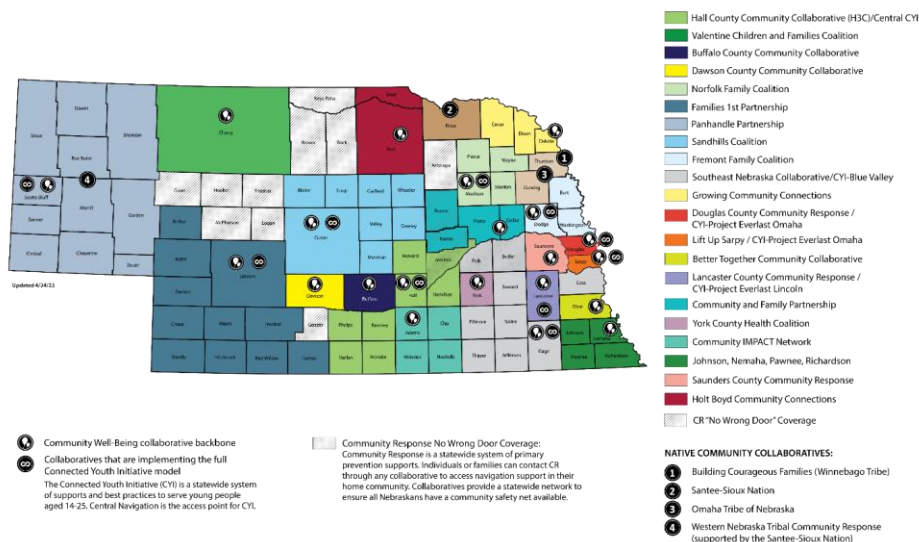
In addition, Hope was also identified as an important factor. Hope here is defined as a feeling of having goal-directed energy, combined with the feeling of being able to do the planning needed to meet established goals.

Table 1

Protective Factors Nebraska	
The Strengthening Families™ Protective Factors <i>Parents are the focus</i>	The Youth Thrive™ Protective and Promotive Factors <i>Young adults are the focus</i>
<i>Knowledge of Parenting and Child Development</i>	<i>Knowledge of Adolescent Development</i>
<i>The ability to support nurturing attachments and have realistic expectations in order to effectively promote development in children and young adults</i>	
<i>Social-Emotional Competence in Children</i>	<i>Cognitive and Social-Emotional Competence in Young Adults</i>
<i>The ability to recognize and regulate emotions and behavior and communicate clearly in order to establish and maintain healthy relationships with family, peers, and others</i>	
<i>Parental Resilience</i>	<i>Young Adult Resilience</i>
<i>The ability to recover from difficult life experiences and often to be strengthened and even transformed by those experiences</i>	
<i>Social Connections</i>	
<i>The ability and opportunity to develop positive relationships that lessen stress and isolation and become a supportive network</i>	
<i>Concrete Supports</i>	
<i>The ability to access resources and services that help make children, young adults, and families stronger and more resourceful for themselves and others</i>	

Community Collaboratives

In the last year, Nebraska Children and Families Foundation has provided funding and/or technical assistance to 23 developed or developing Community Collaboratives (CCs), including three Tribal nations as well as tribally affiliated families throughout Western Nebraska. These CCs promote safety and well-being through various prevention programs and practices. While each CC is in its own stage of development, all have provided direct and/or indirect support (e.g., directly through training, coaching, concrete supports, or indirectly through the siblings of children receiving services) that benefit individuals in their community. The full reach of CCs statewide is depicted in the map below. Note that 10 counties in Nebraska are not directly served by a CC. However, all Nebraskans have access to the existing collaboratives via a “no wrong door” approach to primary prevention, meaning that services are not restricted due to county boundaries. Youth and families are served, and community priorities are elevated, through an open way of partnering across community and county barriers.



Nearly every county across the state is supported by a developed or developing Community Collaborative. During the 2022-2023 evaluation year, 23 CCs supported 83 counties. Eighteen CCs fully participated in the statewide evaluation. Participating in the evaluation includes gathering data about the implementation of collective impact strategies, numbers of families supported, collaborative partnerships created, and events hosted by the collaborative. The CCs fully participating in the evaluation make up the entirety of the data in this report. Three CCs partially participated in the evaluation. Partially participating in the evaluation includes sharing successes and challenges the CC is facing in the foundational years of establishing their collaborative infrastructure. Two CCs did not participate in the evaluation this year. A Collaborative in the early stages of its creation does not currently participate in a formal evaluation. In future evaluation years, Nebraska Children and Families Foundation, with external evaluation partners at the Munroe Meyers Institute at the University of Nebraska Medical Center, plan to develop a formative evaluation assessment for CCs in their first few years of development.



Table 2 highlights all of the Nebraska Community Collaboratives and the counties they served during the 2022-2023 evaluation year. Please reference the note at the end of the table which indicates the collaboratives' level of participation in the evaluation.

Table 2

COMMUNITY WELL-BEING PREVENTION SYSTEMS

Name	Counties Served
Better Together/ Partners for Otoe County**	Otoe
Building Courageous Families – Winnebago*	Coordinates: Winnebago Tribe of Nebraska
Buffalo County Community Collaborative**	Buffalo
Community & Family Partnership**	Boone, Colfax, Nance, and Platte
Community Impact Network**	Adams, Clay, Nuckolls, Webster
Dawson County Family Partners**	Cozad, Gothenburg, Lexington, Overton, Ringgold, Sumner
Douglas County Community Response Collaborative and Project Everlast Omaha**	Douglas
Families 1st Partnership**	Arthur, Keith, Lincoln, and Perkins
Four Counties Collaborative *	Auburn, Fall City, Pawnee City, Tecumseh,
Fremont Family Coalition**	Dodge and Washington
Growing Community Connections**	Dakota
Hall County Community Collaborative**	Franklin, Hall, Hamilton, Harlan, Howard, Kearney, Merrick, Phelps
Holt Boyd Community Connections*	Boyd and Holt
Lancaster County Coalition and Project Everlast Lincoln**	Lancaster
Lift Up Sarpy**	Sarpy
Norfolk Family Coalition**	Madison, Pierce, Stanton, and Wayne
Panhandle Partnership**	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Sioux
Sandhills Community Collaborative**	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler.
Santee-Sioux Nation Collaborative**	Coordinates: Santee-Sioux Tribe of Nebraska, Omaha Tribe of Nebraska, and Western Nebraska Tribal Community Response.
Saunders County Active Community Team	Saunders
Southeast Nebraska Collaborative**	Butler, Cass, Fillmore, Gage, Jefferson, Polk, Saline, Seward, and Thayer



Valentine Children and Families Coalition	Valentine
York County Health Coalition**	York

*Indicates partial participation in the 2022-2023 evaluation

**Indicates full participation in the 2022-2023 evaluation

Common Indicators

Nebraska Children and Families Foundation's mission is to create positive change for Nebraska's children through community engagement. To advance our mission, Nebraska Children and Families Foundation is a part of Bring Up Nebraska, a statewide partnership designed to enhance community well-being. Bring Up Nebraska is putting together a statewide plan to allow Nebraska to have the most robust Community Well-Being prevention model in the nation. As noted previously in this report, by 2025, the statewide plan calls for Nebraska to improve collaboration across communities, develop community collaborative infrastructure, improve services and supports for children, youth, and families, and to strengthen the well-being workforce in Nebraska.

To represent the overarching focus areas for our work and ensure alignment with the statewide plan, Nebraska Children and Families Foundation engaged in a year-long process to clarify the three results areas (Figure 2) that connect the work of Nebraska Children and Families Foundation across the system. The next step in the process is to identify a set of statewide indicators of community well-being that will allow us to track progress towards the statewide goals. Notably, these indicators have not yet been finalized as we work with partners to ensure the quality and availability of data.

Figure 2



Interim Indicators

To provide a bridge between previous reports and our future indicators, Table 3 contains several indicators that are both similar to previously reported indicators and cover some of the same material that the common indicators will cover in the future.

Table 3

Indicators	2021	2020
Nebraska Education Profile (3rd Grade) ¹	50%	Not available
High School Graduation Rate ²	87.56%	87.51%
Juvenile Arrests ³	4,134	6,688
Children entering the child welfare system ⁴	1,965	1,979
Generational involvement in Child Welfare System ⁵	46.0%	46.8%



- ¹ Data drawn from the Nebraska Education Profile published by the Nebraska Department of Education (<https://nep.education.ne.gov//State/Index/00-0000-000?DataYears=20212022&type=state#>) and (<https://www.launchne.com/20-21/covid-19-special-report/>). Data was not collected in 2020 due to the COVID-19 pandemic. 2022 data is for the 2021-2022 school year, 2021 data is for the 2020-2021 school year, 2020 data is for the 2019-2020 school year.
- ² Nebraska Department of Education 4-year graduation rate (<https://nep.education.ne.gov//State/Index/00-0000-000?DataYears=20212022&type=state#achievement>). 2022 data is for the 2021-2022 school year, 2021 data is for the 2020-2021 school year, 2020 data is for the 2019-2020 school year.
- ³ Data drawn from "Crime in Nebraska (2021)" by the Nebraska Commission on Law Enforcement and Criminal Justice (Nebraska Crime Commission).
<https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/2021%20Crime%20in%20Nebraska.pdf#:~:text=The%20number%20of%20adult%20arrests%20%28age%2018%20and,to%206%2C449%20in%202020%2C%20a%20decrease%20of%2035.9%25>.
- ⁴ Data provided by the Casey Families Foundation, drawn from the Adoption and Foster Care Analysis and Reporting database, US Department of Health and Human Services/Administration for Children and Families
- ⁵ Data provided by Nebraska Department of Health and Human Services

Commented [SW1]: Brenda, any thoughts on making this less hideous?

Local Leveraged Funding

One of the intermediate community well-being outcomes is that the work of Community Collaboratives results in communities' increased ability to leverage and align funds. In addition to funding received from Nebraska Children and Families Foundation, collaboratives obtained over \$15 million in funding this past year, representing 40% of their total budgets.

Community Response

Community Response is the backbone support of a community-based prevention system and encompasses all individual-level strategies implemented across the life span, as well as community capacity building and informing system level priority setting. Through Central Navigation and Coaching, Community Response coordinates existing resources within a community to help children, young adults, and families address immediate needs, as well as increase Promotive and Protective Factors in the long-term. Support Services Funds are flexible funds made available through Central Navigation with the purpose addressing concrete needs to enhance the impact of other targeted strategies, or to fill gaps for needs, regardless of eligibility criteria in publicly funded domains.

In the 2022-2023 evaluation year, Community Response served 13,288 participants and 9,711 children. Over \$2.1 million dollars in Support Service Funds were distributed through 4,466 requests. The number of requests in 2022-2023 represented a slight increase in the number of requests compared to 2021-2022. Overwhelmingly, participants sought assistance for housing and utilities, which together represented nearly 80% of the requests for support service funds. It is worth noting that in this evaluation year, Nebraska was distributing federal Emergency Rental Assistance dollars, which may have impacted the number of requests for Support Service Funds. CCs developed a close working relationship with Nebraska Investment Finance Authority (NIFA), who was coordinating the distribution of these dollars. In doing so, Community Response became another avenue by which Nebraskans accessed this resource statewide and braided additional public funding into the local prevention systems.



Evidence-Informed Strategies for Parents

Three parent focused evidence-based strategies were implemented during the 2022-2023 evaluation year:

Circle of Security Parenting™ (COSP), Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI), serving 412 parents and 980 children across the state. These strategies for parents have demonstrated impact on improving parent-child relationships and interactions, reducing parent stress, and increasing parent efficacy - all of which are essential for preventing entry into higher systems of care for vulnerable children and families. While the first year of the COVID-19 pandemic negatively impacted the number of parents who could participate in these strategies, there has been an increase in the numbers of parents participating in these strategies during the 2022-2023 evaluation year.

Local Prevention Strategies

Nine Community Collaboratives also implemented 24 local, community-specific prevention strategies during the 2022-2023 evaluation year, reaching a total of 738 participants and 586 children across the state. These local prevention strategies (for e.g., community baby showers, diaper pantry, car match) represent the community-driven aspect of collaborative work and are selected and implemented to meet the needs of individual communities. These local prevention strategies include multiple additional partnerships, and often involve building systems-level infrastructure to support all youth and families within communities. Many of these strategies were newly developed as a response to community needs resulting from the COVID-19 pandemic, or to address the growing need for mental health supports throughout the state. Additionally, one community implemented three strategies, each of which was publicized to an entire community of over 22,000, including over 5,000 children.

Two other strategies: Camp Catch-Up and Legal Services and Supports offered through the Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) were implemented at the statewide level. Camp Catch-Up served 77 children aged 5 to 19 who had been separated from siblings by foster care, while 2,946 participants received legal services and supports through Legal Aid. Both strategies aim to improve promotive and protective factors for participants, particularly social connections for those served by Camp Catch-Up, and concrete supports for those served by Legal Aid.

Connected Youth Initiative

Nebraska Children and Families Foundation's Connected Youth Initiative (CYI) is a statewide Community Well-Being initiative to create and strengthen equitable outcomes for youth and young adults with experience in public systems and without permanent family and/or community support. CYI supports youth and young adults through both systemic and individual strategies including Central Navigation and Support Services Funds, Coaching, Youth Leadership efforts, and Financial Education through Opportunity Passport™ offered through Jim Casey Youth Opportunities Initiative®. Overall, CYI served 5,036 youth and young adults in the 2022-2023 evaluation year through Central Navigation. Nearly, two-thirds of all youth and young adults served through CYI were female (63.4%) and over half the participants identified as people of color (58%). Nearly \$245,000 in Support Service Funds were distributed through 566 requests with 87% of requests allocated to housing and utilities assistance. Additional data points from CYI work revealed that more than half (57.7%) of those served through Central Navigation were between the ages of 19 to 21, and many (16%) self-reported having experience with either child welfare, juvenile justice, or other experiences such as



homelessness or human trafficking¹. These additional data highlight the absolute necessity to continue to support youth and young adults with systems involvement, particularly as youth transition into early adulthood.

CYI work focused on coaching, leadership, and financial education has been fundamental in supporting youth and young adults to increase personal agency and establish goals. 2,297 youth and young adults in CYI participated in goal-oriented and youth-driven CYI coaching during the 2022-2023 evaluation year. The majority (73%) of CYI coaching participants were over the age of 19, which indicates these young adults' desire and drive to successfully transition to adulthood. In addition, 161 youth and young adults participated in youth leadership activities and opportunities across the state, and 397 engaged in financial education through the Opportunity Passport™ program.

Community-Level Systems Findings

Community Collaboratives are working to build their capacity to meet the needs of the children and families in their communities through a Collective Impact approach, Funding, Policy Support, Training Activities, and Community Events. The following is a summary of the community-based prevention system work that was undertaken over the past year by the 18 Community Collaboratives participating in the statewide evaluation.

Funding

One of the intermediate community well-being outcomes is that the work of CCs results in communities' increased ability to leverage and align funds. Table 4 is a summary of the total number of dollars leveraged in the collaboratives. In addition to funding provided by Nebraska Children and Families Foundation, CCs have been successful in leveraging funds worth more than 15 million dollars.

Additional funding obtained by partnering agencies and the Collaborative represent 40% of their total budgets. It should be noted that Table 4 captures funding from Nebraska Children and Families Foundation broken into two categories, Collaborative Infrastructure funding and Initiative and Program funding. This funding was provided to counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Community Collaborative. Locally leveraged funds are raised through CCs, including grants, donations, and in-kind funding.

Collaboratives
obtained over \$15
million in additional
funds this past year.

¹ Not all children and youth in contact with the collaboratives was asked about these experiences, and not every youth or young adult with these experiences is willing or able to endorse having had these experiences. As such, this number is an undercount of youth with systems experience and those experiencing homeless and/or trafficking.

Table 4

COLLABORATIVES HAVE LEVERAGED FUNDS FROM MULTIPLE SOURCES

Evaluation Year	Collaborative Infrastructure	Initiatives and Program	Local Leveraged	TOTALS
2022-2023	\$6,256,333	\$16,765,820	\$15,143,996	\$38,166,149
2021-2022	\$18,869,281		\$10,137,237	\$29,006,518
2020-2021	\$22,841,361		\$695,365	\$23,536,726
<i>Funding from the 2020-2021 year includes CARES Act funding that was distributed during the evaluation year. Expectations and requirements for reporting funding sources have varied over time, so longitudinal comparisons should be made with caution.</i>				
<i>In previous evaluation years, Collaborative Infrastructure funding and Initiative and Program funding were reported together. In the current evaluation year, evaluators determined it was important to show the investment in each of these areas separately.</i>				

Investing in collaborative infrastructure is a key role of Nebraska Children and Families Foundation and the Bring Up Nebraska partners. To operate within the Collective Impact model, the key elements must be given adequate resources. The backbone infrastructure necessary for a Community Collaborative Prevention System includes:

- Coordination/Continuous Communication among partners, including community members
- Central Navigation (Coordination of Services)
- Support Services Funds (address concrete support needs to enhance the outcomes of service delivery, flexible funding to address cliffs and eligibility criteria associated with programmatic funding)
- Common Operational Framework/Foundations/Principles (Youth and Families Thrive)
- Community Capacity Building/Workforce Development and Enhancement
- Social Norming
- Fiscal/Contract Management (clearly outline roles of a fiscal sponsor when applicable in a Community Collaborative Prevention System)
- Shared Evaluation measurements
- Root Cause Analysis/Community Context

Policy Support

Communities, via Community Collaboratives, were active in trying to shape policy at the local and state levels. CCs reported on the policy-related activities they engaged in during the 12-month reporting period in

their community reports. Those activities are summarized below. Please reference Appendix B for a complete table of all policy support activities.

Policy Change

Policy changes include changes in statute, regulation, guidance, funding levels, court decisions, or executive orders and other policy vehicles that establish requirements directed at institutions, professionals, and the public. For example, enacting new legislation, establishing statewide minimum training requirements, pilot funding for a new program or study, a new option that would expand available services, or a state executive memo requiring child welfare agencies to adhere to some new agency procedure. See Table 18 in Appendix B for a complete listing.

During the 2022-2023 evaluation year, there were:

- **28 policy changes initiated across 8 Community Collaboratives**
- Examples include:
 - *Participating in the Community Forum discussion group in Kearney, NE for LB1173.*
 - *Supporting Early Childhood Task Force to create a bill in support of finger-printing efficiency for childcare providers.*
 - *Writing letter to inform the Governor on housing & Emergency Rental Assistance Program.*

Practice Change

Practice changes are systemic changes in the operations of practitioners that are to be institutionalized that may or may not stem from any change or requirement in policy. For example, adopting a best practice that is implemented community (or state) wide, new practices to better engage youth in transition planning, improving community level collaboration through standard operating procedures, etc. See Table 19 in Appendix B for a complete listing.

During the 2022-2023 evaluation year, there were:

- **26 practice changes initiated across 8 Community Collaboratives**
- Examples include:
 - *Creating Board Committee Charters to add to the board by-laws and committee goals, leading to the finalization of a strategic plan.*
 - *Launching Community Schools Initiative to build a full-service community school mindset.*
 - *Implementing a redesigned Community Response (Family Partner/Coaching) model in the community that delivered professional, trauma-informed services in a more efficient manner and added a mental health provider to the team.*

Community Engagement

Community engagement in policy and practice improvements include, but is not limited to community support or involvement in promoting improvements through educating key stakeholders (public, judges, agency officials, etc.), supporting engagement of families, community members or young people in developing/sharing recommendations, testifying, presenting, analyzing and/or disseminating data, mobilizing young people or community members and/or other key stakeholders, and engaging in various types of



communications activities (e.g. news/social media). For example, engaging local elected officials in your community by inviting them to collaborative meetings and/or educating them about issues, submitting public comments at local/municipal meetings or state legislative public hearings, or providing input on administrative policies, rules and regulations (e.g., Medicaid Expansion). See Table 20 in Appendix B for a complete listing.

During the 2022-2023 evaluation year, there were:

- **78 community engagement activities initiated across 15 Community Collaboratives**
- Examples include:
 - *Providing self-care kits to Families Care, South Central Behavior Therapists and Childcare Coaches.*
 - *Sharing about Prenatal Plans of Safe Care throughout the community.*
 - *Gathering transportation information from across the state to inform community members.*



Citizen Review Panels

The Parent and Caregiver Citizen Review Panel (CRP) model changed its format for the 2022-23 year. Through Nebraska Children and Families Foundation's work via Community Collaborative and parent advocacy, a parent advisory committee was created. The group has been involved in statewide initiatives and advocacy at the community level. After additional recruiting, the group formed with the initial task to identify and develop recommendations to DHHS on best practices, policy changes, and gaps in these priority areas. The CRP model is a short-term, approximately four-month activity that sets the foundation for long-term community engagement and advocacy for parents and caregivers.

The process for this year started in June and will conclude in September. The group will write their recommendations and submit them to DHHS in October. Some of the topics discussed include peer-to-peer support and family support for those involved in child welfare, clarifying the rights of parents, grandparents and kinship caregivers, the support and healing for families that are involved in kinship care and the role of

the caseworker in the process, which involves retention, discretion they have in each case and what exactly are their responsibilities in the job description.

Training Activities

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. CCs reported a total of 167 trainings with 6,502 participants representing over 1,717 organizations engaged in training. Examples of the trainings offered were: Helping Adults Cope with Grief Training, QPR/Suicide Prevention, Migrant Education Recruiter Training, Budgeting and Money Management, Collective Impact Training for New Non-Profits (Table 5).

Table 5

COMMUNITY COLLABORATIVES HOSTED TRAINING EVENTS TO ENHANCE STRATEGIES

	2022-2023	2021-2022	2020-2021
Number of Trainings Held	167	270	337
Number of Organizations	1,717	3,561	2214
Number of Individuals Trained	6,502	7,271	6018

Note. The numbers above do not represent an unduplicated count. 18 Community Collaboratives reported trainings in 2022-2023.

Community Events

Community Collaboratives sponsored community and family events to connect with families and raise awareness of their collaborative's efforts. (Table 6). The purpose of the events varied, including food distribution/deliveries (e.g., food boxes, pantries, backpacks, vouchers), distribution of diapers and school supplies, motherhood is sacred classes, and other community engagement efforts such as: Diaper Pantry, Community Baby Showers, Career Days, engagement, Backpacks with School Supplies, Community Thanksgiving Dinner, and collaborative meetings. Events were available to all community members, and served the general public, parents, children, young adults, older adults, and agency and community members (e.g., childcare providers, coaches, other service providers). These 228 events served approximately 200,494 individuals, although it is important to note that this is an estimate since some events were large, and it was difficult to track the definitive number of attendees.



Table 6

COMMUNITY COLLABORATIVES HOSTED EVENTS THAT EXTENDED OUTREACH EFFORTS TO CONNECT WITH FAMILIES

	2022-2023	2021-2022	2020-2021
Number of Events Held	228	232	110
Number of Individuals Engaged	200,494	73,226	17,100
Number of Communities hosting events	18	17	14

Note. Numbers reported for the current evaluation year are estimates and not unduplicated counts. 18 Community Collaboratives reported hosting events in 2022-2023.



Community Response Model: Programs and Practices Findings

As the backbone support element of a community-based prevention system, Community Response is designed to be the coordination and intersection point where children, young adults, families, and service providers work together. This is meant to not only serve participants directly, but also to build workforce capacity and identify, and to address larger, systemic issues that pose barriers to thriving people and thriving communities.

A fully developed Community Response system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target support to 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 basic needs, or addressing a family crisis. These families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a Community Response system, the focus can be on the lifespan across the community (i.e., the full age spectrum of children, individuals, and partners).

A key goal of Community Response is to coordinate existing resources within the community to help children, young adults, 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 Protective Factors—particularly around concrete supports, social connections, and resilience—as well as to increase hope.

A robust Community Response prevention system is organized into three key components: Central Navigation, Coaching, and Leadership and Engagement. Community Response includes the entire array of individual-level strategies that exist in a community-based prevention system, sharing the common goal of increasing Protective and Promotive factors for all who live in the community (Table 7).

While Connected Youth Initiative (CYI) is part of Community Response and shared participant numbers are reflected where appropriate, as noted previously, CYI work focuses specifically on unconnected young adults.

Table 7

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES (COMMUNITY RESPONSE)

	2022-2023	2021-2022
Number of Participants Served Directly	13,228	13,521
Number of Children Served Directly	9,711	10,287
Number of Participating Staff	44	274
Number of Participating Organizations	154	350
Number of Communities in Statewide Evaluation	18	17

In the 2022-2023 evaluation year, Community Response served 13,288 participants and 9,711 children. Table 8 summarizes the various avenues of Community Response through which people were served. Table 9 describes the population. "Participants" represent the number of households who access a given program or service. A participant may be a family with multiple adults, a young person with or without children, or another household type. Children who are served via various programming and services are counted separately from other participants. Central Navigation is the component of Community Response through which parents, community members, and young adults are matched to services. Services may be formal or informal, are voluntary, and matched to individual needs. Common evidence-informed strategies for parents connecting to local prevention systems include Circle of Security Parenting (COSP), Parent-Child Interaction Therapy (PCIT), and Parents Interacting with Infants (PIWI). The Connected Youth Initiative is a system of prevention services and evidence informed strategies targeted for unconnected youth and young adults. Local prevention strategies are those implemented by individual collaboratives that are responsive to community-specific needs. Statewide prevention strategies include Camp Catch Up and Legal Services and Supports provided through the Social Services Block Grant. While not directly coordinated or funded by a local collaborative, these statewide strategies are aligned with community-based priorities, accessed by collaborative prevention systems, and funded or coordinated, at least in part, by Nebraska Children and Families Foundation as a key partner.

Table 8

OVERALL SUMMARY OF NUMBERS SERVED JULY 1, 2022 – JUNE 30, 2023

	Participants	Children
Community Response (OVERALL)		
Central Navigation (Total)	4,019	5,856
Central Navigation (14-25)*	2,181	1,436
Evidence-informed Strategies for Parents (COSP, PCIT, PIWI)	412	980
Evidence-informed Strategies for Young Adults (CYI)	5,036	3,725
Local Prevention Strategies	738	586
Statewide Prevention Strategies	3,023	-

* Young adults age 14 to 25 accessing Central Navigation are included in the Central Navigation numbers and should therefore be subtracted from the Evidence-informed Strategies for Young Adults (CYI) line to avoid duplicated counts.



Table 9

RACE/ETHNICITY OF INDIVIDUALS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES (COMMUNITY RESPONSE)

	2022-2023	2021-2022
American Indian or Alaska Native	393 (4.2%)	475 (5.3%)
Asian	100 (1.1%)	45 (<1%)
Black or African American	1,891 (20.4%)	1,742 (19.3%)
Hispanic or Latino	1,467 (15.8%)	1,515 (16.8%)
Multiracial	758 (8.2%)	535 (5.9%)
Native Hawaiian/Pacific Islander	22 (<1%)	10 (<1%)
White	4,315 (46.6%)	4,447 (49.3%)
Another Race/Ethnicity	90 (1.0%)	127 (1.4%)
Prefer Not to Say	70 (<1%)	117 (1.3%)
Total	9,265	9,013

Note. Race/ethnicity data was not available for 3,963 (30.0%) of participants for the 2022-2023 evaluation year, nor was race/ethnicity data available for 4,508 (33.3%) of participants for the 2021-2022 evaluation year.

Central Navigation

Central Navigation is the component of Community Response through which parents, community members, and young adults are matched to services. Central Navigation is also the intersection point of community partners to increase community capacity through training, as well as identifying and lifting up barriers to thriving. Table 10 provides an overall summary of the participants and their children who completed an intake during the 2022-2023 evaluation year through central navigation. These numbers are inclusive of the 18 collaboratives across the state that fully participated in the 2022-2023 evaluation. Note that more individuals may be served by the collaborative, as the intake may have been completed in a previous evaluation year. As indicated in table 10, 77% of those who entered through central navigation are women, and 68% of participants qualify for public assistance.

Table 10

SUMMARY OF PARTICIPANTS ENTERING THROUGH CENTRAL NAVIGATION

	2022-2023	2021-2022
Number of Participants	4,019	3,797
Number of Children	5,856	6,095
<i>Gender</i>		



Male	831 (21.6%)	863 (22.7%)
Female	2,962 (76.9%)	2,876 (75.7%)
Other/Prefer not to say	58 (1.5%)	47 (1.2%)
Race/Ethnicity		
American Indian or Alaska Native	184 (4.7%)	214 (5.6%)
Asian	23 (<1%)	18 (<1%)
Black or African American	663 (16.8%)	645 (17%)
Hispanic or Latino	588 (14.9%)	690 (18.2%)
Multiracial	418 (10.6%)	190 (5%)
Native Hawaiian/Pacific Islander	17 (<1%)	7 (<1%)
White	1,925 (48.8%)	1,951 (51.4%)
Another Race/Ethnicity	18 (<1%)	26 (<1%)
Prefer Not to Say	39 (1.0%)	38 (1%)
Not Reported/Missing	71 (1.8%)	56 (1.5%)
Age		
Participants ages 14-18	434 (11.2%)	372 (9.8%)
Participants ages 19-26	1,263 (32.6%)	1,125 (29.6%)
Participants ages 27-40	1,397 (36.1%)	1,183 (31.2%)
Participants ages 41-60	678 (17.5%)	626 (16.5%)
Participants 61+	101 (2.6%)	105 (2.8%)
Disabilities		
Number of Participants with Disabilities Served	637 (15.8%)	711 (18.7%)
Number of Children with Disabilities Served	461 (7.9%)	415 (6.8%)
Number of Participants that Qualify for Public Assistance	2,748 (68.4%)	2,617 (68.9%)
Number of Participating Staff	44	219
Number of Participating Organizations	154	280

Support Service Funds

Flexible and supportive funding (called Support Service Funds) is available through Central Navigation when needed. These funds are intended to “fill gaps” when other funding sources are not available, or the participant doesn’t meet the criteria for other publicly available programs or resources. Table 11 represents all requests from participants across the state during the 2022-2023 evaluation year that were approved. Over 80% of the requests were for support with housing or utilities highlighting a need to continue focusing statewide efforts in these areas.

Table 11

SUPPORT SERVICE FUNDS DISTRIBUTED IN 2022-2023

Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Housing	1,773	\$1,294,964.38	62.02%	\$730.38
Utilities	1,215	\$393,886.59	18.87%	\$324.19
Transportation	620	\$180,992.36	8.67%	\$291.92
Other	282	\$89,791.59	4.30%	\$318.41
Mental Health	164	\$44,553.24	2.13%	\$271.67
Daily Living	234	\$36,814.63	1.76%	\$157.33
Parenting	98	\$24,349.20	1.17%	\$248.46
Physical/Dental Health	33	\$11,484.85	0.55%	\$348.03
Education	29	\$9,556.75	0.46%	\$329.54
Employment	18	\$1,426.78	0.07%	\$79.27
2022-2023 Total	4,466	\$2,087,819.97		\$467.49
<i>2021-2022 Total</i>	<i>4,395</i>	<i>\$2,100,325.65</i>	--	<i>\$477.89</i>
<i>2020-2021 Total</i>	<i>5,006</i>	<i>\$2,585,460.72**</i>	--	<i>\$413.44</i>

**This amount includes federal CARES Act funding that was distributed to communities in 2020-2021. Caution is required when comparing these funds to prior years.

Community Response Coaching

A subset of the people who engage with the Central Navigation component of Community Response may also participate in coaching. This coaching is voluntary, tailored to individual needs, and involves participants working with a coach on goals. Based on community capacity and individual needs, the specific strategies used for coaching vary. A number of evidence-informed or community-specific local strategies are leveraged as informal prevention coaching opportunities within community prevention systems.

Several strategies were used to evaluate the efficacy of Community Response Coaching. At the time of enrollment into Community Response, participants completed two subscales of the FRIENDS Protective Factor Survey (PFS). One set of items focused on Social Connections and another focused on Concrete Supports. The Social Connections scale consists of four items on a five-point likert scale with response options including "Not at all like my life," "Not much like my life," "Somewhat like my life," "Quite a lot like my life," and "Just like my life." For one item, "When I need someone to look after my kids on short notice, I can find someone I trust" also allowed for a "Not applicable - I do not have kids" response. The Concrete Supports scale consists of five items and is measured on the same skill. No "Not applicable" option was offered for any items.

For those families that were engaged in coaching, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post-coaching survey that included a repeated administration of the PFS Social Connections and Concrete Supports scales measured at the beginning of their involvement. Additionally, coaching participants were asked to complete the Brief Resilience scale (Smith et al., 2008) and the State Hope scale (Snyder et al., 1996). The Brief Resilience scale consists of 6 items on a four-point likert scale including "Not at all true," "Somewhat true," "Mostly true," and "Completely true." The State Hope scale



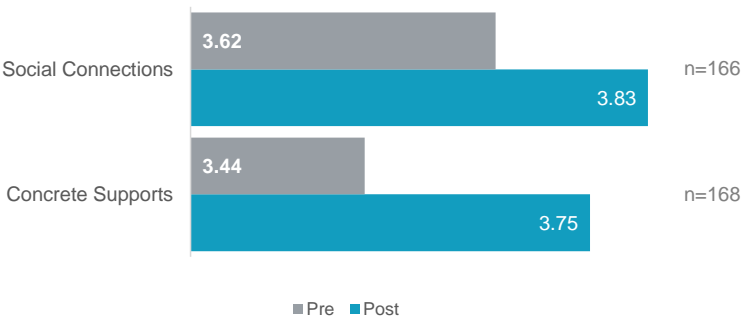
consists of six items on an eight-point likert scale including, "Definitely false," "Mostly false," "Somewhat false," "Slightly false," "Slightly true," "Somewhat true," "Mostly true," and "Definitely true." For both the Brief Resilience scale and the State Hope scale, participants were asked to rate themselves on all items 3 months ago and now providing a retrospective and current assessment of perceptions of resilience and hope.

A total of 3,922 participants completed the pre-survey, while a total of 358 participants completed the post-coaching survey.

From the pre-coaching survey, 3,922 participants endorsed an average rating (3.71) on the Social Connections scale between "Somewhat like my life" and "Quite a bit like my life." 3,914 participants endorsed an average rating (3.46) on the Concrete Supports scale also between "Somewhat like my life" and "Quite a bit like my life." Post-coaching average scores from 358 participants on both the Social Connections scale (3.78) and the Concrete Supports scale (3.73) increased slightly but remained between "Somewhat like my life" and "Quite a bit like my life." As shown in Figure 4, 166 participants completed the Social Connections scale and 168 participants completed the Concrete Supports scale both before and after coaching. Average scores increased modestly on both the Social Connections scale (3.62 to 3.83) and the Concrete Supports scale (3.44 to 3.75) following coaching. However, given the very low (<5%) rate of completion of both pre- and post-coaching surveys that were able to be linked, strong inferences should not be made based on this data.

Figure 3

Participants demonstrated increases in Social Connection, and Concrete Supports after Community Response coaching

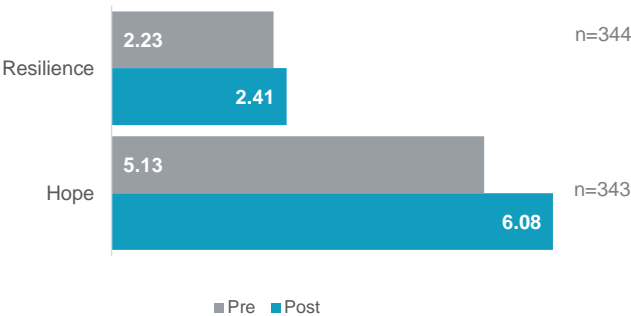


Of the 358 participants that completed the post-coaching survey, both the current and retrospective questions were completed by 344 participants for the Brief Resilience scale and 343 participants on the Hope scale. As seen in Figure 5, Social Connections ratings increased slightly and average scores remained between "Mostly true," and "Completely true." Concrete Supports ratings also increased and average scores moved from between "Slightly true" "Somewhat true" to between "Somewhat true" and "Mostly true." However, given the very low (<10%) rate of completion rate for the survey, strong inferences should not be made based on this data.



Figure 4

Participants in Community Response coaching demonstrated increases in Resilience and Hope based on a retrospective pre-post analysis



Satisfaction with Community Response Coaching

Of those who participated in Community Response Coaching, 343 participants also completed a satisfaction survey follow-up. When responding to the prompt “I feel respected and valued as a participant,” 92% of participants responded affirmatively. Similarly, a majority of participants agreed with the statements, “I have learned new techniques that improve my interactions with my child or children” (67%) and “I feel my family relationships are better than before” (70%). While these responses are consistent with participants feeling satisfied with coaching overall, the sample size is small (<10%). Therefore, strong inferences should not be made based on this data.

Leadership and Engagement

Leadership and Engagement occurs when lived experience experts are welcomed, heard, and have the opportunities and shared power to co-create and co-design community and system solutions at all decision-making levels. Their voices are regarded to be of great importance and beneficial to facilitate appropriate and needed change within the community and at the system level. A person with lived experience is someone who has lived (or is currently living or at risk of living) with the issues the community is focusing on and who has valued insight to contribute about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).

Here, Youth and Family Engagement is a youth and family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together (Children's Bureau). Leadership is intentional and meaningful opportunity(s) to participate in planning, implementing, and evaluating system efforts which support personal growth of the knowledge and skills to function in leadership roles and represent a "parent voice" to shape the direction of their families, programs, and communities.



Community Cafés

One key strategy toward leadership and engagement of lived experience partners is the use of Community Cafés. Community Cafés welcome all voices. People with lived experience are actively recruited from all backgrounds, creating diverse café participation across race, culture, language, and beliefs. Participation is open to all, without specific eligibility or income criteria.

Meaningful relationships develop within these Cafés as parents or family members and community partners participate as equals in dialogues that value reciprocity and collective wisdom. Each team of parent hosts (leaders) are supported by local organizations and coached by state consultants. Teams host purposeful series of connected conversations incorporating core elements of the World Café, Protective and Promotive Factors, and Appreciative Inquiry.

Following the pandemic, 2022-2023 was a year of rebuilding for three continuing Café sites and a year of building for two first-year sites. All sites focused on developing a new team of parent hosts or on strengthening the existing team. A variety of factors brought new organizational leaders or supporting organizations to all Cafés except one by the end of the year. These changes brought opportunities to build new relationships between the parent hosts and partners to sustain and grow the Café approach. Supporting organizations included two Bring Up Nebraska Community Collaboratives, two school-based early learning centers, one school-based family literacy program, and a community foundation working with a multi-site community learning center.



Successes included the following:

- Parents with earned expertise in Community Cafés co-planned and facilitated an orientation for 58 staff from partner organizations, and an orientation for 36 parent hosts, with representatives from five communities in both groups.
- These parent leaders worked as a coaching team with Nebraska Children and Families Foundation staff and consultants to co-create tools for planning, hosting, and assessing effective Cafés.
- Two parents on the coaching team were accepted for positions with statewide initiatives.

The Community Café approach nurtures the relationships and leadership needed for more inclusive, compassionate, and equitable systems.

Examples of changes in organizations to support parent hosts and needs identified in the Café series include a) the creation of cash vouchers for Café hosts to use at local businesses, vendors, and utility departments, and b) the creation of new in-person and digital communication processes between parent hosts and a school superintendent to share information on actions identified by Cafés.

A new interview process has been developed to capture many additional Individual and team successes and opportunities for growth over the recent past and coming year.

Evidence-Informed Strategies for Parents

Within the network of community collaborative prevention systems statewide are a variety of strategies, some evidence-informed with targeted populations, some localized to specific priorities, and those that are available statewide and accessed through prevention systems. The following sections demonstrate a set of strategies in each category that are common across prevention systems statewide.

Circle of Security Parenting (COSP™)

COSP is an evidence-informed strategy implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children. Circle of Security Parenting is an 8-week parenting program based on research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child. Parent education groups are a primary means of delivery.

Research has demonstrated 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.

The following (Table 12) is a summary of the demographics of the children and families served by all CCs currently implementing COSP™. Due to the success that communities have had braiding funding to support COSP™, collaboratives utilize funding and support from multiple sources, which can include but is not limited to Nebraska Children and Families Foundation coordinated efforts.

Table 12

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH COSP™

	2022-2023	2021-2022
Number of Participants Served Directly	367	339
Number of Children Served Directly	935	806
Gender		
Male	92 (24.9%)	86 (25.4%)
Female	273 (74.0%)	198 (58.4%)
Missing/ Not Reported	4 (<1%)	55 (16.2%)
Race/Ethnicity		
American Indian or Alaska Native	4 (1.1%)	6 (1.8%)
Asian	5 (1.4%)	1 (<1%)
Black or African American	31 (8.4%)	18 (5.3%)
Hispanic or Latino	70 (19.0%)	70 (20.6%)
Multiracial	--	--
Native Hawaiian/Pacific Islander	--	--
White	245 (66.4%)	181 (53.4%)
Another Race/Ethnicity	8 (2.2%)	8 (2.4%)
Missing/ Not Reported	6 (1.6%)	55 (16.2%)
Number of Participants that Qualify for Public Assistance	204 (55.3%)	170 (50.1%)
Number of Participating Staff	70	35
Number of Participating Organizations	66	37
Number of Communities Offering COSP™	12	12

Impact of COSP™ on Parents and Families

Participants were asked to complete three scales related to caregiver stress, their relationship with their children, and parent-child interactions. Participants were also asked to complete some satisfaction items. These ratings were completed based on a 5-point Likert scale, including “strongly disagree,” “disagree,” “neutral,” “agree,” and “strongly agree.” In 2022-23 there were 363 individuals who completed the measures.

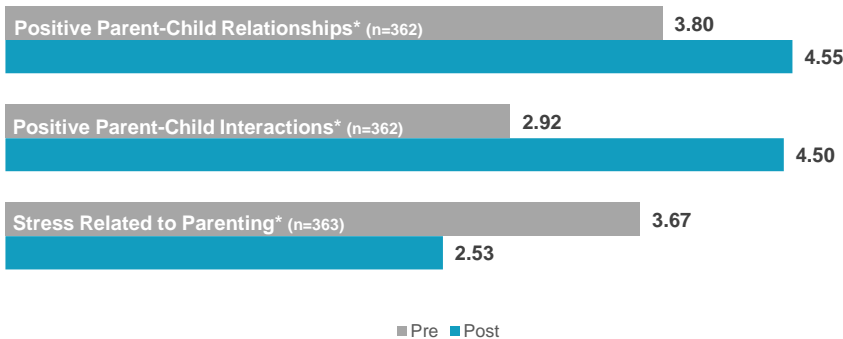
Improvements in Parenting and Parent Stress

Paired samples t-tests were conducted to determine if there was a significant change in participants' rating of the aforementioned scales by the end of the COSP™ program (see Figure 6). Participants reported improved parent-child relationships following COSP™ [mean pre-intervention= 3.80, mean post-intervention= 4.55]. This difference was statistically significant [$t_{(286)} = -13.368, p < .001$] and the average score went from between “neutral” and “agree” to between “agree” and “strongly agree.” Similarly, participants reported improved parent-child interactions following COSP™ [mean pre-intervention= 2.92, mean post-intervention= 4.50]. This difference was statistically significant [$t_{(288)} = -29.547, p < .001$] and the average score went from between “neutral” and “agree” to between “agree” and “strongly agree.” Finally, parents reported statistically significant reductions in parenting stress [mean pre-intervention= 3.67, mean post-intervention= 2.53, $t_{(287)} = 14.067, p < .001$] after participating in the COSP™ program. Participants went from responding to “my level of stress about parenting is high” with an average response between “agree” and “strongly agree” pre-intervention to an average response between “neutral” and “disagree” post-intervention.



Figure 5

Parents reported statistically significant improvements in adopting positive parent-child interactions, positive parent-child relationships, and reduced parenting-related stress.



*Indicates significant statistical change at post- test.

Satisfaction with Circle of Security Parenting (COSP™)

Families were asked to report their satisfaction with the COSP™ program on a 5-point likert scale, including “strongly disagree,” “disagree,” “neutral,” “agree,” and “strongly agree.” The program goal is ratings of 4 or 5. Overall, the majority of parents that were served by COSP™ reported that meeting with a group of parents was helpful (with 88.3% parents reporting a rating of 4 or 5), and the leader did a good job working with the group of parents (with 95.4% parents reporting a rating of 4 or 5).

Parent-Child Interaction Therapy (PCIT)

PCIT is an evidence-based strategy being implemented in multiple communities that has a focus on parents and caregivers’ interaction with their child or children. PCIT is an empirically supported treatment for children ages two to seven 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.

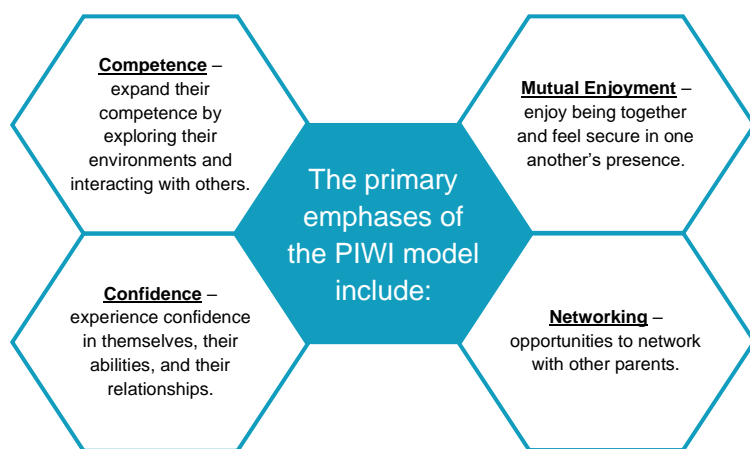
You can find additional information about PCIT, and the number of families served in the 2022 Annual Evaluation Report linked here: [Rooted in Relationships Evaluation Report \(2022\)](#)



Parents Interacting With Infants (PIWI)

PIWI is an evidence-informed strategy being implemented in multiple communities that focuses on parents and caregivers' interaction with their child or children. The Parents Interacting with Infants (PIWI) model (McCollum, Gooler, Appl, & Yates, 2001) is 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 interactions with their young children. PIWI is targeted to increasing parent confidence, competence, and mutually enjoyable relationships (see Figure 7). 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.

Figure 6



Local Prevention Strategies

In addition to the individual-level strategies described above, communities also implemented a variety of locally developed or locally-identified strategies. These local prevention strategies represent the community-driven part of the CCs prevention work and are selected and implemented to meet the individual needs of communities. The list (Table 13) below includes the local strategies that were implemented in each community during the evaluation year, followed by descriptions of each strategy and numbers served.

Table 13

LOCAL PREVENTION STRATEGIES

Community Collaborative	Strategy	Participants	Children
Better Together	Mental Health Services in Schools	26	26
	Diaper Pantry	146	188
Buffalo County Community Collaborative	Be Safe Be Smart, Open Container Law	250	
	Compliance Checks in Community	69	-
	Diversity/Inclusion	120	-
	Homeless Kits	100	-
	Parent Connectors	5	14
Families 1 st Partnership	Prenatal Plans of Safe Care	6	4
Fremont Family Coalition	Community advocate/case manager education/support work group	14	-
Growing Community Connections	Aware	-	190
	Circle of Security Parenting™: Classroom	4	-
	Community Baby Showers	126	-
	Community Response	198	328
	Family Cafes	53	35
	Peer-Support	-	48
	Summer School: Second Step	-	78
Hall County Community Collaborative	Spanish Academy Training	30	-
Lift Up Sarpy	Car Match	21	-



	Maternity Match	10	5
	Mental Health Outreach	54	28
Sandhills Community Collaborative	Mental Health Outreach	5	-
Southeast Nebraska Collaborative	Digital Navigation	68	18
	Financial Literacy	45	-
	Through the Eyes of a Child	50	30

Additional Prevention Strategies

The following strategies are available statewide and universally accessible through community prevention systems. These strategies are coordinated and funded, in part, with resources from Nebraska Children and Families Foundation.

Camp Catch-Up

Camp Catch-Up (CCU) reunites siblings through events geared towards fun, adventure, and connection. CCU hosts several multi-day, sleepaway camps as well as single overnight and day events across Nebraska each year. Campers are generally between the ages of 8 and 19 years and must have at least one biological sibling with a separate foster care placement. Campers do not pay to attend any CCU event and are provided with any necessary items to be successful at camp events such as sleeping bags, pillows, camp t-shirts, water bottles, sling bags, masks, and other activity items.

As part of Community Response, community collaboratives and Connected Youth Initiative local youth leadership chapters promote CCU events and help siblings access them. Additionally, Community Collaboratives and local youth leadership chapters encourage young people who access CYI programming and services to apply as camp staff and promote the CCU Leaders-in-Training youth development program as another youth leadership opportunity.



During CCU events campers are given the opportunity to participate in healthy risks and are encouraged to cheer each other on and make new friends. Connection is a primary goal of CCU, providing opportunities for campers to gather in genuine ways that are not part of a case plan. Additionally, CCU aims to create opportunities for campers and staff alike around skill and leadership development through camp and training activities. Campers' favorite activities include the zipline, pool, and gaga ball.

Camp Catch-Up would not be successful without the many dedicated and trained staff at each event, and camp staff are required to attend training prior to camp. Most staff are volunteers that are compensated with a small stipend. Staff are supported to connect with each other and with campers in ways that make each camp event special. This past year, three former campers returned as Leaders-in-Training to support staff and other campers in a leadership role. Leaders-in-training facilitated the camp store, assisted in the art room, supported the camp photographer, and helped with other duties during camp.

CCU uses many tools to gather information from campers, staff, and the teams responsible for the well-being of the campers. Evaluations are collected at the end of every camp event and the information gathered is used to inform CCU improvements.

CCU hosted several events across the state during the past evaluation year including:

- Camp Solaris, Firth NE: Sept 23-25, 2022
- Camp Moses Merrill, Linwood NE: June 8-11, 2023
- Camp Comeca, Cozad NE- July 6-9, 2023



Governor Pillen declared June 2023 as Camp Catch-Up Month in Nebraska.

Table 14 summarizes the children and families served through Camp Catch Up during the 2022-2023 evaluation year. 77 children from 31 different families participated in camp events this year; some campers participated in multiple events. This year, over half of campers were teenagers (ages 13-19).

Table 14

SUMMARY OF CHILDREN AND FAMILIES SERVED THROUGH CAMP CATCH-UP

	2022-2023	2021-2022	2020-2021
Number of Participants/Youth Served Directly	77	129	110
Number of Families Served Indirectly	31	40	39
Race			
American Indian or Alaska Native	5 (6.5%)	7 (5.4%)	12 (10.9%)
Asian	1 (1.3%)		
Black or African American	11 (14.3%)	30 (23.3%)	21 (19.1%)
Hispanic or Latino	18 (23.4%)	34 (26.4%)	21 (19.1%)
Native American	4 (5.2%)		
White	37 (48.1%)	53 (41.1%)	56 (50.9%)
Another Race/Ethnicity	1 (1.3%)	5 (3.9%)	
Gender			
Male	34 (44.2%)	64 (49.6%)	55 (50%)
Female	42 (54.5%)	64 (49.6%)	55 (50%)
Another Gender	1 (1.3%)	1 (<1%)	
Age			
Participants ages 5-6	1 (1.3%)	0	8 (7.3%)
Participants ages 7-12	36 (46.8%)	73 (56.6%)	50 (45.5%)
Participants ages 13-19	40 (51.9%)	56 (43.4%)	52 (47.3%)
Geographic Area			
Camp Solaris, Firth, NE	28 (36.4%)	5 (3.9%)	4 (3.6%)
Camp Moses Merrill, Linwood, NE	33 (42.9%)	15 (11.6%)	12 (10.9%)
Camp Comeca, Cozad, NE	25 (32.5%)	109 (84.5%)	94 (85.5%)

Legal Services and Supports

Access to quality legal services has been a reported gap and priority in local communities for some time. Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) is public funding that has provided the opportunity to enter into a relationship with Legal Aid of Nebraska to improve access to legal supports. At a local level, Community Response prevention systems can access these services from the statewide organization. The specific referral pathways and implementation are evolving in each area. Work with Legal Aid began in March 2021. During 2023, preventive legal services were provided in Lancaster County through many connections including the local DHHS office, local area agencies, and the County Attorney's Office. Additional preventive legal services were provided in Scotts Bluff County, Platte / Colfax Counties and the Winnebago Reservation. Participants are described in Table 15.

Between October 1, 2022 and June 30, 2023, Legal Aid received requests for assistance from 2,946 unique clients for 3,449 legal issues across the state. A demographic breakdown of the individuals served statewide is provided in the table below. When stratified by Legal Aid priority area, nearly half of all cases were for

children and family-related legal issues (49.7%), followed by housing-related legal issues (22.2%), income and benefits-related legal issues (19.7%), and debt and finance-related legal issues (8.3%).

Approximately 12,349 total people were part of households that received some level of service of which about 7,710 (62%) were children. A majority of clients served were female (81.2%), approximately half of the clients served were people of color, and nearly all had incomes at or below 150% of the federal poverty line with over a third living in deep poverty with incomes at or below 50% of the federal poverty line (See Legal Aid Report).

Table 15

SUMMARY OF PARTICIPANTS SERVED THROUGH LEGAL AID

	2022-2023* (10/1/22-6/30/23)
Number of Participants Served Directly	2964
Race/Ethnicity	
American Indian or Alaska Native	123 (4.1%)
Black or African American	667 (22.5%)
Hispanic or Latino	397 (13.4%)
White	1141 (48.6%)
Asian	41 (1.4%)
More than one Race/Ethnicity	109 (3.7%)
Another Race/Ethnicity/Not Reported	186 (6.3%)
Gender	
Male	548 (18.5%)
Female	2407 (81.2%)
Other Gender	9 (.3%)
Age	
Participants ages 0-29	796 (26.9%)
Participants ages 30-49	1827 (61.6%)
Participants ages 50+	339 (11.4%)
Participant age unknown/not reported	2 (<0.1%)
Number of Children served Indirectly	7,710

**Due to changes in the reporting cycle, only 9 months of data are available for the reporting period.*

During the reporting period, LAN achieved about a 92% case outcome success rate. Legal Aid Nebraska successfully realized about \$11.6 million in total economic impact on behalf of clients, including \$4.3 million in increased assets, \$2.1 million in increased income, and over \$4.9 million in decreased debt during the reporting period. About 46% of the total impact achieved came from debt and finance-related cases.

Due to changes in the reporting cycle as the program began, consistent data cannot be presented for comparison purposes. Indeed, it is important to note that the current numbers only apply to the final 9 months of the reporting period. This limits the utility of the current data for comparison purposes. However, it is worth noting that that overall race/ethnicity, gender, and age breakdowns of the recipients of Legal Aid have remained stable over the program (see previous Legal Aid Reports). Moreover, over the first six months of the

Legal Aid program, approximately 223 clients were seen per month. For the most recent reporting period, that increased to 329 clients per month, suggesting that service delivery has increased.

Local Evaluation Capacity Building

Beginning with the 2020-2021 evaluation year, initial efforts to build evaluation capacity at the Community Collaborative level were undertaken by Nebraska Children and Families Foundation and external evaluation partners at the Munroe Meyer Institute at the University of Nebraska Medical Center (MMI-UNMC). The purpose of these efforts is to encourage CCs to take ownership and approach evaluation as a partnership between CC and evaluator. These efforts allowed CCs to identify and define their own evaluation question specific to their community and/or CC, exploring issues that were not captured in the statewide evaluation.

During the 2022-2023 evaluation year, 10 of the 18 CCs identified a local evaluation question and worked with their local evaluation point of contact at MMI-UNMC to develop a data collection method, identify key respondents, and collect data. A variety of data and methods were employed, including qualitative data through surveys, focus groups, and interviews, and quantitative data through surveys. The majority of the local evaluation questions were focused on implementation, such as identifying ways to improve services to clients and to identify any gaps in services that might be occurring. The questions were also focused on outcomes, such as the effectiveness of local prevention strategies and the CC’s functioning. The interest and willingness of CCs to explore their own processes and procedures at the systems-level speaks to CCs’ investment in continuous improvement, which ultimately will improve service delivery and community context and infrastructure that supports all youth and families.

Table 16 summarizes these community-identified questions, and provides details on the evaluation approach (quantitative, qualitative, or mixed), whether the question(s) were implementation or outcome related, and the level at which the majority of outcomes are focused (individual or systems).

Table 16

Community Collaborative	Evaluation Question	Evaluation Approach/ Design and Methods	Type of Evaluation Question	Level at Which Majority of Outcomes are Focused
Community and Family Partnership	What is the impact of Attendance Monitoring Program in the Columbus Public School system?	Quantitative: Attendance data analysis	Outcome	Individual
Better Together	What are the challenges among the community regarding participation in extracurricular activities? How to improve participation and communication with extra-curricular activities?	Mixed Methods: Survey	Implementation	Systems
Buffalo County Community Collaborative	What are the gaps in services received by participants? What are ways to improve services to clients?	Quantitative: Survey	Implementation	Individual



Community and Family Partnership	How effective are the collaborative meetings in meeting their goals?	Quantitative: Survey	Outcome	Systems
Community Impact Network	What are the perceptions of collaborative members on their goal of advancing from the Cooperate phase to the Coordinate phase on the Collaboration Spectrum?	Qualitative: Survey	Implementation	Individual
Families First Partnership	How invested community members are in the collaborative's priorities?	Qualitative: Survey	Implementation	Systems
Growing Community Connections - Dakota County	How satisfied are participants at collaborative hosted family events?	Mixed Methods: Survey	Outcome	Individual
Lancaster Connected	What was the impact of the collaborative restructuring that occurred throughout the previous two years on the collaborative's work?	Qualitative: Focus Group	Implementation	Systems
Lift Up Sarpy	How can the collaborative better meet the needs of caregivers in their community?	Quantitative: Survey	Implementation	Systems
Panhandle Partnership	What was the quality of customer service received by students from service agencies and organizations serving in the Nebraskan Panhandle?	Mixed Methods: Survey	Outcome	Systems

Appendix A

Evidence-based Programs and Practices

What is evidence-based practice?

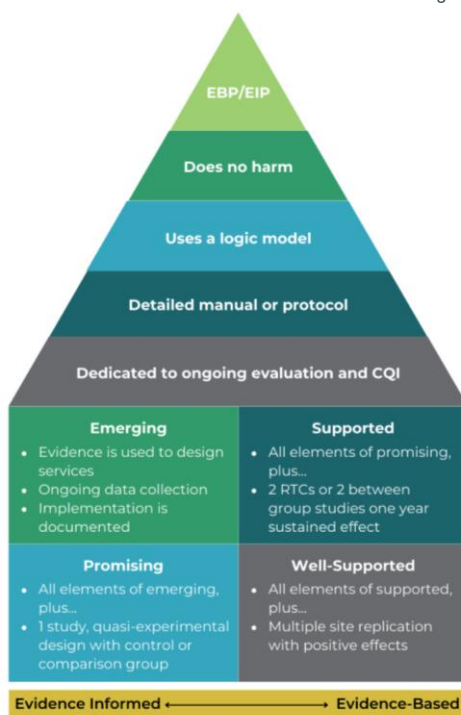
Engaging in evidence-based practice is becoming an expectation in many different human services settings. In this appendix, the evidence-based practices of Nebraska Children and Families Foundation will be detailed. However, it is first necessary to define evidence-based practice. All evidence-based practice is derived from quality research. The proposed mechanisms of change that an evidence-based practice seeks to alter are drawn from this research, as are the approaches to create change. Evidence-based practice includes selecting evidence-based programs, but also engaging in on-going quality improvement and documentation practices. Multiple definitions for evidence-based practice and criteria for levels of evidence exist.

Nebraska Children and Families Foundation uses a classification system developed by the Family Resource Information, Education, and Network Development Service (FRIENDS) on behalf of the National Center for Community-Based Child Abuse Prevention (CBCAP), a federally mandated Training and Technical Assistance Provider for CBCAP lead agencies (Figure 8). In this system, all evidence-based practices have a grounding in research, have a clear theoretical framework, often articulated in a logic model, have a detailed protocol or manual, engage in on-going evaluation and continuous quality improvement (CQI), and does not cause harm (<https://friendsnrc.org/evaluation/evidence-based-practice/>).

Building on this base are four levels of evidence; emerging, promising, supported, and well-supported (Figure 8).

- **Emerging:** Emerging practices are designed based on research and evidence of effective practices. Developers and practitioners collect data continuously during the application of the practice in order to monitor effectiveness and the implementation processes that support the practice are well documented.
- **Promising:** Promising practices contain all the elements of emerging practices. Additionally, Promising practices have demonstrated effectiveness in one study with a quasi-experimental design (QED). A QED is a study where a group of individuals engaging in the practice is shown to have greater improvement or fewer problems than a similar group of individuals not engaging in the practice.

Figure 8



- **Supported:** Supported practices contain all the elements of Promising practices. Promising practices additionally have two QED or randomly controlled trials (RCTs) with at least one year of follow-up data showing the effectiveness of the practice. An RCT differs from a QED in an important way. In a RCT one group of people is *randomly* assigned to the control group or the group engaging in the promising practice. RCTs are considered superior to QEDs, because while QEDs try to have two very similar groups, there may be (and often are) systematic differences between the two groups. An RTC, because of the random assignment, is likely to only have random differences between the two groups. This allows for stronger conclusions to be drawn.

It is important to note that evidence-based practice ratings are as much a measure of how long a practice has been in existence as a measure of its quality. The absence of evidence does not imply that a program is necessarily ineffective, simply that its effectiveness has not yet been demonstrated. Nebraska Children and Families Foundation is actively working to demonstrate the effectiveness and impact of our practices and different practices are in different stages of development.

Evidence-Based Ratings for Specific Practices

Nebraska Children and Families Foundation and the Community Collaboratives utilize a number of practices with varying degrees of evidence currently available. They are described below and in Table 17.

Coaching. Coaching is currently rated as “Emerging.” Coaching takes place through both Central Navigation and the Connected Youth Initiative (see section “Community Response Coaching”). Academic research provides some evidence of the effectiveness of coaching in preventing or reducing homeless (Holmes & Burgess, 2021), increasing employment (Hoven et al, 2016), and reducing juvenile justice involvement in those involved in the child welfare system (Davis et al, 2018). While these studies are of high quality, their designs do not allow for a rating of Promising currently.

Concrete Support. Concrete Support is currently rated as “Promising.” Concrete supports include the direct payment of bills for essentials, including rent, utilities, and transportation (see section “Support Services Funds”). The direct provision of concrete supports has been shown in a QED to have a positive impact on placement stability in child-welfare involved children (Winters et al., 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Connected Youth Initiative (CYI). CYI is currently rated as “Promising.” CYI consists of a number of practices, including coaching and concrete support, that is coordinated explicitly for youth and young adults between the ages of 14 and 26. CYI as a whole was assessed by Nebraska Children and Families Foundation in collaboration with WestED. This evaluation consisted of a QED which found CYI participation was associated with improvement in the safety and stability of housing, financial stability, and reduced utilization of emergency care (WestED, 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Parents Interacting With Infants (PIWI). PIWI is currently rated as “Emerging.” PIWI is grounded in research on child development (McCollum, et al, 2001). A sufficiently rigorous evaluation of PIWI has not yet been conducted to allow for the rating of “Promising.”

Parent-Child Interaction Therapy (PCIT). PCIT is one of the best studied parent-child interventions and is “Well-Supported.” (<https://www.cebc4cw.org/program/parent-child-interaction-therapy/>)

Table 17

EVIDENCE-BASED RATINGS FOR SELECT PROGRAMS AND PRACTICES

Programs and Practices	Evidence Rating Level	Community(ies) Implementing the Program or Practice	Additional Source(s) of Supporting Evidence
Concrete Supports	Level II: Promising		Winters, D.E., Pierce, B.J., & Imburgia, T.M. (2020). Concrete services usage on child placement stability: Propensity score matched effects. <i>Child and Youth Services Review</i> , 118:105353. Doi 10.1016/j.chilyouth.2020.105362
Coaching	Level I: Emerging		<ul style="list-style-type: none"> Hannah Holmes & Gemma Burgess (2021) Homelessness Prevention through One-To-One Coaching: The Relationship between Coaching, Class Stigma, and Self-Esteem, Housing, Theory and Society, 38:5, 580-596, DOI: 10.1080/14036096.2021.1887348 Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2016). Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People. <i>Research on Social Work Practice</i>, 26(6), 668-674. https://doi.org/10.1177/1049731514562285 Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. <i>Psychiatric Rehabilitation Journal</i>, 41(4), 266.
Parents Interacting with Infants (PIWI)	Level I: Emerging	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	McCollum, J.A., Gooler, F., Appl, D.J., & Yates, T.J. (2001). Enhancing Parent-Child Interaction as a Foundation of Early Intervention. <i>Infants and Young Children</i> , 14(1), 34-45.
*Connected Youth Initiative (CYI)	Level II: Promising	All Communities	<p>WestEd. (2020). Evaluation of the Connected Youth Initiative: Final Report. https://www.wested.org/wp-content/uploads/2020/10/CYI_Final_Report_FINAL-1.pdf</p> <p>The California Evidence-Based Clearinghouse. (2018). Opportunity Passport. https://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/</p> <p>Circle of Security International. (2021). Research.</p>
Circle of Security Parenting (COSP)	Level I: Emerging	Families 1 st Partnership, Growing Community	



		Connections, Hall County Community Collaborative, Panhandle Partnership	https://www.circleofsecurityinternational.com/circle-of-security-model/research/
Parent-Child Interaction Therapy (PCIT)	Level IV: Well-Supported	Community & Family Partnership, Families 1 st Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	The California Evidence-Based Clearinghouse . (2021). Parent-Child Interaction Therapy (PCIT). https://www.cebc4cw.org/program/parent-child-interaction-therapy/

Appendix B

Policy Change, Practice, and Community Engagement Efforts

Table 18

POLICY CHANGES

Community Collaborative	Policy Changes
Buffalo County Community Collaborative	Stephen Group meeting in Kearney for LB1173
	Public Health Emergency Planning - Health Equity
	Meeting with Nebraska Children and Families Foundation and team with local judges
	Pilot Community Response with employers in Buffalo County to retain staff
	Student Assistance Program at Kearney Public Schools to provide 24/7 mental health services
	Steering Committee's decision-making matrix to invite collective impact practices across the community
	Letter to inform Governor Pillen on housing & Emergency Rental Assistance Program
	Laurie Ponce – to Board to share active legislation for the 2023 Legislative Session
	Youth partnered with Nebraska Children and Families Foundation for Youth Legislative Days and connected the UNK American Democracy project
	Judge Rademacher enacted the Buffalo County Through the Eyes of the Child Work Group which had been inactive since before the pandemic
Community and Family Partnership	Reviewing email updates from the Nebraska Legislature and DHHS
	Staying up to date with Food Insecurity barriers in conjunction with the Food Security Task Force, Nebraska Extension, DHHS, Nebraska Children and Families Foundation and Community Partners
	LB 1173 meeting in Columbus with collaboratives of CFP, GCC, Norfolk Family Coalition and Fremont Family Coalition
Community Impact Network	Worked with a number of other organizations to provide direction to the Governor regarding ERA surplus funds
	Supported Early Childhood Task Force to create a bill in support of finger-printing efficiency for childcare providers
	Attach LB 84 to LB 227
	TANF Workgroup on excess funds use participation
Dawson County Family Partners	Letters in support of emergency housing funding
	LB1173 work
Douglas County Community Response	LB 42 neutral testimony
	LB 271 neutral testimony

Families 1st Partnership	Coaches recommended that assistance limits be raised due to higher costs of rent, utilities, and cost of living
Growing Community Connections	Citizen Review Panel – GCC and local partners worked with Lincoln Arneal to come up with recommendations for DHHS services.
	LB1173 – discussion groups – Participated in the Community Forum discussion group in Kearney, NE, with other collaboratives
	LB1173 – Participated in the statewide convening
York County Health Coalition	Adult Protective Services
	LB1173
	ERAP2 Funding for Rural Counties

Table 19

PRACTICE CHANGES

Community Collaborative	Practice Changes
Buffalo County Community Collaborative	Buffalo County Community Partners-parent website & community resources in Spanish
	Engagement Committee Gap Playbook to capture and communicate gaps, prioritize community work, and illustrate who is leading the work.
	Align all staff job descriptions to the collaborative work and state plan, DEI language
	Reviewing board policy, office procedures, and employee handbook
	New procedures in recruiting new Buffalo County Youth Advisory Board members to be more inclusive
	Board Committee Charters were created to add to the board by-laws and committee goals, leading to the finalization of a strategic plan
	Defined Charters for new board committee of engagement and steering committee
	Created a standard office operations manual that included community response, bill pay, etc.
	Provided Spanish translated letters to families at Families Care Children's Mental Health Celebration Governor Pilleen to advocate for legislation to support children's wellbeing
	Staff input notes from collaborative and workgroup meetings into the Engagement Committee Gap Playbook to share with other community partners and funders, and make decisions about work that will receive the support of the backbone.
Community and Family Partnership	Adapting the CAUW/CFP CR work environment to those who have been in trauma. After the CAUW/CFP team read the book Hope Rising, we altered key areas of the CAUW such as the Coaches' rooms, CN room, and a small conference to aid in decreasing stress levels for CR clients while in the office. We did this by dimming our fluorescent ceiling lights by using a dimming cover over them, so they are not starkly bright, by making the small conference room family-friendly by offering child-sized chairs and table, and a few easily cleanable toys along with books. We now offer water bottles to CR families along with a granola bar to help manage blood sugar levels, which are often affected by trauma. We also offer coping kits, including a stress ball, fidget toy and a few small items to help children or adults cope.

Community Impact Network	Adoption of a Poverty Alleviation model among members
	Prenatal Plans of Safe Care for pregnant moms with SUD
	Community Schools Initiative to build a full-service community school mindset
	Adoption of the Statewide Plan for Community Well Being as a guiding tool for the Common Agenda
Dawson County Family Partners	If a client comes back more than once, then we increase coaching and do budgeting with them
	Working on LB1173
Douglas County Community Response	Data sharing agreement between service sponsor that houses central navigation and DHHS
Growing Community Connections	Source for Siouxland -GCC Data is being shared throughout the community on previous gaps and successes giving us direction. The Siouxland area has adapted 5 areas of focus that we collect data on and analyze annually. The 5 areas include Economic Stability, Education, Health, Safety, and Quality of Life.
	Information and data were shared with the Early Childhood Connections focus group on the Impacts of the Pandemic on Infants and Toddlers. Through discussion, we determined it would be important to share information with families and childcare providers on simple ways they can engage with children and help them learn. A brochure was created "5 Ways to Help Your Child Learn" in English and Spanish and was distributed at family events and a childcare provider gathering.
	Thriving Families Safer Children Goal – Identify the cultural childcare needs by interviewing 40 families by August 2023 – This goal was identified by the group in April 2023. We determined the priorities in our community around family stability and childcare was identified as the top priority to help provide prevention services to keep families together. Interviews are taking place in July and August and data and next steps will be shared on our next report.
	Community Planning – We used the SBAR system to assess emergency transportation and determined the issue when it came to a large number of people calling 911 for non-emergencies (falls, getting down to the main floor from an apartment building) Through conversations, PACE, and the emergency services department worked together to ensure people were aware of PACE and inform them of qualification. Magnets were created with PACE information and reminded them to call PACE instead of 911 for non-emergencies.
	Ready to Serve – A course was created to help individuals receive knowledge and build confidence in serving the community through boards, commissions, and committees. The course was funded by a grant that GCC received from the Missouri River Historical Development (MRHD). The purpose is to encourage others to serve the community so that we have boards, commissions, and committees that reflect the people in our community.
Lancaster County Coalition	Implement a redesigned Community Response (Family Partner/Coaching) model in our community that delivered professional, trauma-informed services in a more efficient manner and added a mental health provider to the team.
Lift Up Sarpy	Stakeholder participation at all levels
	Countywide Data Sharing between Collaborative partners



Table 20

COMMUNITY ENGAGEMENT

Community Collaborative	Community Engagement
Buffalo County Community Collaborative	SAFE Center added as coaching agency
	Funds set aside to support Jubilee Center Intern
	Disseminate Buffalo County Youth Development Asset Profile to School Counselors
	Monthly food security updates on the morning radio show
	Staff attending the grand opening of Senator Pete Ricketts office in Kearney
	Board member awarded Friend of Kearney award for her 30 years of collective impact work on social-emotional development for children, recognized by Kearney Area Chamber of Commerce
	Pilot central navigation for childcare providers to support children, families and staff
	Committees analyzing youth SHARP surveys for dissemination to the community; creating one-pagers of data
	Provided self-care kits to Families Care, South Central Behavior Therapists and Childcare Coaches
	Advocate & helped improve transportation by additional bus stops for KPS students
Community and Family Partnership	Proclamation of April as Child Abuse Prevention Month – City of Columbus
	Proclamation of April as Child Abuse Prevention Month – City of Schuyler
	Proclamation of April as Child Abuse Prevention Month – City of Albion
	Proclamation of April as Child Abuse Prevention Month – City of Howells
	Proclamation of April as Child Abuse Prevention Month – City of Genoa
Community Impact Network	Invitation to area Senators to participate in the Healthy Families Strong Communities Conference
	Statewide Plan for Community Well-Being with Judge Mead, County Attorney (Adams County), and CASA rep
	LEAP Dinners - Lived Experience Advisory Partners dinners to plan Bridging Forward and give feedback on other CIN priorities
	Asked Senators Murman and Halloran to sign a Letter of Support on grant application
	VITA Tax Clinic Volunteer Recruitment
	VITA Tax Clinic Media blasts/releases
	Bridging Forward Media Releases, Shares
	Asked Hastings Mayor, Chamber of Commerce Board, Econ. Development and others to sign Letters of Support for grant proposal
	Hosted Healthcare Enrollment event
	Sharing about Prenatal Plans of Safe Care throughout community

Dawson County Family Partners	DCFP 1st Annual Meeting
	Thru the Eyes of the Child
	Letters to support Emergency Housing Funds
	Increased notifications of things going on on social media (food pantry)
	United By Culture Festival
	Diaper Give Away
Douglas County Community Response	Testifying on LB 42 and 271
	Home Visitation recommendations
	Facebook and website - increase access to information
	Community Cafe planning
	Communication Campaign
	Child Abuse Prevention Month displays
Families 1st Partnership	Inviting elected officials
	Meeting with elected officials to explain collaborative efforts, plan for other outreach
	Gather transportation information from across the state to help inform community members
	The Lived Experience group provides input for better ways to communicate with families
	Lived experience individuals started recovered addicts who are a parenting support group
Four Counties	Opioid Awareness Night for the Community
Growing Community Connections	Hear to Heal presentation - 3 students from the Dakota Valley school presented how they are working as a team to get Mental Health resources out to the community.
	Youth Town Hall – Inform youth on ideas on how to disrupt bullying and it included Semehar as well as 3 school counselors from the tri-state area.
	Kathy met with the Dakota County Rural Economic Development (RED) group to share data and information about the childcare crisis and the support we are currently offering to families and childcare providers
	Josue Rodriguez shared the poem that he wrote "Value Within" for the Tolerance Week Contest. Josue read his poem at the GCC meeting.
	Project Embrace – DHHS, the judicial system, members from Heartland Counseling came together to develop support for Project Embrace encouraging our community to work toward preventative services that keep families together.
	beSomebody presentation – Youth from Mayor's Youth Commission shared the importance of respect and kindness.
Hall County Community Collaborative	Help Initiative
	Housing Coalition



Holt/Boyd	Presented to the local Rotary Club about the Collaborative
	Presented to the Hometown Leadership Group about the Collaborative
	Presented to the West Holt Health Ministries group about the Collaborative
	Participated in Pinwheels for Child Abuse Awareness activity in both counties
	Presented at the O'Neill Ministerial Association's Meeting
	Joined the O'Neill Chamber of Commerce to share information about the Collaborative's activities with that group
	Joined the Atkinson Chamber of Commerce to share information about the Collaborative's activities with that group.
	Held an Annual Meeting for all partners and stakeholders, including clients served during the past year.
Lancaster County Coalition	Educating key stakeholders on the LB1173 Reimagining Child Well Being efforts and invited key constituents, including People with Lived Experience, to community forums.
	Meeting with Community Cafes, Mental Health Association, Wellbeing Initiative, Belmont Community Center, Families Inspiring Families, the Foster Care Closet, and The Hub in an effort to engage People With Lived Experience at all levels of our collaborative.
	Ongoing efforts through NDHHS to obtain critical data related to screened out reports at the Hotline to determine what a community response might look like under LB1173.
	Lancaster Connected created a separate page on the United Way of Lincoln and Lancaster County website and a Facebook page was also created in anticipation of April Child Abuse Prevention month.
	Meeting with Mayor Leiron Gaylor Baird to help educate her on the work of Lancaster Connected in our community.
	James Michael Bowers, City Council and Christa Yoakum, County Commissioner are actively engaged and aware of the work of Lancaster Connected.
Lift Up Sarpy	Legislative Coffees
	City Council Meetings
	Legislative Hearings
	Speaking at Churches
	City Serve
	Nonprofit Group
Panhandle Partnership	Coalition for a Strong NE Policy Priority Setting Session
	Joint Policy Facilitation
	CSN Leadership Retreat
Sandhills Community Collaborative	Local Judges to our collaborative meeting
	Probation
	Mental Health Therapists
York County Health Coalition	Educating community members regarding issues

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Sac and Fox Nation	
Sisseton Wahpeton Oyate Tribe	
Standing Rock Sioux	
Three Affiliated Tribes Mandan, Hidatsa, & Arikara	
Turtle Mountain Band of Chippewa Native Americans	
Winnebago Tribe	
Yankton Sioux	



Nebraska Citizen Review Panel for Child Protective Services Annual Report

Reporting Period:
April 1, 2023, through March 31, 2024
Nebraska Commission for the Protection of Children
Submitted April 1, 2024

Nebraska Commission for the Protection of Children Membership:

Mary Jo Pankoke, Co-Chair – President and CEO, Nebraska Children and Families Foundation

Gene Klein, Co-Chair – Executive Director, Project Harmony Child Advocacy Center

Alfred E. Corey III – Juvenile Court Judge, 9th District

Amy Hoffman - Nebraska Crime Commission

Ashley D. Brown – Social Services Director, KVC

B. Gail Steen - Steen Law Office, Attorney working with children

Bill Tangeman - Office of the Nebraska Attorney General

Bobbi Taylor – Youth Engagement Consultant

Brian Welch - - Office of Early Childhood, Nebraska Department of Education

Corrie Kielty - Nebraska CASA Association

Demi Herman - Office of the Nebraska Attorney General

Erin Konecky – Parent Representative

Ivy Svoboda – Nebraska Alliance of Child Advocacy Centers

Jarren Breeling – Person with Lived Experience, Department of Health and Human Services

Joshua Midgett - Integrated Life Choices

Julia R Keown – Health Professional

Kari Rumbaugh – Deputy Probation Administrator of Juvenile Probation

Katie A. Reichert – Juvenile Case Attorney

Kitty Washburn – Supervisor, Winnebago Children and Family Services

Hon. Michael Burns - Judge of the County Court, 10th District

Michael Jepsen – Sherman County Sheriff

Monika Gross - Director, Foster Care Review Office

Nicole Brundo - Douglas County Attorney's Office

Nebraska Citizen Review Panel Members:

Mary Jo Pankoke - Chair

Kristi Aldridge

Karen Authier

Lindy Bryceson

Suzanne Schied

Julie Rannells

Mary Osborne

Cheryl Yoder

Stacie Lundgren

The Citizen Review Panel acknowledges the support they received from the following DHHS staff:

Abby Barth

The Nebraska Citizen Review Panel Annual Report was prepared on behalf of the Commission by:

Kristin Chandler, Director of Membership and Programs, Nebraska Alliance of Child Advocacy Centers

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The report that follows serves as the State of Nebraska's Citizen Review Panel for Child Protective Services Annual Report covering activities of the work completed starting in April 2022. During this period, the Citizen Review Panel conducted case reviews of 58 serious injuries and near fatalities due to child abuse or neglect that occurred between May 2021-March 2022.

This report was prepared on behalf of the Citizen Review Panel subcommittee Governor's Commission for the Protection of Children (Commission), which serves as one of Nebraska's three Citizen Review Panels.

Based on its reviews, the Citizen Review Panel offers the following three recommendations to improve Nebraska's child welfare system:

- Continue efforts to address the presence of racial disparities among seriously injured children.
- Develop strategies to strengthen early development education programs, parenting instruction, and identifying resources in communities.
- Continue efforts to strengthen coordination across disciplines on child abuse and neglect investigations.
- Ensure ICWA identification is completed at the onset of a case opening.

Overview of the Citizen Review Panel

Established in 1993 by Executive Order 93-7, The Nebraska Commission for the Protection of Children (Commission) has since functioned as Nebraska's CJA State Task Force. The Nebraska CJA State Task Force is one of three Citizen Review Panels in the state. The Commission is supported and administered through a contract between the Nebraska Department of Health and Human Services, Division of Children and Family Services (DHHS) and the Nebraska Children and Families Foundation (Nebraska Children). Nebraska Children began subcontracting with the Nebraska Alliance of Child Advocacy Centers (Nebraska Alliance) to assist with some of those duties in 2019. Nebraska Alliance also began to assist with the Citizen Review Panel (CRP) in 2020. CRP functions as a subcommittee of the Commission.

The review of serious injury and near fatality cases due to child abuse has been the focused effort of CRP since 2017 under the Commission. It includes both Commission and non-Commission members from the larger community.

Preliminary identification of cases happens through the statewide Child Abuse and Neglect Hotline and additional screening is done by staff with the Nebraska Department of Health and Human Services (DHHS) to see if they meet the criteria for review. DHHS then prepares case files for CRP review.

2023-2024 Citizen Review Panel Activities

Reviews of serious injuries and near fatalities remained the focus of CRP this year. DHHS prepared case records and brought paper files to the review meetings for conducting of reviews. The paper files were used to fill out review forms by paper or electronic formats.

Over the course of the year the CRP discussed issues found in the review process that were impacting the review process. This included a need for better coordination, more medical expertise, and missing records.

The CRP's activities were conducted in an in-person format where reviewers collaborated to review cases together. Each two-person review team submitted one form per case reviewed.

Serious Injury Review Results

The following section provides details on the 58 serious injuries and near fatalities that the CRP reviewed. The CRP Committee reviewed 58 cases, however at times questions were skipped if it was not applicable to a case; the data in this report is reflective of that. The children lived in 22 different locations across the state. 22 of 56 or 39% of all injuries reviewed occurred in Omaha in Douglas County. 6 of 56 or 11% of injuries reviewed occurred in Lincoln in Lancaster County. The remaining 50% of cases reviewed occurred in 20 other counties. Two cases reviewed did not identify counties.

Child Characteristics

The reviews gathered basic demographic information about the children who were injured in addition to asking about any diagnosed conditions and additional vulnerabilities.

- Of the children injured: 32 of 56 or 57% of the children seriously injured were under the age of 2.
- Six additional children who were injured were between 2 and 4 years old. In total, 81% of children injured were under the age of 5.

Racial disparities were prevalent. Black and American Indian children were disproportionately represented in the injuries relative to their percentage of the population.

- 37 of 58 or 64% of children seriously injured were white, although white children make up 77% of Nebraska's child population according to 2021 5-year census data.
- While Black children were only 6% of the child population, however accounted for 12 of 58 or 21% of those injured. American Indian children make up 1% of the child population but 2 of 58 or 3.4% of those seriously injured.
- 20 of 50 cases or 40% of the children had a diagnosed condition prior to their injury. Of those with a diagnosed condition:
 - Four responses, or 8%, had medical diagnoses.
 - Two responses, or 4% had developmental disabilities.
 - Six responses or 12% had mental health diagnoses.
 - Eight responses, or 16% had other conditions.

Injury Characteristics

The reviews gathered information on the cause of injury, where the injury occurred, and the party determined responsible for the injury. The reviews revealed:

- Fractures accounted for 14 of 56 cases or 25%, and abusive head injuries accounted for 10 of 56 or 18%.
Physical abuse was determined to be the cause of the injury most frequently – in 26 of 56 or 46% of cases. 11 of 56 or 20% of cases were determined to have an accidental cause. Neglect was the cause of injury in 9 of 56, or 16% of cases.
- Secondary injuries noted included fractures, bruising, abusive head injuries, other physical trauma, burn(s), and other skin findings.
- 34 of 55 or 62% of serious injuries occurred in the child’s household. An additional 7 of 55 or 13% of serious injuries occurred in other households. Four injuries or 7% occurred in an unknown location. Two or 4% of serious injuries occurred in a childcare or school setting.
- 37 of 56 responses or 66% of the injuries were caused by the parent/guardian, or caregiver of the child.
- In 7 of 56 responses, or 13%, the party responsible for the abuse or neglect was an “other” adult household member.
- In 4 of 56 responses, or 7%, no one was found responsible for the injury.
- In 3 of 56 cases or 5%, the party responsible for the abuse or neglect was not able to be determined.

Investigation of and Response to Serious Injury

The reviews gathered information on how the injury was investigated as well as what services were provided to the family to ensure continued safety. This year’s reviews showed:

- In most cases DHHS, law enforcement and medical providers were frequently involved in investigations. Reviewers noted concerns about a lack of documentation and coordination between these agencies during the response to the injury.
- Medical providers were included in 45 of 56 cases or 80% of investigations compared to 2022’s report of medical providers being included in 91% of investigations.
- Child advocacy centers were only used in 14 of 56 cases or 25% of investigations compared to 2022’s report of child advocacy centers being included in 14% of investigations.
- Criminal charges related to the injury were filed in only 14 of 56, or 25% of cases.
- Only 20 of 56 cases or 36% resulted in an ongoing child welfare case.
- Issues with investigation found by reviewers included insufficient documentation (25%), better coordination needed (16%), additional medical expertise needed (16%), identification of further interviews that could have been done (11%), and information that needed further verification in the cases (28%).

Household Characteristics and Child Welfare System Involvement

The reviews gathered information on the child's family and household circumstances and the child and family's involvement with the child welfare system before and after the injury for those cases where a parent or caregiver was found to be responsible for the abuse or neglect.

- 28 of 54, or 52% had no child welfare involvement at the time of their injury.
- 15 of 54 cases or 28% had contact with the child welfare system at the time of injury in the past 12 months, involvement with Alternative Response in the past 12 months, and/or a screened-out report to the Hotline.
- 2 of 54 responses or 4% had open non-Court cases.
- In 36 of 54 cases or 82%, at least one risk factor was noted. Of the 36 cases with risk factors, the following reasons were present:
 - In 13 of 51 responses or 25% of cases an "other" reason was specified. The "other" risk factors noted included prior criminal disposition or activity of a parent, foster care system involvement of the parents when they were a child, external family stressors, stressful family dynamics, or prior DHHS involvement.
 - In 22 of 51 cases or 43% a family history related to abuse and neglect.
 - In 22 of 51 cases or 43% a caregiver with diagnosed severe persistent mental illness and/or substance use disorder.
 - In 17 of 51 cases or 33% there were prior incidents of domestic violence.
 - In 18 of 51 cases or 35% the caregiver was under the age of 25.
- 72% had at least one protective factor. 62% noted Concrete supports as a protective factor; this was the most frequently reported category.

Of the 53 cases with risk factors, the following child welfare involvement was present:

- In 19 of 53 cases or 36%, the children were part of cases involved with DHHS in which there were calls involving the child to the child abuse and neglect hotline in the prior 12 months.
- In 7 of 53 cases or 13%, the children involved with the child welfare system during or prior to their injury scored as high or very high risk for future abuse on the DHHS structured decision making (SDM) tool.

Accidental Injury Review

Last year in 2022 26% of cases flagged for CRP review were ultimately determined by investigating parties to be accidental or the ultimate cause was not able to be determined. In 2023, that percentage increased to 29% of CRP cases.

2023-2024 Recommendations

Based on the reviews it conducted in 2023, the CRP makes the following recommendations to improve the child welfare response in Nebraska:

Continue efforts to address the presence of racial disparities among seriously injured children.

The data still shows that marginalized communities are disproportionately represented in the child welfare system in Nebraska. This indicates that there is a need for further efforts to address the inequalities in the involvement of different populations in the system.

Develop strategies to strengthen early development education programs, parenting instruction, address the presence of racial disparities among seriously injured children.

During this review period, 68% of the children reviewed were under the age of 5. In some cases, there were children that had no known prior contact with the child welfare system. This suggests additional prevention and education efforts could be focused on families with young children.

Continue efforts to strengthen coordination across disciplines on child abuse and neglect investigations.

The CRP requests an update on efforts to work with local MDTs on identifying ways to improve information sharing and coordination on child abuse and neglect investigations.

Ensure ICWA identification is completed at the onset of a case opening.

The CRP reviewed some cases where ICWA was not identified until later in the case, thus denying the child access to potential resources and delaying permanency. The CRP would like to know what measures are in place for assessing for ICWA outside of asking the caregiver.

Update on 2022-2023 Report Recommendations

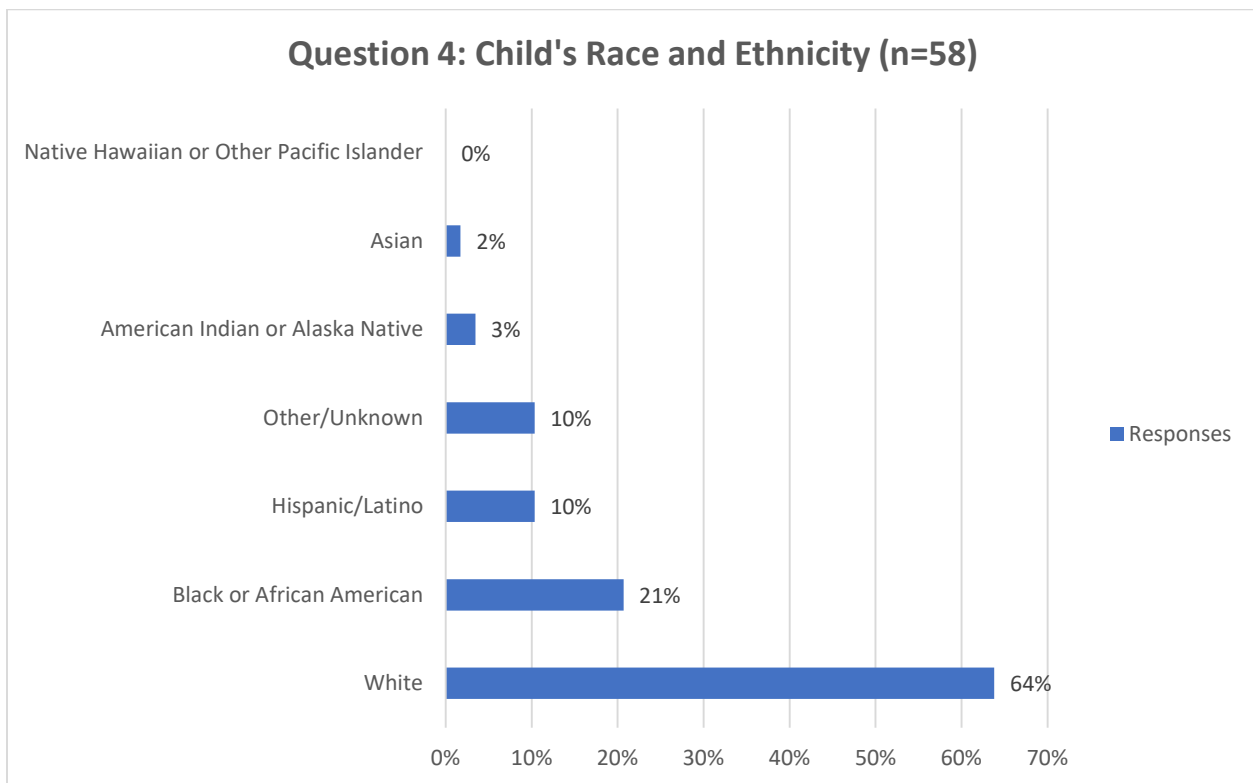
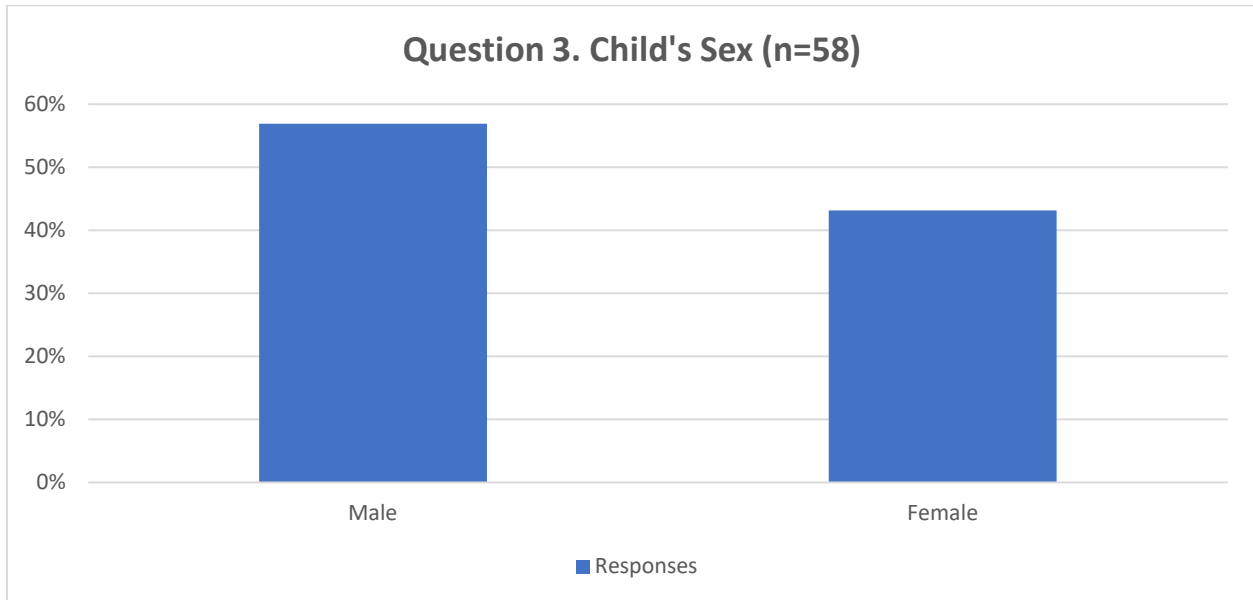
In April 2023, the CRP submitted its annual report which included three recommendations to Nebraska DHHS:

- Continue efforts to ensure law enforcement and medical reports are obtained by DHHS.
- Continue efforts to strengthen coordination across disciplines on child abuse and neglect investigations.
- Local Child Abuse and Neglect Investigation multi-disciplinary teams should conduct thorough reviews of all near fatalities and serious injuries suspected to be caused by abuse or neglect.

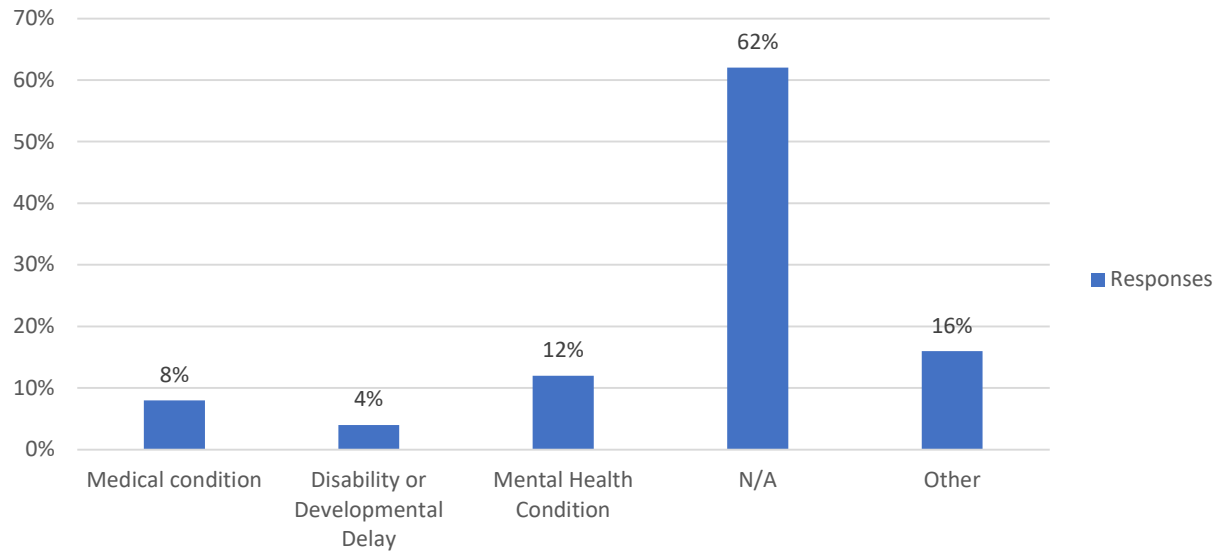
The CRP continues to monitor these issues. DHHS reported they have guidance for works to ensure law enforcement and medical reports are obtained, as well as internal documents that will be reviewed as part of an ongoing policy project. For strengthening disciplines across MDTs, DHHS reported the MDT Subcommittee under the Commission for the Protection of Children is in the process of reviewing statewide MDT protocols that may help strengthen consistency and

coordination of MDTs. In response to the recommendation around conducting thorough reviews of near fatality and serious injury cases, DHHS cited their procedure, requiring collaboration with the Child Advocacy Centers and a referral to the MDT. In addition, the statewide MDT protocols could include criteria for referral and review of cases.

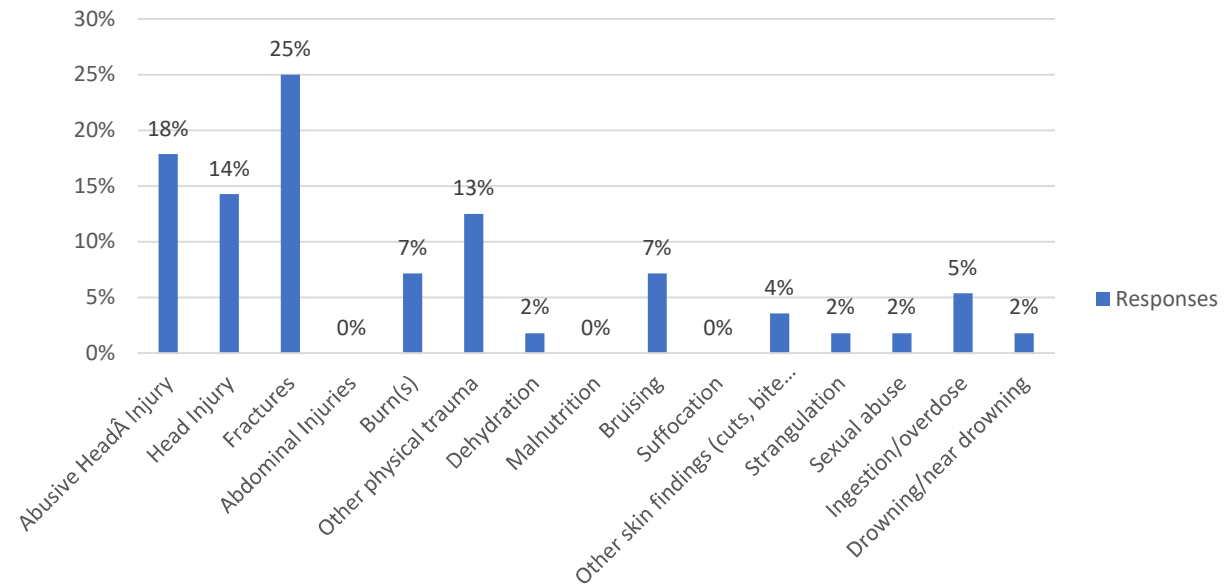
Appendix A. Full Data from Case Reviews

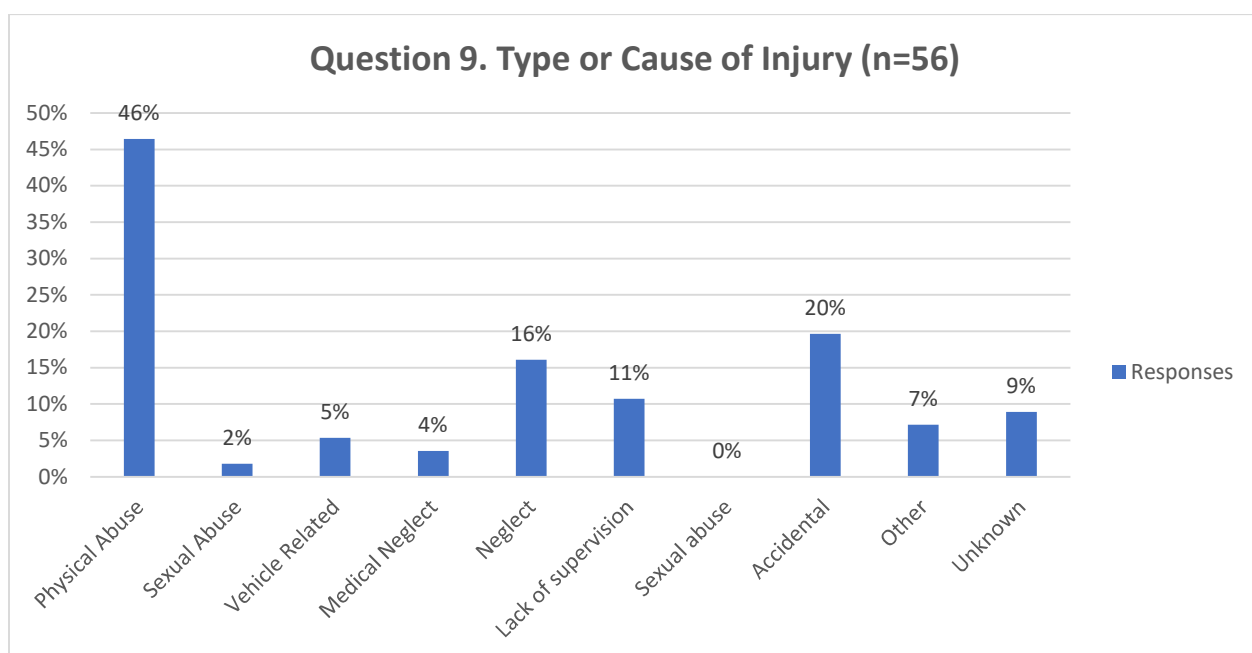
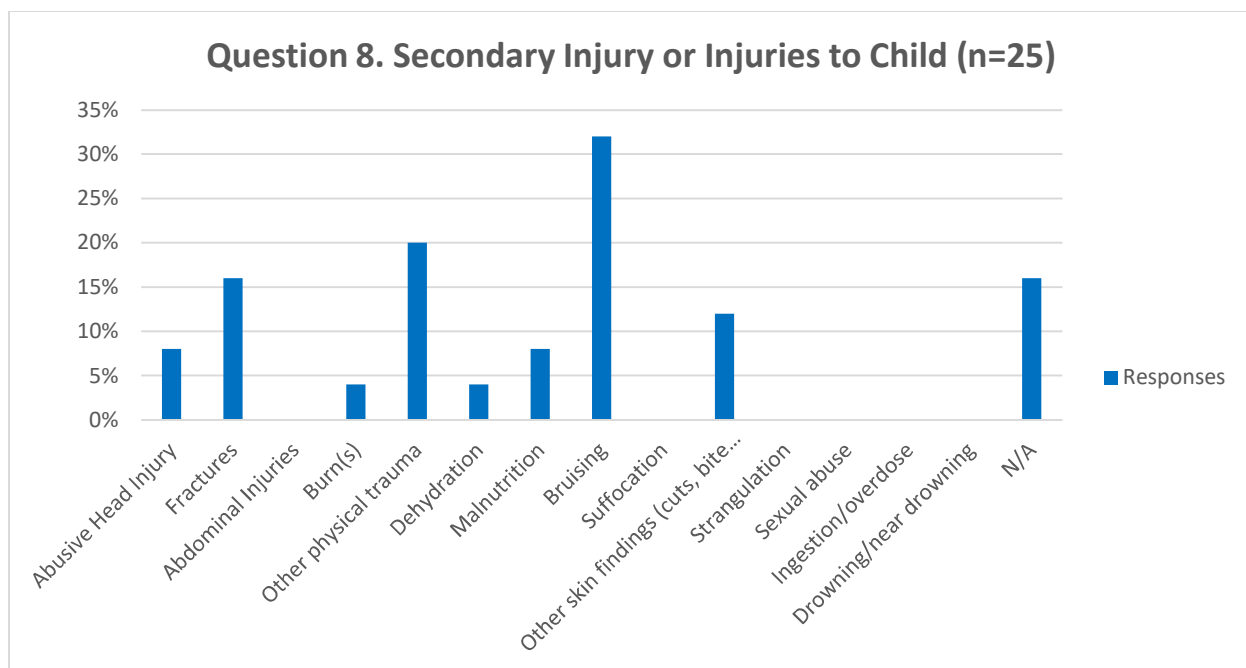


Question 5. Prior to the injury did the child have any of the following documented? (n=50)

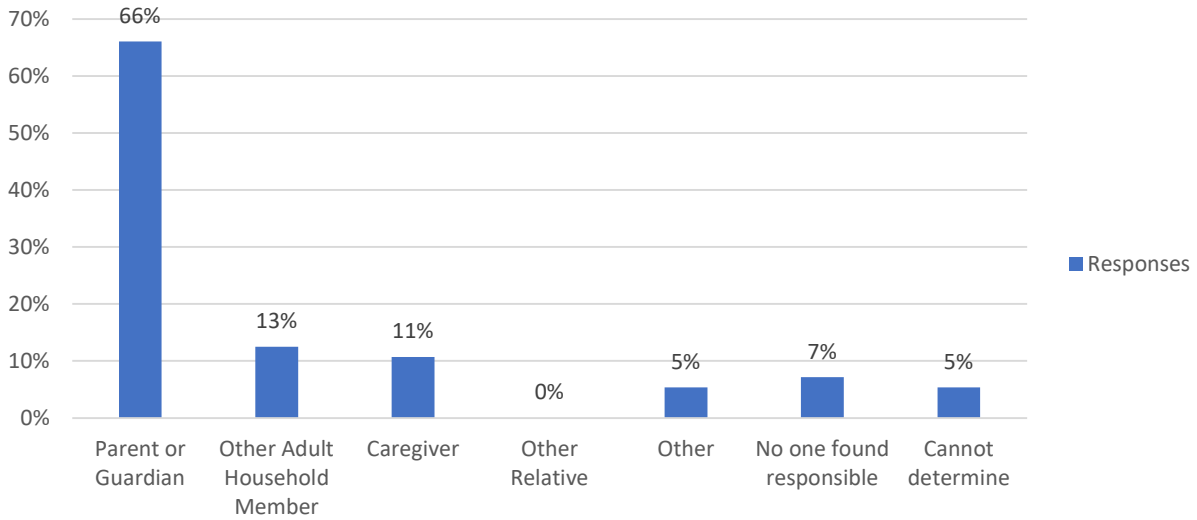


Question 7. Primary Injury to Child (n=56)

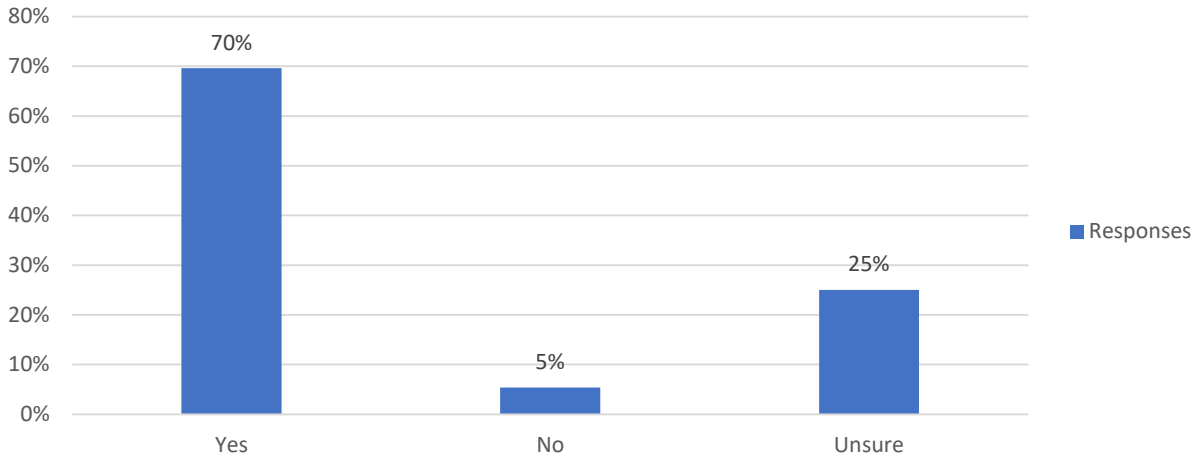


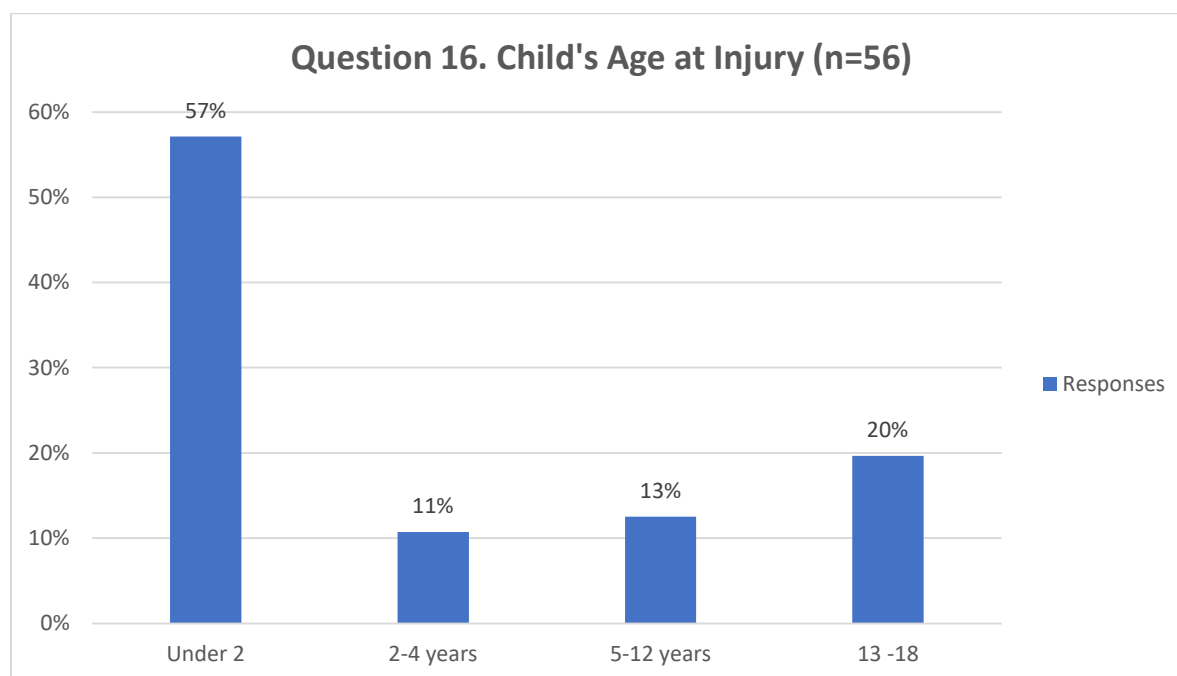
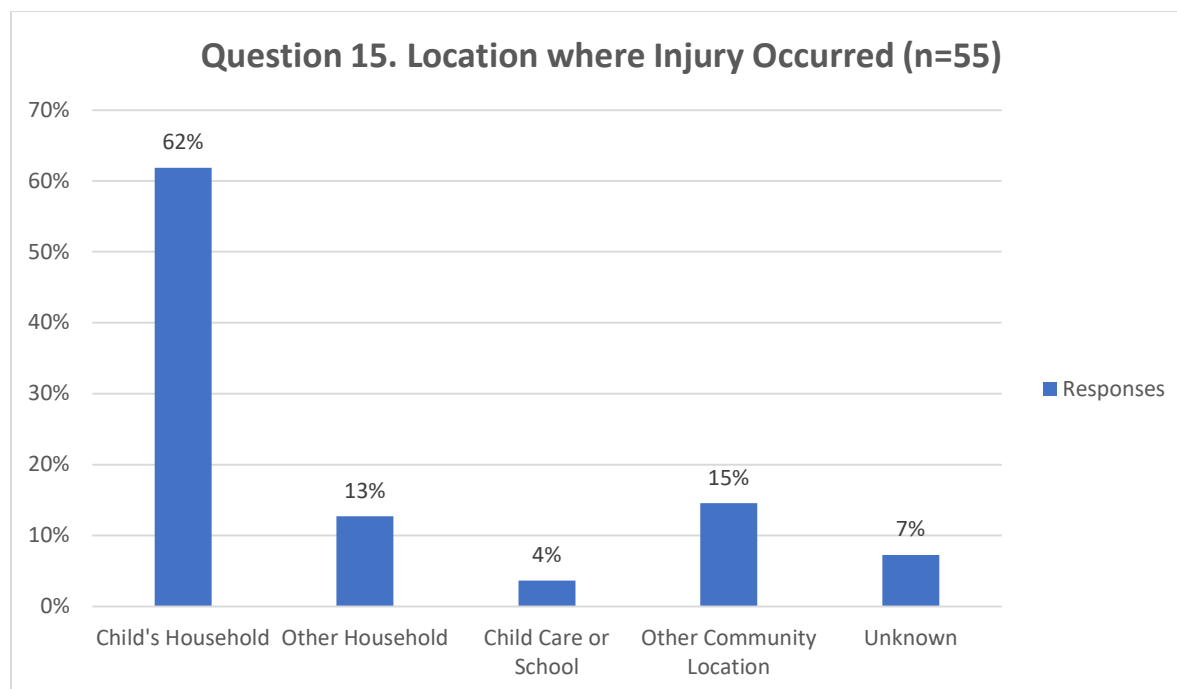


Question 10. Child Relationship to Part(ies) Determined Responsible for Abuse or Neglect resulting in Injury by Investigating Agencies (n=56)

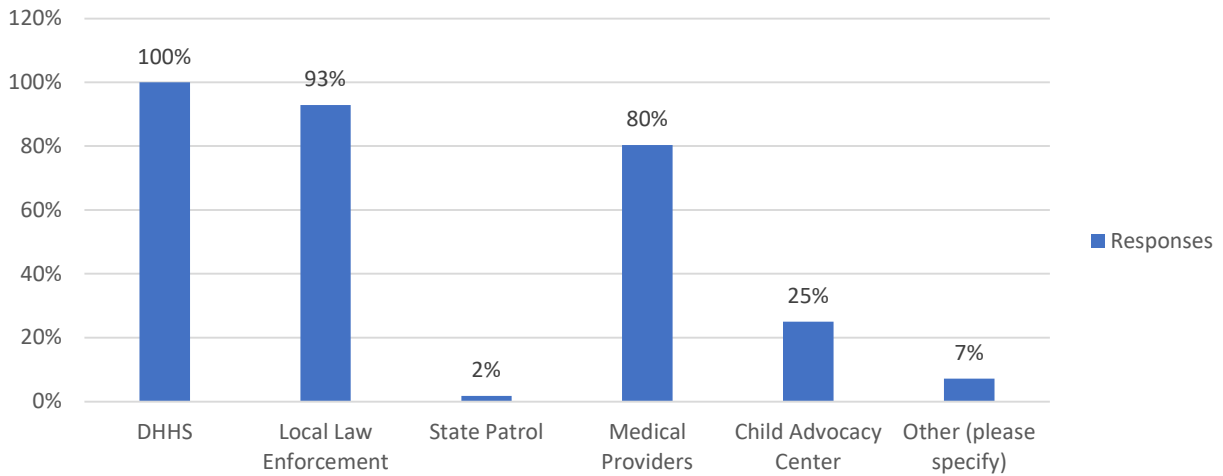


Question 11. Do you agree with the investigative agency assessment of what and who caused the injury? (n=56)

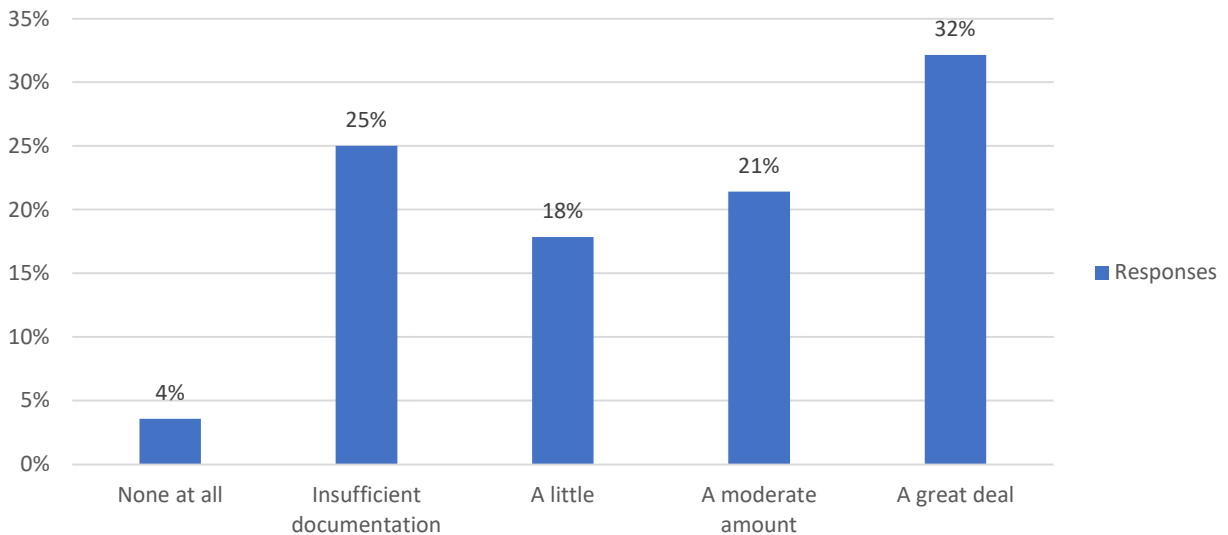


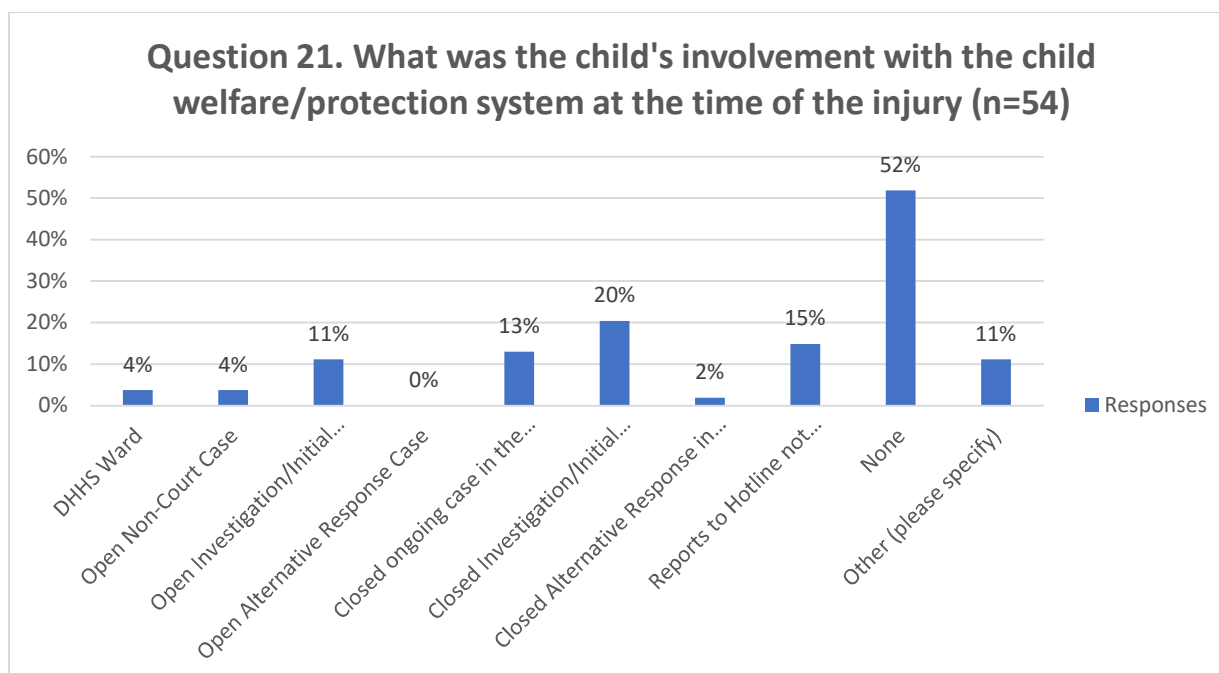
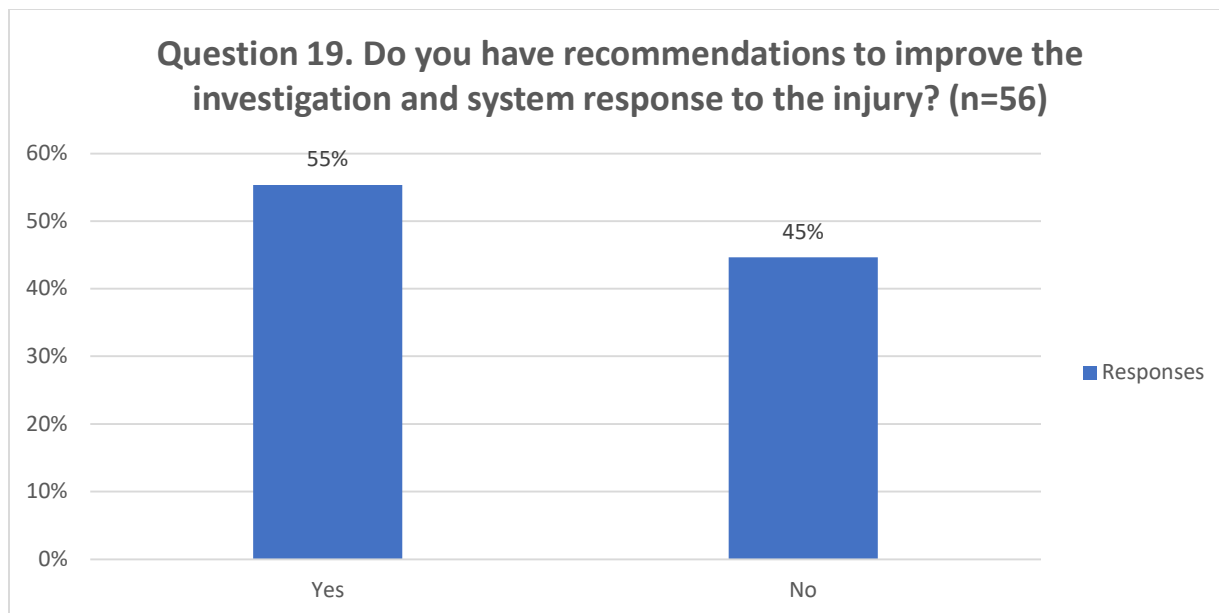


Questions 17. What parties were involved in the investigation of the injury? (n=56)



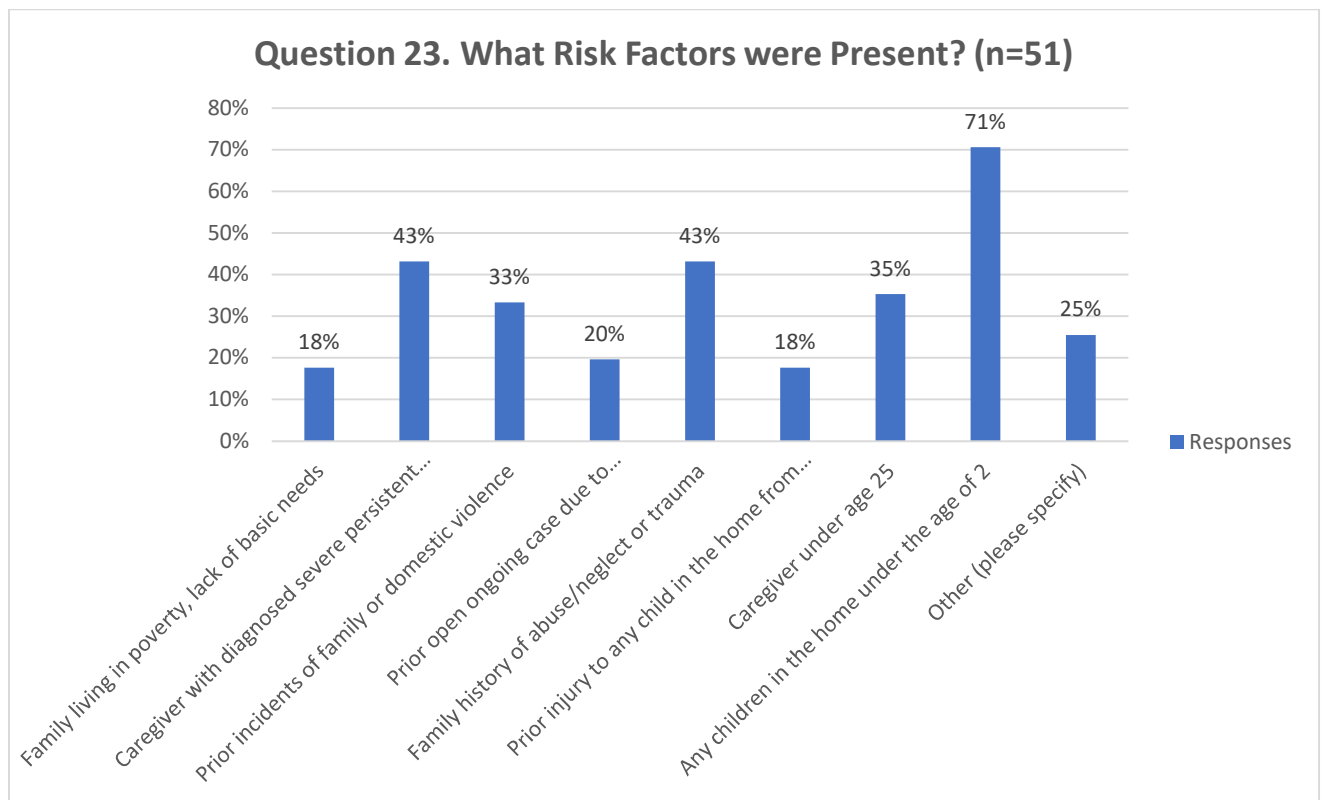
Question 18. To what degree did the investigating agencies coordinate during the investigation? (n=56)





Question 22. If the child and family was involved with DHHS, please respond to the following questions about safety and risk.

If the child and family was involved with DHHS, please respond to the following questions about safety and risk:									
	Yes		No		Unsure		N/A		Total
Were there calls to the child abuse and neglect hotline in the prior 12 months involving the child?	35.84%	19	5.66%	3	1.88%	1	56.60%	30	53
Was there an active safety plan in place when the injury occurred?	9.43%	5	30.19%	16	3.77%	2	55.78%	29	52
Was there a safety plan in place for the child at any point in the twelve months before the injury?	9.43%	5	30.19%	16	3.77%	2	55.78%	29	52
Was the family classified as high or very high risk in the twelve months before the injury?	13.46%	7	25%	13	5.77%	3	55.78%	29	52
Was the child welfare case meeting the family needs and child safety?	5.77%	3	17.31%	9	3.77%	2	55.78%	38	52
Comments:									17

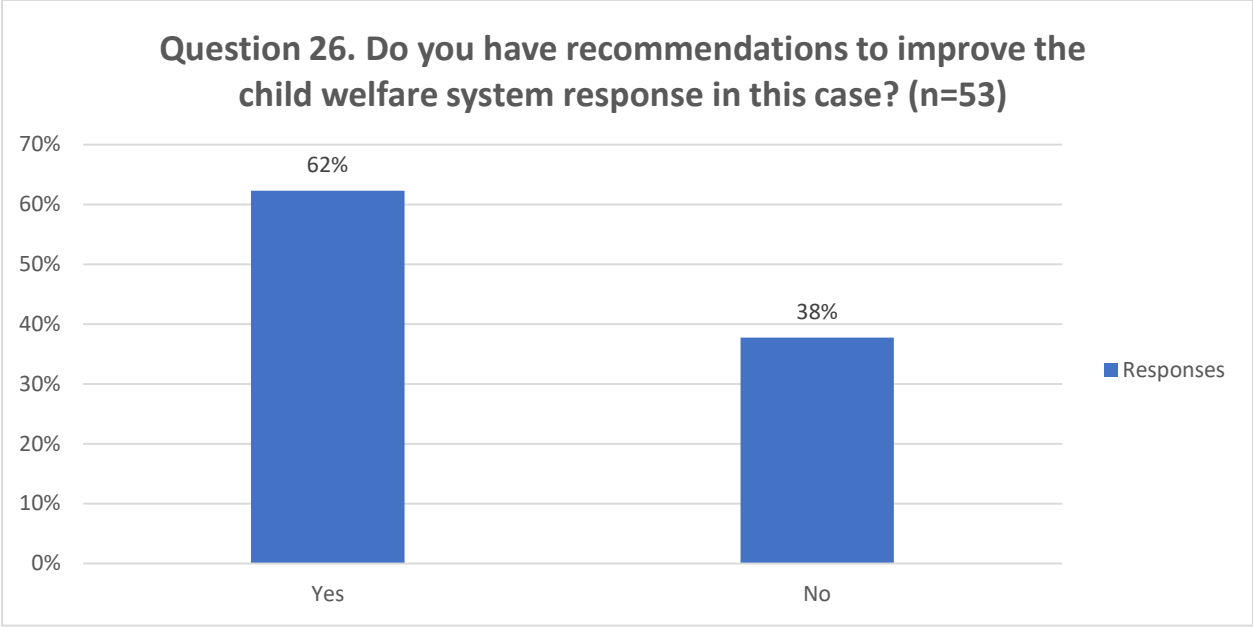


Question 24. What Protective Factors were present? (n=38)

Answer Choices	Responses	
Parental resilience: Manages stress and functions well when faced with challenges, adversity, and trauma	32.08%	17
Social connections: Builds positive relationships that provide emotional, informational, instrumental, and spiritual support	28.30%	15
Knowledge of parenting and child development: Understands child development and parenting strategies that support physical, cognitive, language, social, and emotional development	32.08%	17
Concrete support in times of need: Has access to support and/or services (e.g., healthy food; a safe environment; specialized medical, mental health, social, educational, and legal services, as needed) that address a family's needs and help minimize stress caused by challenges	62.26%	33
Social-emotional competence of children: Encourages family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships	18.87%	10
Not enough information to determine	28.30%	15
Other (please specify)	13.21%	7

Question 25. What was the outcome of the investigation? (n=41)

Answer Choices	Responses	
Criminal Charges Filed	25.00%	14
Juvenile Petition Filed/Court-Involved Child Welfare Case Opened	35.71%	20
Non-Court Child Welfare Case Opened	8.93%	5
Child welfare case open prior to injury continued	8.93%	5
Community Services and Supports Offered	19.64%	11
Child Removal	41.07%	23
None of the above	25.00%	14
Other (please specify)	26.79%	15



Appendix B. Case Review Tool 2023

1. Separate attachment

2023 CRP Serious Injury and Near Fatality Review Form

Reviewer and Child Demographic Information

1. Name of Reviewer(s)

2. Child Information

DHHS ID Number

Date of Birth

**City/Town of
Residence**

County of Residence

3. Child's Sex

☐

Male

☐

Female

4. Child's Race and Ethnicity

☐

White

☐

Black or African American

☐

American Indian or Alaska Native

☐

Asian

☐

Native Hawaiian or Other Pacific Islander

☐

Hispanic/Latino

☐

Other/Unknown

5. Prior to the injury did the child have any of the following documented?

☐

Medical condition

☐

Disability or Developmental Delay

☐

Mental Health Condition

☐

N/A

☐

Other

Provide any relevant details.

2023 CRP Serious Injury and Near Fatality Review Form

Cause of Injury

6. Provide a brief narrative of the injury

7. Primary Injury to Child: Please select the most serious injury requiring treatment.

- ☐ Abusive Head Injury
- ☐ Head Injury
- ☐ Fractures
- ☐ Abdominal Injuries
- ☐ Burn(s)
- ☐ Other physical trauma
- ☐ Dehydration
- ☐ Malnutrition
- ☐ Bruising
- ☐ Suffocation
- ☐ Other skin findings (cuts, bite marks -all skin findings other than burns and bruising)
- ☐ Strangulation
- ☐ Sexual abuse
- ☐ Ingestion/overdose
- ☐ Drowning/near drowning

8. Secondary Injury or Injuries to Child Noted

- ☐ Abusive Head Injury
- ☐ Fractures
- ☐ Abdominal Injuries
- ☐ Burn(s)
- ☐ Other physical trauma
- ☐ Dehydration
- ☐ Malnutrition
- ☐ Bruising
- ☐ Suffocation
- ☐ Other skin findings (cuts, bite marks -all skin findings other than burns and bruising)
- ☐ Strangulation
- ☐ Sexual abuse
- ☐ Ingestion/overdose
- ☐ Drowning/near drowning
- ☐ N/A

9. Please select the cause(s) of injury indicated by the investigating agency or agencies

- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Vehicle Related
- ☐ Medical Neglect
- ☐ Neglect
- ☐ Lack of supervision
- ☐ Sexual abuse
- ☐ Accidental
- ☐ Other
- ☐ Unknown

Comments:

10. Child Relationship to Part(ies) Determined Responsible for Abuse or Neglect resulting in Injury by Investigating Agencies

- ☐ Parent or Guardian
- ☐ Other Adult Household Member
- ☐ Caregiver
- ☐ Other
- ☐ No one found responsible
- ☐ Cannot determine

Please use this space to provide any clarification or additional information.

11. Do you agree with the investigative agency assessment of what and who caused the injury?

- ☐ Yes
- ☐ No
- ☐ Unsure

If no or unsure, please share why and what you think caused the injury.

2023 CRP Serious Injury and Near Fatality Review Form

Investigation of Serious Injury

12. Date of Injury

Date of Injury Occurrence

Date

MM/DD/YYYY

13. Date of Report

The Date the Injury was Reported

Date

MM/DD/YYYY

14. City/Town and County where Injury Occurred

15. Location where Injury Occurred

- ☐ Child's Household
- ☐ Other Household
- ☐ Child Care or School
- ☐ Other Community Location
- ☐ Unknown

Please use this space to provide any clarification or additional information.

16. Child's Age at Injury

- ☐ Under 2
- ☐ 2 - 4
- ☐ 5-12
- ☐ 13 -18

17. What parties were involved in the investigation of the injury?

- ☐ DHHS
- ☐ Local Law Enforcement
- ☐ State Patrol
- ☐ Medical Providers
- ☐ Child Advocacy Center
- ☐ Other (please specify)

18. To what degree did the investigating agencies coordinate during the investigation?

- ☐ None at all
- ☐ Insufficient documentation
- ☐ A little
- ☐ A moderate amount
- ☐ A great deal

19. Do you have recommendations to improve the investigation and system response to the injury?

- ☐ Yes
- ☐ No

Please provide your suggestions

2023 CRP Serious Injury and Near Fatality Review Form

Household and Caregiver Characteristics and System Involvement

20. Please provide a brief description of the child and family's involvement with the child welfare system at time of injury.

21. What was the child's involvement with the child welfare/protection system at the time of the injury? (mark all that apply)

- ☐ DHHS Ward
- ☐ Open Non-Court Case
- ☐ Open Investigation/Initial Assessment
- ☐ Open Alternative Response Case
- ☐ Closed ongoing case in the past 12 months
- ☐ Closed Investigation/Initial Assessment in past 12 months
- ☐ Closed Alternative Response in the past 12 months
- ☐ Reports to Hotline not accepted/screened out in past 12 months
- ☐ None
- ☐ Other (please specify)

22. If the child and family was involved with DHHS, please respond to the following questions about safety and risk:

	Yes	No	Unsure	N/A
Were there calls to the child abuse and neglect hotline in the prior 12 months involving the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there an active safety plan in place when the injury occurred?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there a safety plan in place for the child at any point in the twelve months before the injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the family classified as high or very high risk in the twelve months before the injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the child welfare case meeting the family needs and child safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

23. What risk factors were present?

- ☐ Family living in poverty, lack of basic needs
- ☐ Caregiver with diagnosed severe persistent mental illness and/or substance use disorder
- ☐ Prior incidents of family or domestic violence
- ☐ Prior open ongoing case due to abuse/neglect
- ☐ Family history of abuse/neglect or trauma
- ☐ Prior injury to any child in the home from abuse or neglect
- ☐ Caregiver under age 25
- ☐ Any children in the home under the age of 2
- ☐ Other (please specify)

24. What protective factors were present?

- ☐ Parental resilience: Manages stress and functions well when faced with challenges, adversity, and trauma
- ☐ Social connections: Builds positive relationships that provide emotional, informational, instrumental, and spiritual support
- ☐ Knowledge of parenting and child development: Understands child development and parenting strategies that support physical, cognitive, language, social, and emotional development
- ☐ Concrete support in times of need: Has access to support and/or services (e.g., healthy food; a safe environment; specialized medical, mental health, social, educational, and legal services, as needed) that address a family's needs and help minimize stress caused by challenges
- ☐ Social-emotional competence of children: Encourages family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships
- ☐ Not enough information to determine.
- ☐ Other (please specify)

2023 CRP Serious Injury and Near Fatality Review Form

System Response to Injury

25. What was the outcome of the investigation?

- ☐ Criminal Charges Filed
- ☐ Juvenile Petition Filed/Court-Involved Child Welfare Case Opened
- ☐ Non-Court Child Welfare Case Opened
- ☐ Child welfare case open prior to injury continued
- ☐ Community Services and Supports Offered
- ☐ Child Removal
- ☐ None of the above
- ☐ Other (please specify)

26. Do you have recommendations to improve the child welfare system response in this case?

- ☐ Yes
- ☐ No

Please provide your suggestions

27. What went well within the case? Please provide example(s).

**DHHS – Parent and Caregiver Citizen Review Panel
Annual Report: October 1, 2022 – September 30, 2023
Submitted: October 30, 2023**

This report addresses the actions taken to satisfy the scope of services for facilitation of the Parent and Caregiver Response Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services (DHHS) and Nebraska Children and Families Foundation (NCF). This report fulfills the annual reporting requirement of the 2022-2023 contract cycle, and includes activities undertaken to facilitate and maintain the Parent and Caregiver CRP recommendations from 2022 and implemented from Oct 1, 2022, to September 30, 2023.

Scope of Work: Provide administrative support to the Nebraska Child Abuse Prevention Treatment Act (CAPTA) Citizen Review Panel for Parent and Caregivers.

Nebraska Children provides staff support to facilitate meetings of the Parent and Caregiver CRP. This support includes arranging meeting locations, dates, times, agendas, minutes, copying and arranging for childcare when necessary. This support also involves working with local community collaboratives recruitment and support of family and caregiver participants.

Scope of Work: Assure that the Panel is composed of volunteer members who are broadly representative of the diversity in the state and includes members how have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect.

Nebraska Children and Families Foundation continues to be grateful for the opportunity to administer the Caregiver Citizen Review Panel (CRP) and provide recommendations to the Nebraska Department of Health and Human Services (DHHS). This year we administered a different format of the CRP group. After running community-based panels for the last four years, we switched the makeup of the group to consist of lived experience experts from across the state. The members are also part of Nebraska Children’s Parent Advisory Committee. This will allow more specialized training of the participants and better consistency of the outcomes every year.

During 2022, Nebraska Children and Families Foundation formed a Parent Advisory Committee designed to promote advocacy for parents and caregivers. One of the group’s responsibilities was to take over the work of the Citizen Review Panel.

Scope of Work: Provide Support for meetings that occur at least once every three months.

Starting in the summer and going through early autumn, members of the panel met to discuss issues facing parents and caregivers with the goal of providing recommendations to the Department of Health and Human Services. The group includes representatives from the education, human services, health department, community organization and residents with lived experience.

The group met four times starting in June 2023 and wrapped up in September. The group met virtually every time with meetings on June 27, July 31, August 21 and September 13.

The minutes for the four meetings can be found in Appendix A.

Scope of Work: Assure that the CRP examines the policies and procedures and practices of the State and local agencies and where appropriate, specific cases, evaluate the extent to which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with state plan, the child protection standards and any other criteria that the panel considers important to ensure the protection of children, including a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs.

This year, the Citizen Review Panel met four times from June to October to produce recommendations for DHHS that represent our local community's voices to lift some of the immediate concerns our regions have been facing about the child welfare system.

The group includes a wide range of demographic and geographic variety, including but not limited to Black/African American, White, Native American, and Hispanic/Latino ethnicities, as well as members from urban, suburban, rural (both countryside and rural towns), and the reservation areas. The group covered the entire state from Chadron to Omaha. This diversity benefited our endeavor because we heard from the populations most over-represented in Nebraska's child welfare system and exposed a few of the obstacles faced in some of the most disparaged communities. Lived experience individuals, service providers and parents/caregivers made up the members of this group.

The final recommendations include creating a reference book or glossary for the Family Guidebook, integrating all family members into the kinship process, and addressing recidivism, among other common barriers experienced across the state.

Recommendations:

1. Reference book/glossary for Family Guidebook

When working with DHHS, the burden of understanding all the terminology and lingo falls on the foster parent or child. However, if they misunderstand something crucial, they are often blamed. There needs to be an education process for people to know all the information necessary to engage in the journey ahead (especially in emergencies) successfully. Further, the caseworker is the gatekeeper and has it in their hands to inform the family wherever the gaps may be. Thus, we recommend a reference book or playbook, which includes a glossary with definitions of all key terms that DHHS uses concerning the foster care system.

This reference book should include every program and resource known to DHHS for foster parents from respite options to peer support contacts with a focus on kinship resources. This reference book should be a mandatory item, handed to every party (guardian, foster parent, child, etc.) involved in a case the moment they become a part of it without request or knowledge of its existence, like a welcome package. Caseworkers should assume that the parties are not aware of it, nor any resource it contains, and that the information will make or break the success of the child's experience in foster care. It should not just function as simple and direct as a glossary but as deep as an encyclopedia of foster care. It should be book designed to ensure a clear picture of the rights and responsibilities of everyone involved.

The following are pertinent items to include, but not limited to just this list:

- **Glossary of key terms** such as fictive kin, kinship care, etc. Often a tiny misunderstanding can create a misunderstanding between families, caseworkers, and support services. The use of jargon and acronyms can create confusion during conversations with professionals. They can go in circles looking for answers that are often evident or get turned down for supports because the wrong terminology is used or misunderstood. A great example of a glossary was put together by the Foster Care Review Office's Definition of Key Terms: <https://fcro.nebraska.gov/pdf/Resources/definitions.pdf>
- **Definitions of roles and responsibilities** of all parts/individuals involved in a case (for example, caseworker, foster parent, birth parent, CASA/GAL, etc.)
- **Foster Care Bill of Rights/Youth Bill of Rights:** children and guardians should know the child's rights from day one.
- **Lived experience peer support:** this includes kinship and lived experience peer support
- **Miscellaneous help/resources/referrals to navigate your new status as a foster parent and what it changes:**
 - Tax guidance: what changes happen with foster dependents
 - Who to contact for medical coverage
 - Respite/relief programs
 - Sibling relationship supports like Camp Catch-Up or a list of community partners
 - Asking lived experience what questions should be addressed in this part, remembering no question is too small.

If an area is too comprehensive, it can be included and summarized with contacts, websites, and referrals listed for more information.

2. Integrate the entire family/both parties into the kinship process

The key players should all be involved in planning and discussions when initiating kinship care. This includes birth parents, foster parent(s), the child, and the caseworker. They should operate as one team for the foster child, whether it concerns temporary or permanency planning and reunification.

This recommendation includes targets that could be updated immediately to achieve this goal.

- **Preventative education on the emotional impact of foster care.** Foster families, all parties and on both sides often feel frustrated or stuck. A change can happen abruptly, without warning. On this journey, they attend court dates, overcome legal obstacles and schedule visits. Many emotions and mindsets happen through this process and sometimes hostile feelings can develop toward a party because they do not understand someone's perspective. Even a small bit of intentional education to avoid unnecessary negative feelings could go a long way in preventative healing. This is an extended social-emotional learning that the parties never could have known to prepare for.
- In addition, DHHS could provide
 - **Education on the possible mindsets, behaviors and circumstances** that often arise for both sides of this struggle. This way, all parties can explain what each might expect from the other.

- **Education provided to foster parents** explaining the different possible mindsets and barriers the birth parents may have to provide understanding and empathy which lend toward the patience and sacrifice asked of foster parents. For example, birth parents may feel trapped, betrayed, violated, scared, helpless, victimized, or confused. Barriers may include a lack of money, court-ordered classes, legal and medical appointments and misinformation. Behaviors could include shutting down, withdrawing and unthoughtful/unkind responses. These behaviors are normal and do not mean anything hurtful but are a response to trauma.
- **Education provided to birth parents** explaining the different possible mindsets and barriers the foster parents may have to provide understanding and empathy that lend toward the patience and sacrifice asked of birth parents. For example, foster parents may feel trapped, unappreciated, overstretched, scared, overspent, inconvenienced or confused. Barriers may include a lack of money, lack of space in housing, legal and medical appointments, misinformation or school responsibilities. Behaviors could include shutting down, withdrawing, or unthoughtful/unkind responses. These behaviors are normal and do not mean anything hurtful but respond to the trauma.
- **Emotions/mindsets/barriers education packets** could address the interrelated areas of self-awareness and self-management when responding to the other parties involved. The packets will help provide better social awareness because they can understand where the other party may be coming from, even if it is hard. This will build relationship skills in the team and enhance responsible decision-making by curbing the decisions made from emotion/frustration/misunderstanding alone.
- **Reconciliation support for the entire family/team before and after the case closes.** This is important in kinship cases because support is needed at every level, especially on the kinship foster side. No family is created knowing how to manage this situation, even in best-case scenarios. Families ripped apart by this process without proper care in the aftermath are at risk of drifting toward recidivism in the system. Care and support should exist leading up to the case's closing date and should carry over afterward for as long as it is necessary to see the family reunited effectively. This extra care would cost less than going through a whole new case due to an unstable family dynamic relapse back to needing intervention from the system. When a family is torn apart, it robs the birth parents of the familial support needed to stay successful and continue parenting from that point. This is proactive prevention planning; preventative healing/reconciliation is paramount.
- **Reinforcing trauma-informed care and active listening for every party.** This is a heavy ask for the case worker because it is critical to prevent a snowball effect of confusion-fueled response. More education in this area would quickly shift outcomes for the better. This is proactive prevention planning. Being trauma-informed and identifying trauma responses fosters the prevention of many challenges.
- **Incentive programs for doing an excellent job with their cases** could also set the caseworkers in the right direction to want to achieve the type of training qualitatively. More than just mandatory training is required for this to be effective. Caseworkers could achieve more success by transferring acquired behaviors/skill sets from training like these to work and utilizing them on-the-job if there was a desire to gain these specific tools. Unequipped caseworkers often pass through, sometimes 10 different faces in the lifetime of one case. Yet, this failed to preventatively address the disturbing turnover rate and general unwellness that these workers are dealing with. Creating an

incentive that holds value to caseworkers that cause them to voluntarily seek to equip themselves with these skills gladly, and relish the rewards, could be a solution. One piece of this is connected to the other, and effectively educating the parents/foster parents is not enough if the first and last leg of the team, the caseworker, is not equipped with the education to succeed. In addition, it would also be helpful to the caseworkers to increase social-work personnel, reducing the workload of individuals and increasing the opportunity for clarity to resolve issues and misunderstandings.

3. Examining recidivism and elevation prevention

DHHS should explore how to act preventatively in cases where children are in informal/hidden foster care situations, but the children are not yet wards of the state/court involved. This recommendation gets tricky because DHHS does not act in such a position before the children are formally removed or when the welfare system is not maintaining custody of the child. However, DHHS could address minor barriers in these situations to aid in whatever capacity is needed to stabilize the informal placement of the child when it is safe.

Outside independent agencies provide *some* support for this recommendation. Nevertheless, there are still considerable voids in this realm. Thus, hundreds of children eventually end up being wards of the state and cycling through the foster care system, causing trauma and expenses that neither the child nor the state should incur. Some of the areas referred to as not to be misunderstood are as follows:

- **Private placements**, when made by a relative without child welfare involvement, represent the largest number of kinship care arrangements. Private kinship placements include guardianship or custody granted through the courts independent of child welfare involvement, temporary guardianship, and physical custody only. (The category of private and voluntary kinship care we might also call informal kinship care.)
- **Voluntary kinship caregiver** describes caregivers who were asked to take legal custody by the child welfare agency to prevent the child from entering the foster care system. Some consider this diversion, hidden foster care, or foster care prevention. The resources available to voluntary kinship families are usually the same as those available to private families: nothing.
- Courts, communities, and child welfare systems are beginning to consider it best practice to recognize and formalize the rights of relatives in formal placements of relative foster care – what DHHS calls **kinship foster care**. Still, some families have barriers to getting licensed and choose to remain unlicensed, often limiting the provisions that are necessary for providing care to the children involved.

When parents have difficulty caring for their children safely, grandparents, aunts, uncles, and other relatives/friends often step forward to provide a loving home for those children, temporarily or permanently. These kinship caregivers help children stay connected to their families and cultural identity, and research shows that children in foster care who can live with their kin experience less trauma.

Federal regulations burdened these kinship caregivers, making it harder to become foster families. A task force could be created to explore how Nebraska could simplify the process for kinship caregivers to

become foster care providers or require that states provide these family members with the same financial support that any other foster home would receive without so many barriers.

These changes will help families across the state care for children in their extended family and receive the resources and financial support they need and deserve when caring for children who are not their own. They would also advance the priority of equity for families who have been underserved and adversely affected by persistent poverty.

Another picture of this crisis is the many Nebraska Native American families near the Pine Ridge Reservation. One example is a grandmother having up to eight grandchildren in her home for up to 12-16 months, creating a home appropriate and sufficient per their culture (i.e., staying with the family, staying involved in tradition, language, etc.). The grandmother is either unsupported, even though she is fostering, or she loses the children because the support often goes to another family that is deemed worthy.

While some children in foster care are formally in the system, and grandmothers like this one and other relatives supporting informal placements are why the foster care system has yet to be overwhelmed. By providing these informal placements with more support and resources, it will cost the state less in the long run as those children are kept out of the foster care system. When this informal side of foster care cannot continue to operate as it does, the system will be overwhelmed with children flooding into CPS. These informal co-laborers are the real backbone that keeps the pressure off enough to deal with only the cases where there is no other choice except formal placement.

Developing a system that could help stabilize these laborers so DHHS involvement can be the last option. Parents and family usually know what is best for their children. They love and want more for them and are willing to sacrifice more. Thus, taking preventative measures to keep the children in informal placements before they elevate to formal cases will save money, reduce trauma, and potentially keep our child welfare system from becoming congested and collapsing. The recommendation is for DHHS to reimagine this possibility for preventing recidivism and/or elevation of cases into formal care.

Appendix A: Meeting Minutes from Caregivers CRP

June 27 Meeting Minutes

- June: CRP Meeting 1 – Town Hall
- July: CRP Meeting 2 – Discuss topics and select priority
- August: CRP Meeting 3 – Discussion of recommendations to DHHS; Listen to from experts on selected topics
- September: CRP Meeting 4 – Make Recommendations to DHHS

Attendance – Sydney Shead, Omaha; Lea Ann, Chadron; Krista Meyer, Lincoln; Robin Mersereau, Omaha; Kim Merriman, NPAC; Marlen, O’Neill; Jarren Breeling, Lincoln; Todd Schmeeckle, NPAC; Kel, Lincoln; Raegan Brown.

Barriers: being alone and stack of things to get done

Healing process, felt like it was rushed; I was on judge’s time

Amount of court orders thrown at parents: push is therapy treatment is important; basic needs

Got case closed in six months; case management is problem area; some of them are not connected to clients; a lot of people coming through are younger and not parents; recommendations aren’t what is best parents.

Felt unsupported by case workers; had to navigate the system on my own

Feel like you are drowning

Case managers and the courts; I wasn’t given issues or problems to remedy them; CPS went to home, school without knowing; felt like invasion of privacy; feeling like they have the authority to access my child without my consent

Leading questions when talking to children; Waiting for us to get there and a presumed that we are the guilty; and guilt by association; must prove yourself

Kinship placement should be first choice for placement; must be deemed suitable before given responsibility

Family Mapping doesn't happen in all counties - some service areas have their own team that does family finding while Omaha I know for sure uses a contractor to find family - WHY - no wonder why family never get kinship!

Assumption of something wrong with you, i.e. On Medicaid, something is wrong.

Lack of best practices for raising children that have been in the system. Dealing with mental health issues of the children

The language I hear day after day within DHHS - if a report is made and accepted then the family **MUST BE IN CRISIS**. This thought is not okay, I worry this is why **nit picking** starts to happen when there are no safety concerns in families.

Unprofessional behavior from case workers about personal matters.

Visits in public places. Making sure we have dinner when we visit, we end up feeding our children in places like the library. No transportation to visits sadly case workers really think the bus is a reliable source of transportation, I don't see it because it runs late, we all know 15 mins late we no longer get to see our child because something out of our control

Need psychological help for parents before separating the children.

Communication differences between different parties; creates issues problems

Dream world

Give us a playbook that they can expect from them.

- What do they do and how do they operate?

More structure needed; support to be self-sufficient, not reliant on DHHS

Lighter caseloads: they are overwhelmed

Mandatory mental health care for all involved

Case-worker well-being; their mental health

Trust that families know the best plan

Good communication and listening to families and their wants and needs; bad things happen because they aren't listening to families and parents

Individualized treatment, prevention in families at risk; (Both parents work or unemployed, beginnings of violence)

Have someone who is non-biased (not on parents or CPS) that explain the system and support; Peer support workers; feels out of control

Court peer-to-peer is available for parents, but not kinship side

Look at the whole family for support.

July 31 Meeting Minutes

Attendance: Kim Merriman, Sydney Shead, Raegan Brown, Kel Vance, Morgan McNeal, Lisa Meyer, Alyson Goedken; Rachel Parker; Jarren Breeling

Began with review of last meeting minutes

Common themes or what stood out:

- Family voice isn't happening; us being experts on their own life
- What is DHHS working on? It would help to know what level of commitment is happening and what needs more emphasis;
- Family peer support was huge; there for me for resources and they found the information or a list to get me to where I needed to be. If more family support workers were
 - o This person was not an attorney and was there for to help with issues
 - o Peer support worker will cheer for you; Peer support advocate will dial the phone;
 - o Have to want it and be supported on your journey;
 - o Questions
 - How widely is this known?
 - Do case manager know how to send referrals for peer support? What triggers a referral?
 - Does it exist for kinship?
 - Can this include a healing portion to deal with the trauma and family dynamics?
 - Education pieces for parents about the process?
- DHHS professionalism: asked about living situation
- Kinship
 - o Needs to be accessible
 - o Puts strain on familiar relationship; may not be suitable for a placement
 - o Caseworker would say different things
 - o Should have offered more for family members to talk about
 - o Not being heard by caseworkers; no one was listening
 - o Understand familiar dynamics and what is best for the children
 - o Need to understand what the barriers are for kinship
 - **What options are similar to family team meetings?**
 - How much discretion does the caseworker have to make the determination on placement with kinship?
 - Who makes the final decision on kinship? Is any rationale provided to those that are relatives that are denied?
 - Are there limitations to sending children to parents who live in foreign countries?
 - What policies exist for kinship around medical decisions?
 - **Kinship care package that includes support and resources through reunification?**

- Is rehabilitation part of the process?
- Case managers turnover and retention
 - DHHS is aware of the issue and working to address it
- Case workers job description
 - Build a relationship with them and understand what they are trying to do.
 - What rights do parents/caregivers/kinship have?
 - What do they have to disclose when they start a case?
 - What education can they provide?
 - What discretion do they have?

Overall themes:

- Peer to peer support and family support
- Rights of parents/grandparents/kinship caregivers
- healing for kinship
- Role of the caseworker

Lincoln will work with Jarren and Judith to answer as many questions as possible and send it out to the group before the next meeting.

Aug. 21 Meeting Minutes

Attendance: Sydney Shead, Kim Merriman, Todd Schmeekle, Kel Vance, LeAnn Usana, Reagan Brown, Lisa Meyer, Robin Mersereau, Morgan McNeal, Jareen Breeling

Michaela from DHHS is our special guest

Kinship is someone who has a relationship with the child previously

Relatives and placement

Sibling placement; non-custodial; relative placement then kinship

Initial placement – is there another sibling to the child and where are they at? Is there a sibling placement. The initial goal is to keep siblings together; when we are looking where they can stay together

Start running background checks on kinship options; disqualified

The caseworker is making final decision with the family and supervisor. There is communication with non selected

Medical decisions should go back to bio parents; discussion with case workers; want this child; comes to that parent's final decision

- When it comes to international placement, not ICPC, for contracting entity international connection
 - o Concerns include deportation;
- If people are denied, they should be told a specific reason;
- Shouldn't be a difference between respite care for kinship and other placements
- Not aware of any services currently available
 - o New trainings available in October focus on kinship relationship situations
- Trauma-informed care is a vital part of the program.
-

CEDARS requires all of our kinship homes to complete the following trainings: Reasonable & Prudent Parenting Standards, DHHS Intro to Human Trafficking, Sexual Abuse Prevention Training & Managing Sexual Abuse and Behaviors, Safe Kids Nebraska Child Passenger Safety Training, and CEDARS Kinship Training, which is a 17 hour course that covers trauma. We also require Adult & Pediatric CPR, AED, & First Aid.

Sept. 13 Meeting Minutes

Attendance:

- Lisa Meyer, Kim Merriman, Robin Mersereau, Todd Schmeekle, Raegan Brown, Sydney Shead, Kel Vance, Marlen Diaz

Misunderstanding about Kinship – DHHS only considers kinship when child is state ward;

More resources necessary to support kinship before the child becomes a state ward

Don't have the right wording for programs and referrals ready

Have list of community partnership for supports and resources

Need a dictionary to define terminology for what

Surrogate family possible

Rights definitions booklet - <https://dhhs.ne.gov/Documents/Nebraska-Family-Guidebook.pdf>

- Glossary needed

The caseworkers are gatekeepers; Go through it with them?

If they are helping the whole family, integrate everyone, not just the child; Have conversations with every involved party

Providing support for the families to be successful after the case closes

- Transportation, therapy, classes, coaching, concrete supports, etc.

More resources to preventative

What are we doing to provide resources to make sure they don't come back.

Often families are questioning is the caseworker on my side, who is on my side and rooting for my family to win. Where is empathy and transparency?

1. Dictionary/glossary of (a) definitions (b) resources (c) programs and peer support

- the role of each caseworker should be, CASA, guardian ad litem

2. Integrate entire family/both parties (a) Education on the mindset and circumstances that might arise for both parties (b) providing support for entire family after the case closes (healing, prevention);

- reinforcing trauma informed care and active listening
- incentive program doing a good job with their work

3. Can DHHS begin to explore how they can better act preventatively in cases where DHHS is already involved and giving mandatory orders (like DR. appointments, etc) but the children are not yet wards of the state. Explore prevention for recidivism

Break down stigmas and build the trust

incentivize staff reaching higher heights in staff roles including transparency and recognize the difference between best practices and policy. just bc it is best practice on a piece of paper somewhere does not mean they act accordingly. When they ask for LEx advice then act like we have no credibility it is a indicator they will brush our experience under the rug and not explore change



April 25, 2024

Lincoln Arneal
Nebraska Parent and Caregiver Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South, Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations 2022-2023

Dear Parent and Caregiver Citizen Review Panel Members,

We want to express our gratitude to all Parent and Caregiver Citizen Review Panel (CRP) members for their valuable time and effort in providing recommendations to ensure the child welfare system promotes safety, well-being, and permanency for the children and families of Nebraska.

The Department of Health and Human Services (DHHS) has reviewed the recommendations and responded below.

1. Reference book/glossary for Family Guidebook

-Make the reference book a mandatory item handed out to every party involved in the case.

DHHS consistently examines the language used within the child welfare system to bridge the communication divide between families and DHHS. Our objective is to refine service-related language to reflect a family-oriented approach, thereby improving transparency for families, community stakeholders, and our partners.

In October 2021, the Family Run Organization (FRON) partnered with DHHS to create a Family Guidebook to support parents and families involved in the child welfare system. DHHS is committed to exploring ongoing upgrades to the guidebook so that it is most beneficial for families. Recently, a list of resources was added to the Guidebook. The DHHS Family Advocacy Unit is collaborating with case management teams to ensure that families and stakeholders have access to the guidebook. DHHS shared the additional recommendations regarding the guidebook with FRON.

2. Integrate the entire family/both parties into the kinship process

-Preventative education in foster care, education to foster parents and birth parents, support for the entire family before and after the case closes, reinforcing trauma-informed care.

DHHS uses family team meetings to bring together the family's support network, including kinship caregivers when the family chooses, to promote open dialogue and collaborative decision-making.

DHHS provides training tailored specifically to kinship and relative foster homes. Online Foster Parent Training is mandatory for all relative/kinship homes. The required modules provide information on the

grief associated with removal, the importance of working with the biological family, and the complexities of navigating being a relative/kinship foster parent.

DHHS values a trauma-informed care approach to provide effective support to families. DHHS case managers receive training on trauma-informed care and secondary trauma in new worker training. Key training principles include expectations of a foster parent, caring for children in foster care, family connections, and self-care.

3. Examining recidivism and elevation prevention (in cases where children are not state wards/court involved)

-Simplify the foster care process for kinship caregivers

DHHS partners with the Nebraska Children and Families Foundation on Bring Up Nebraska, a statewide prevention partnership to advocate for local community collaboratives to increase the availability of critical support and services, and reduce unnecessary government system involvement for families.

When families come to the attention of DHHS, prevention programs are aimed at reducing further system involvement. Alternative Response (AR) is an approach to responding to allegations of abuse and neglect while working with families to safely care for children in their own homes and connecting families to services and support. Nebraska has implemented evidence-based programs, such as Family Centered Treatment, as part of the Family First Prevention Services Act (FFPSA) implementation aimed at preventing entry into foster care. Another provision of FFPSA is the Kinship Navigator program. CFS contracts with two organizations to deliver the program to non-system-involved kinship families aimed at connecting kinship caregivers to resources.

When not providing formal foster care, CFS assists relative and kinship caregivers in applying for economic assistance benefits and connecting to community resources. DHHS also has internal Community Support Specialists who assist families in navigating formal support or community-based support resources.

When providing formal foster care, DHHS reimburses foster care providers, including relatives and kinship, according to the Nebraska Caregiver Responsibility tool. Relative/kinship homes do not have to become licensed. Nebraska is currently implementing separate licensing standards for relative and kinship caregivers to streamline the process for families and increase the availability of federal funds for child welfare services.

DHHS is dedicated to making a positive difference in the lives of families we serve. We look forward to continued collaboration this coming year. Thank you again on behalf of the children and families of Nebraska.

Sincerely,



Dr. Alyssa Bish
Director of Children and Family Services
Nebraska Department of Health and Human Services

This report details efforts taken to facilitate a DHHS Citizen Review Panel, as required by CAPTA. The Young Adult Citizen Review Panel consists of youth and young adults with child welfare or/and juvenile justice system experience. This report describes projects for FY 2022-23.

Young Adults Citizen Review Panel Year-End Report FY 22-23

Prepared by Nebraska Children

This report addresses the actions taken to satisfy the scope of services for the facilitation of a Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services and Nebraska Children and Families Foundation. This report includes activities undertaken to facilitate and maintain a CRP as part of the duties of the Nebraska Children and Families Foundation Advisory Board. These activities are described in more detail below.

Scope of Work: Provide administrative support to the Nebraska Child Abuse Prevention Treatment Act (CAPTA) Citizen Review Panel.

Nebraska Children provides staff support to facilitate all activities of the CRP. This support includes partnering with CRP members to arrange meeting locations, dates, times and agendas; and, providing lodging, meals, and transportation, as needed. By working with CRP members to plan and facilitate meetings, young adults receive professional experience with meeting facilitation and leadership, in addition to the opportunity to share their perspectives as members.

The Youth Adult CRP is funded through braided public and private dollars, including those provided under this grant. This strategy maximizes the youth's ability to apply their voice and experience without asking for too much travel and enhances the opportunities and supports that Nebraska Children can provide to remove any barriers to participation while staying within funding stream parameters.

Additionally, support staff provides informal coaching to young adult CRP members throughout the year. Areas of coaching include conflict resolution, disagreeing respectfully, meeting facilitation, presentation development, among other soft skills. Such support is provided via one-on-one conversations before, during, and after meetings; and, to the entire group during meetings, when needed.

Of final note is the number of CRP members who are parenting. To ensure that parenthood is not a barrier to participation, we provide a childcare stipend for members. Plus, the CRP meetings are open to children. If needed, additional support staff were recruited to provide childcare during meetings. By providing a safe, supervised space for children, CRP members were able to focus on the meeting agenda. We believe that these supports help ensure the panel is inclusive.

Scope of Work: Provide support for meetings that occur at least once every 3 months.

The Young Adult Citizen Review Panel (CRP) continued to meet monthly to help increase productivity and follow-through from meeting to meeting. While we resumed our in-person meetings but kept a virtual option for people to attend in case they encountered logistical issues.

<i>2022-23 Meetings</i>
October 9, 2022 – Omaha
November 6, 2022 – Virtual
December 4, 2022 – Lincoln
January 8, 2023 – Omaha
February 11-13, 2023 – Ashland
March 5, 2023 - Lincoln
April 16, 2023 – Omaha
May 21, 2023 – Lincoln
June 4, 2023 – Omaha
July 29-30, 2023 – Aurora
August 20, 2023 – Lincoln
September 24, 2023 – Omaha

The group's first meeting happened on October 9 in Omaha at the Project Everlast offices. We kicked off the year by reviewing the bylaws and doing a group goal setting activity. We welcomed one new member and discussed group expectations and how we wanted to accomplish during the next year. The group revisited the final recommendations before they were submitted to DHHS. For the afternoon, the group welcomed the rest of the Connected Youth Initiative staff. They did a leadership activity together about working together and building trust. They then engaged in a conversation about the older youth work and how they can help each other be more effective in our respective roles.

The second meeting happened on Nov. 6 in a virtual meeting. The group started the meeting by approving the bylaws that were reviewed at the last meeting. They then began work on Legislative Days and divided up into work groups. They wrapped up by reviewing the biographies on the website and how to update them. The meeting was limited to just the morning after a late cancellation by our afternoon guests.

Our third meeting during the quarter happened on December 4 at the Nebraska Children offices in Lincoln. They kicked off the morning by working in small groups on Legislative Days and finalizing details for the event. The merchandise was ordered, and activities set. They then had photos taken by the marketing department and finished writing biographies. In the afternoon, the group met with representatives from the Department of Health and Human services to go over the 2021-22 CRP recommendations. They talked about family visitation, transportation issues, mental health training for professionals and summer programming for foster youth.

The group's first meeting of the second quarter happened on January 8. The focus of the meeting was preparation for Legislative Days. The meeting kicked off with everyone sharing their goal for the new year. They also discussed the new Community Well-Being statewide plan. They identified several topics where they can contribute and help implement the plan. The group spent the rest of the meeting working on Legislative Days. They also made assignments on who would contact senators and invite them to the luncheon on Monday. They walked through the weekend and went over expectations for the members during the event.

Around 20 young people attended the annual Legislative Day from February 11-13. Those youth represented the young people from around the state that are part of the Connected Youth Initiative (CYI). The Youth Advisory Board planned and facilitated the event and aimed to connect youth from diverse backgrounds around civic engagement and provide an opportunity for them to have a voice. For the first time in three years, we hosted the event in-person

During the first day, the youth build connections between each other and attended training topics including the legislative process, public speaking, advocacy and bills currently in front of the legislature. They also participated in a leadership activity about how to take control of their story. Among all the skill development, youth discussed current legislation impacting young Nebraskans and selected five bills to capture in brief presentations. Members then created, practiced and recorded their presentations on Sunday. They also heard from a panel of people who have lived experience that translated their passion into careers.

On Monday, the young people met with Supreme Court justice Stephanie Stacy. The youth shared their bill presentations with senators' staff and NCFE partners over lunch and in an afternoon meeting with Governor Pillen. The group presented four bills about expanding the Bridge to Independence program to include youth involved with the juvenile justice system, making gender identity and sexual orientation a protected class, expecting victims of sexual/domestic abuse from medical bills and a package of bills about food security. The full presentations and their supporting documents can be viewed here: <https://www.nebraskachildren.org/what-we-do/connected-youth-initiative/2023-legislative-day.html>

Our third meeting during the quarter happened on March 5 in Lincoln. The group debriefed from Legislative Days and reviewed the evaluations. They reviewed the data from the haircare survey from DHHS. They planned

for an upcoming conference for the Nebraska Juvenile Justice Association. Finally, they selected three new members and began looking forward to the summer event and brainstormed location ideas.

The group's first meeting of the third quarter happened on April 16 in Omaha. The group kicked off the meeting by welcoming three new members and going over expectations, best practices and the bylaws. They then did a team building activity that examined how the team worked together and what roles everyone plays in the group. After lunch, Foster Youth in Action met with the Board virtually to give updates about their organization and opportunities they have for involvement. The group then started planning for the LEAD the Summer event. They identified several themes and divided them up into work groups to brainstorm ideas. The meeting closed talking about several summer conference opportunities for members to attend.

On May 15, the group met in Lincoln. They started the day with an overview of the Citizen Review Panel structure and process. That was followed by a Burning Wall activity where they described issues they've seen with foster care/juvenile justice and then ideas for their dream system. The afternoon was spent focusing on prep work for the LEAD the Summer event. They were scheduled to have a speaker talk about intersectionality, but they were forced to cancel at the last minute.

The group met at the Nebraska Children offices in Omaha on Jun 4 for the last meeting of the quarter. The meeting started with a discussion of CRP recommendation topics. The members reviewed recommendations from the last several years. Some of the ideas brought up include guardianship ending at 18, living in separate domiciles than foster parents, medication, strength-based notations for caseworkers, using lived experiences in foster parent training, notice of vacating when nearing the age of majority, and group therapy for healthy lifestyles. In the afternoon, the group met with Liam Heerten-Rodriguez, who is an assistant professor at UNO. He gave a presentation about intersectionality and identity. The group will use this information at our event next month. They wrapped up the meeting working on the final details for the LEAD the Summer event.

The group kicked off the fourth quarter with a quick prep call on July 23 before hosting the LEAD the Summer event on July 29-30. The event focused on intersectionality and how everyone's identities impact how they view the world. After determining the major identities of each of the attendees, they talked about how they can utilize them for advocacy and policy work. The weekend also included social time as the young people were able to build connections with each other.

The August meeting was a guest heavy meeting as the board met with three different people. The day started off by debriefing from LEAD the Summer and what we can do to improve on for next year. The group then talked with Stephanie and Theresa from the Court Improvement project about experiences with guardian ad litem, court-appointed special advocates and dealing with judges. After lunch, we talked about our recommendations with Jarren and Judy from DHHS. They provided feedback and helped brainstorm ideas. The day rounded out with a conversation from Maralee, who is a member of the Supreme Court Commission on Children in the Courts. She asked about how young people were able to get their documents as they existed care and how they maintained relationships with former foster parents.

The last meeting of the year happened on Sept. 26. The group selected new members to join the board. They spent most of the meeting working on writing and editing the recommendations. They wrapped up the day by celebrating the end of our year and everything that was accomplished.

The minutes for all the meetings are in Appendix A.

Scope of Work: Assure that the Panel is composed of volunteer members who are broadly representative of the diversity in the state and include members who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect.

The Young Adult Citizen Review Panel consists of 16-26-year-old unconnected young people. These are young adults with direct experience in Nebraska's child welfare, juvenile justice and/or homeless systems. Members have experienced a variety of placements, services, permanency objectives and, in some cases, multiple state systems. Members serve at their discretion and cannot be required to participate under any case plan, court order or other obligatory order, making membership completely voluntary.

The group consists of 14 members who were selected via an application and represents the communities of Omaha, Lincoln, Fremont, Kearney, Crete and Columbus. Each of the young people serves renewable one-year terms. Membership is capped at 15 members, and they will seek new members in February and August.

Scope of Work: Inform the members and staff of the CRP that they shall not disclose to any person or government official any identifying information about any specific child protection case with respect to which the Task Force is provided information and shall not make public other information unless authorized by State statute. This assurance shall be documented by the completion of a confidentiality statement.

The group signed confidentiality agreements for the 2022-23 CRP year. The CRP does not review individual child protection cases as part of their work. However, they do gather the feedback of their peers and utilize their own stories of system involvement. Confidentiality of the stories shared by CRP members and their peers or families during meetings is captured within the group's values of confidentiality and safe space. No personal stories are captured in meeting minutes or documents without the direct permission of the owner of that story.

Scope of Work: Assure that the CRP provides for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community to meet its obligations.

As previously described, CRP members are involved in local youth leadership, youth-serving programs, and/or peer groups with other alumni or current participants of the child welfare system. They also reach out to groups that have specific expertise on their projects to capture additional perspective. Further, the CRP is open to any youth with experience in child welfare or related systems to participate. These strategies help provide the opportunity for additional feedback on CRP activities and recommendations.

Scope of Work: Assure that at least one member of the CRP attends the annual Citizen Review Panel Conference.

The National CRP Conference did not happen this year. A host was not selected in time for the conference be put on. The conference will be offered during 2024 in San Diego.

Scope of Work: Assure that the CRP examines the policies and procedures and practices of the State and local agencies and where appropriate, specific cases, evaluate the extent to which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with state plan, the child protection standards and any other criteria that the panel considers important to ensure the protection of children, including a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs.

The Project Everlast Citizen Review Panel (PE CRP) formulated three recommendations based on their lived experience as well as their interactions with other young people at Legislative Days and our LEAD the Summer event. The recommendations are also impacted by the current state of child welfare in the state and

After our discussions, the panel focused their work on four recommendations: to encourage caseworkers to use strength-based notations in case files, involving young people more in decisions are mental health-care decisions and what services they are receiving, and upholding the right to a notice to vacate for foster youth you are either approaching or recently past the age of majority.

Recommendation 1: The Impact of Strength-Based Notation for Caseworkers

Words have a significant amount of power, especially when it comes to youth. Going to court can be traumatic for a system-involved youth as they listen to a caseworker take the stand in front of many strangers. Caseworkers often rely upon the case file, which is negative with labels such as troublemaker, delinquent, etc. Most of the time, nothing in the report highlights positive skills, goals, or achievements. Eventually, they will age out of the system and review their records and case notes. Typically, most of the comments are negative and condescending. Despite leaving the system, the impact of those words will continue to affect their sense of self.

Case notes provide detailed records of interactions between caseworkers and clients. Many times, these notes include historical information about the client, etc. and any updates or concerns the caseworker may have. Caseworkers need to be mindful of who may read this document because it just might be the youth. Inadequate and negative case notes can result in poor decision-making and adverse youth outcomes due to the stigma of the labels placed. The bias created from these documents will impact how the youth is treated in the system by judges, foster homes, probation officers, etc.

Shifting case notes towards the strengths-based models allows for caseworkers to have a sense of care and hope for the youth. Caseworkers will begin to recognize the resiliency and courage the youth have despite their setbacks while navigating their trauma. The dynamic of the relationship shifts from authoritative to collaborative because caseworkers would help youth identify inner strengths to mobilize the youth towards positive action and empowerment. While it still leaves room to make notes for dangerous or hurtful behavior, it creates the opportunity for the young person to be more than just their worst moments.

The Department of Health and Human Services must implement a strength-based notation model because the magnitude of the words written on these documents leads to biased case decisions against the youth without highlighting positive achievements made by the youth.

Recommendation 2: Incorporating youth voice into mental health-related decisions and services

There are over 391,000 children and youth in foster care in the United States. In Nebraska alone, there are more than 6,000 youth in foster care. Approximately 80 percent of children in foster care have significant mental health issues compared to the general population. Mental and behavioral health is the largest unmet health need for foster youth.

Addressing the mental health needs of youth in foster care requires a holistic approach that prioritizes their well-being. Youth are experts in their own lives. Empowering youth to make informed decisions about mental health treatment is a step in the right direction. This includes allowing them to determine who they receive services from and when they receive them, as well as to improve connections with providers and their outcomes.

Authentic youth engagement doesn't look the same for every young person. For example, if they do not thrive in an individual therapy format, they should be provided with group therapy options. Examples of this include focusing on healthy lifestyles, developing coping mechanisms, unpacking substance abuse-related trauma, and building peer-to-peer relationships. Group therapy based on common interests will help to build connections and create a sense of community as well as provide useful skills they can use to continue to be successful.

Recommendation 3: Upholding the right to a notice to vacate for foster youth who are approaching or are past the age of majority

The National Alliance to End Homelessness reports that up to 46 percent of youth who age out are homeless by age 26. Housing stability is an issue that has been gaining focus and attention for several years. Many laws and programs are doing their best to mitigate homelessness locally as well as at state and national levels. Often unconnected youth are overlooked in many aspects in their journey to gain normalcy. It has become increasingly more common for youth to work on permanency plans with their caseworkers as they are approaching the age of majority and gearing up to leave the child welfare system.

Many times, the youth who are still on good terms with their foster families are under the impression that they will be living in that home after they age out as discussed during permanency planning. Some youth are experiencing situations where they are asked to leave the home that was meant to be their residency with less than 24 hours' notice after the state is no longer involved. This is leaving youth scrambling for a roof over their head, often putting the youth on the streets, couch surfing, or moving into unsafe homes; thus, creating a cycle of instability.

Ensuring a 30-day written notice must be given to youth who have established residency on the premises through their permanency plan would help alleviate some of the obstacles that surround housing instability and homelessness for youth who leave the system. This would allow the youth a reasonable amount of time to access housing resources and acquire a new living situation, creating more permanent and stable housing for youth who have aged out.

While the 30-day notice may seemingly offer more protection for the youth and less protection for the foster parent, there are avenues they could consider if the living arrangements become unsafe that would still provide notice to the youth. As outlined in Neb. Rev. Stat. §§ 25-21,220 which covers Nebraska's forcible entry and detainer laws, legal action can be taken to require the tenant to leave less than the 30-day period. This includes not upholding their part of the rent or threatening the health and safety of other tenants. These laws also indicate that there still must be at least a three-day warning and that legal action will be taken if they have not vacated the premises within that period. While situations like these are not ideal, utilizing the provisions outlined in the forcible entry and detainer laws may provide protection for the foster family if needed.

Appendix A: Meeting Minutes:

NCCF Advisory Board

October 9, 2022

Attendance: Nyaliet, Nedhal, Fatuma, Jessica, Grey, Karolina, Julia, Sebastian, Michayla, Hannah, Lincoln

Guests: Sara, Crystal, Keenan, Joe, LaDonna

Agenda

10 a.m. Welcome and introductions

10:30 a.m. Icebreakers

11 a.m. Setting the Table for the year

- Bylaw Review and Group Goal Setting
 - o Track what individual members are doing
 - o Reviewed the bylaws. Will make edits to committee section before sending out for vote in November
- Event Planning Setting for 2023 (Legislative Days Feb. 11-13)

11:40 a.m. CRP Final Review

- Review during the upcoming week

12 Noon Large Group icebreaker

12:15 p.m. Lunch

1:00 p.m. CYI Overview

1:15 p.m. Advisory Board overview

1:45 p.m. Team building activity

- Card Sharks activity

2:30 p.m. Conversation about Older Youth Work

- How do we take the next level?
 - o Social media connections
 - o Involved in MyLNK?
 - o How do we balance Advisory Board with other part-time jobs
 - o Add projects in the community to build the group
 - Not just attend meetings
 - o Partner with local chapters and local collaboratives for events
 - o Professionalize the role of the Youth Advisory Board
 - o Policy institute for young people
 - o Start a fellowship as the next step?

3 p.m. Wrap up and dismiss

- Future Dates for CYI and Advisory Board gatherings – meet quarterly

November Meeting Minutes:

NCCF Advisory Board

November 6, 2022

Agenda

10 a.m. Welcome and introductions

- Fatuma, Sebastian, Karolina, Grey, Nyaliel, Hannah, Michayla, Tyeisha, Nedhal, Jen

10:30 a.m. Bylaw Review and Vote

- Michayla motioned to vote on the bylaws. Nedhal 9-0

10:45 a.m. Legislative Days planning (Feb. 11-13)

- Because of the pandemic, a lot of young adults interactions a lot more awkward
- Focus on social skills and speaking skills
- Open forum/zoom about legislative days
 - o Contact Sarah for Save the date and include
- Marketing/Swag: Karolina, Nedhal, Sebastian
- Educational curriculum: Tyeisha, Nyaliel, Grey
- Social times/icebreakers: Hannah, Fatuma, Michayla
- Karolina has social media presentation for December meeting

11:30 a.m. Bio update and Photo time

- Send in biographies and photos to Lincoln for the Website

December Meeting Minutes:
December 4, 2022

10 a.m. Welcome and introductions

10:30 a.m. Legislative Days planning (Feb. 11-13)

- Committee Work Time
 - Marketing/Swag: Karolina, Nedhal, Sebastian
 - Educational curriculum: Tyeisha, Grey, Julia, Jessica
 - Social times/icebreakers: Hannah, Fatuma, Michayla
- Report out
- What is left to do?

11:30 a.m. Biography update and Photo time

- Brenda took photos and video
- Send biographies to Lincoln

12 Noon Lunch

1:00 p.m. CRP recommendation discussion with DHHS

- Family visitation
 - Frequency and consistency are not steady
 - Visits are done in not family friendly locations
 - Better locations: parks, zoo, natural environment that led to more natural locations
 - Recruiting more parties to participate in visits
 - **Fatuma will send research she has about frequency**

- Contract with YMCA to help with birthday rooms?
 - Scholarship opportunities for memberships
 - Usually not a restriction for location, but could be a court order
 - Getting together at houses or other public
 - We reached out to rural communities via Mona Tarin, she suggested communities center
 - **Normalcy subcommittee on Children's Commission (SFA)**
- Transportation issues
 - Drivers ed cost
 - Nebraska Safety Council offers scholarships for other low-income situations
 - Could also apply to foster youth
 - Access to public transportation and bus fares
 - Discounted bus pass
 - DHHS are looking at options
 - Cost of drivers' license
 - Documents for driver's license
 - Cost of transportation
 - Opportunity Passport
 - 2022 SFA report has information on this issue
- Mental health first aid training for any professional who interacts with system-involved youth
 - Dealing with trauma of the situation

- Providing training through the Regions
- Making sure the diagnosis is done based on the youth
- Revisiting initial assessment and then following up once crisis has been resolved
- Difficult to do with infants and toddlers; do assessment with parents
- CFS will check to see what is currently being offered; they will putting that bid out next year
- Provide Summer Programming for Foster Youth
 - Educational programming for foster youth
 - Provide information on resources, services; learn about life skills and make connections with peer
 - Summer opportunities
- Survey to collect data to back up the recommendations
 - Will work with Advisory Board to develop questions and distribution of questions
- Planning for Youth Engagement Summit in 2023
 - Open for participation
 - Jarren is leading the efforts (jarren.breeling@nebraska.gov) if you are interested in helping with the planning and work

3 p.m. Wrap up and dismiss

- Next Meeting will be January 8 in Omaha

January

10 a.m. Welcome and introductions

- Gray – Find a new job
- Jessica – Graduate in December
- Tyeisha – buy a house
- Julia – Get car operational
- Fatuma – graduate in May!
- Michayla – Financial Stability (Find a new job)
- Sebastian – Learn to love myself
- Nedhal – Career opportunities – not allowing myself to listen other opinions of me
- Jen – get into social media
- Lincoln – 2 PR, garden and debt

10:30 a.m. Legislative Days planning (Feb. 11-13)

- Committee Work Time
 - Marketing/Swag: Karolina, Nedhal, Sebastian
 - Educational curriculum: Tyeisha, Grey, Julia, Jessica
 - Social times/icebreakers: Hannah, Fatuma, Michayla
- Report out and timeline
 - What is happening
 - Who is doing what?
 - What do we need? (Personnel and physical items)
 - Any questions?
- What's left to do?

12 Noon Lunch

1 p.m. Facilitation overview

- Members will help facilitate the discussion for

1:30 p.m. [Statewide CWB Plan](#) discussion

- Goal 1, Objective 1
 - lived experienced stakeholder
 - Feedback loop
- Goal 1, Objective 2
 - Increased youth participation in collaboration with child welfare, courts and schools
 - CRP feedback distribution to communities
- What is the definition of robust? The word is used a lot, but not defined (After school programming)

- Goal 2, Objective 4: what about services for college-age students
- Rearrange goals and objectives to make sure they all work together and complement each other
 - i.e., Make sure communities are working on infrastructure and then collaboration

2:30 p.m. Future planning

- Buffalo County Advisory Board – Jan. 15 3 p.m. (Zoom) Fatuma, Michayla, Tyeisha
- Norfolk meeting – Jan. 23 (Zoom) Tyeisha, Grey, Julia(?)
- NJJA Conference presentation

3 p.m. Wrap up and dismiss

- Next Meeting will be Legislative Days
- LEAD the Summer, July 29-30 – Camp Solaris
- Prep call Feb. 5 11-12
- March 5 – Lincoln
-

Legislative Days Agenda:

SATURDAY & SUNDAY
Carol Jay Halling Camp
27416 Ranch Road
Ashland, NE 68003

SUNDAY
Nebraska State
Capitol Building

10:30 AM | 10:30AM
Check-in

11:00 AM | 11:00AM
Overview
and
Welcome

11:30 AM | 11:30AM
Icebreakers
and meeting
with small
groups

12:00 PM | 12:00PM
Lunch with
table topics

1:00 PM | 1:00PM
Large group
icebreaker

SATURDAY, FEB. 11

EVENT SCHEDULE

BREAKOUT SESSIONS

FEB. 11 SATURDAY

SESSION 1 - 1:30-2:15
SESSION 2 - 2:20-3:05
SESSION 3 - 3:20-4:05
SESSION 4 - 4:10-4:55

TOPICS

UNICAMERAL OVERVIEW
NEDHAL & JEN
BILL OVERVIEW
LINCOLN

ADVOCACY
MICHAYLA & FATUMA
PUBLIC SPEAKING
GREY & JESSICA

5:00 PM | Review and Summarize

5:30 PM | Free Time

6:00 PM | Dinner

7:00 PM | Leadership Activity

7:50 PM | Sunday Overview/
Evaluations

8:00 PM | Free Time/Game Night/
Movie Time

11:00 PM | In Rooms

7:30 AM | 7:30AM
Breakfast

8:45 AM | 8:45AM
Energizer

9:00 AM | 9:00AM
Community
Issue
Presentation
Creation

9:30 AM | 9:30AM
Community
Presentations

10:00 AM | 10:00AM
Bill
Discussion

11:00 AM | 11:00AM
Break up
into groups
and plan

12:00 PM | LUNCH

SUNDAY, FEB. 12

EVENT SCHEDULE

KEYNOTE SPEAKER

1:00 PM | BRIANNA FULL
OMAHA PUBLIC SCHOOLS
BOARD MEMBER

2:00 PM | PRESENTATION WORK TIME

KEYNOTE SPEAKERS

5:00 PM | SCHALISHA WALKER
AARON WEAVER
SEBASTIAN COOLIDGE

6:00 PM | Dinner

7:00 PM | Free time/
Finish presentations/
Super Bowl Party

11:00 PM | In Rooms

8:00 AM | 8:00AM
Breakfast

8:45 AM | 8:45AM
Pack Up
Rooms and
Load Cars

9:00 AM | 9:00AM
Practice
Presentations

10:30 AM | 10:30AM
Drive to
Lincoln

11:00 AM | 11:00AM
Visit Senators
or Capitol Tour

11:30 AM | 11:30AM
Prepare for
luncheon

MONDAY, FEB. 13

EVENT SCHEDULE

MAIN EVENT

FEB. 13 MONDAY

12:00 PM | **SENATOR LUNCHEON**
FIRST BAPTIST CHURCH
1340 K ST
PARK AT:
CORNHUSKER SQUARE GARAGE
1220 L ST, LINCOLN, NE

1:30 PM | **Honorable Stephanie F. Stacy**
Nebraska Supreme Court

3:00 PM | **Meeting with Governor Pillen**
Governor's Hearing Room

3:45 PM | Evaluation and Debrief

THIS IS IT!

12:00 PM | **SENATOR LUNCHEON**
FIRST BAPTIST CHURCH
1340 K ST
PARK AT:
CORNHUSKER SQUARE GARAGE
1220 L ST, LINCOLN, NE

1:30 PM | **Honorable Stephanie F. Stacy**
Nebraska Supreme Court

3:00 PM | **Meeting with Governor Pillen**
Governor's Hearing Room

3:45 PM | Evaluation and Debrief

March Meeting Minutes:

NCCF Advisory Board

March 5, 2023

Attendance: Karolina, Grey, Fatuma, Tyeisha, Michayla, Jessica, Sebastian, Hannah, Sebastian, Nedhal. Lincoln

Excused: Julia

Agenda

10 a.m. Welcome and introductions

10:30 a.m. Legislative Days debrief

- I had fun.
- It was a lot. They were trying to take part in the event
- More free time.
- Issues with the time machine activity; set up the weekend for failure
 - o Need to setup activity with boundaries more and establish triggers
 - o Review community guidelines before activity
 - o Set it up better
- Set up rooms better for more gender inclusivity
- Parental Group
 - o Negative energy and lack of participation
 - o Need to discuss whether we involve them in the future
- Next year:
 - o Post community agreement; revisit on second day
 - o Keep the new facility
 - o Debrief at the end of the day (Yoga)

12 Noon Lunch

11:30 a.m. Hair Care Survey Results

- Can we get the questions?
- The demographics are skewed, while it represents Nebraska as a state it does not get the input for the targeted population
- Clearly need education and support
- There is interest to learn how to care for hair
- More events needed like one hosted in Omaha
- Q19 – like the statement that hair care is time to bond with children
- No perms without parent consent

- Q14-15: Need help but must rely upon themselves
- Q27: A lot of people need help to find hair care products
- Include hair care as part of foster training overall

Can we look at standards/requirements for foster parent training

1 p.m. Membership Application review

- Mia: YES!
- Chloe: YES!
- Haylee: YES!

2:00 p.m. NJJA Conference planning

- Karolina, Grey, Tyeisha, Hannah and Sebastian – Haylee or Chloe
- Active communication
- Youth at forefront of conversation

LEAD the Summer

- Building communities
- Intersectionality
 - o Tying to civic engagement
-

3 p.m. Wrap up and dismiss

- CRP National Conference
- Next Meeting dates
 - o April 16
 - o May 21

NCFE Advisory Board

April 16, 2023

Attendance: Fatuma, Haylee, Grey, Sebastian, Brandon, Mia, Chloe, Nedhal, Jen, Lincoln

Agenda

- 10 a.m. Welcome and introductions
- 10:30 a.m. Group norms, expectations and planning
- Reviewed the bylaws and talked about expectations for the group
 - o If you have a conflict, let Lincoln know immediately, don't wait until the morning of the meeting
- 11 a.m. Team Building activity
- Survived being stranded in the ocean. Picked which supplies to prioritize. Then figured out what roles everyone plays in a group.
- 12 Noon Lunch
- 1 p.m. Foster Youth in Action presentation
- We will apply to be a chapter again
 - Deadline to apply:
 - o People's Agenda – May 1
 - o Core Team – May 15
- 1:30 p.m. LEAD the Summer planning
- Building communities
 - Intersectionality Tying to civic engagement
 - Workgroups
 - o Curriculum: Grey, Fatuma, Jessica
 - o Social Time: Sebastian, Haylee, Brandon, Mia
 - o Promotions: Karolina, Nedhal, Chloe
- 2:30 p.m. Summer conference plans
- Lots of opportunities will be emailed out
- 3 p.m. Wrap up and dismiss
- Next Meeting dates
 - o May 21, Lincoln
 - o June 4 or 11

May Meeting Minutes:

NCCF Advisory Board

May 21, 2023

Nebraska Children Offices

215 Centennial Mall South #200; Lincoln NE 68508

Attendance – Brandon, Karolina, Grey, Mia, Chloe, Julia, Tyiesha, Nedhal, Michayla, Fatuma, Sebastian, Lincoln, Jen

Agenda

10 a.m. Welcome and introductions

10:30 a.m. Citizen Review Panel overview

- Reviewed language in contract and the purpose of the recommendations.
- Talked about the process and meeting structures
- Will invite DHHS to meet with the group

10:45 a.m. Burning Wall activity

- Wrote down issues with the system
- What could be better?
- Wrote down supports that would have been helpful
- What down what would happen in an ideal world
- Clustered common themes for all the notes

12 Noon Lunch

2 p.m. LEAD the Summer planning

- Dates & Agenda setting
 - o Want to host a two-day event at Leadership Center in Aurora
- Intersectionality - tying to civic engagement
 - o Will have speaker next month from UNO
- Group action steps
 - o Worked on agenda
 - o Will order merch soon

3 p.m. Wrap up and dismiss

- FYIA Core Member Representative - Sebastian
- People's Agenda Member - Mya
- Next Meeting dates
 - o June 4, Omaha

- Will host prep call before meeting
- July meeting will be our event

June Meeting Minutes:

NCCF Advisory Board

June 4, 2023

Nebraska Children Offices

2610 Harney Street; Omaha, NE 68131

Minutes

10 a.m. Welcome and introductions

- Mia, Grey, Sebastian, Julia, Tyeisha, Michayla, Brandon, Chloe, Nedhal, Jessica, Fatuma, Karolina

10:30 a.m. Citizen Review Panel discussion

- Topic Identification
 - o Guardianship ending at 18
 - What are the training requirements for foster parents & guardians
 - Any training or support for kinship?
 - Classes on substance abuse and addiction
 - Focus on behaviors (mental health training?)
 - o Living in separate domiciles than foster parents
 - Living requirements for number of foster youth
 - Extended respite?
 - o Medication
 - Youth input for medication
 - Individual appointments with psychiatrist; not with foster parents in the room
 - Choosing your own psychiatrist/therapist
 - o Strength-based notations for caseworkers
 - o Integrating lived experience into foster parent training

- o Transportation
 - Push [federal bill](#) introduced by Don Bacon?
- o Notice to vacate for foster youth approaching/past age of majority
 - Part of permanency plan?
 - Eviction notice?
 - Legal assistance or protection
- o Forming group therapy focused healthy lifestyles
 - Al-Anon (family members deal with addiction)
 - More peer-to-peer relationship building
 - Work on healthy lifestyle skills
 - Substance abuse therapy for foster youth
- What data/information/current policies do we need?
- Next steps

12 Noon Lunch

- 1 p.m. Liam Heerten-Rodriguez, UNO assistant Professor
- Intersectionality developed Kimberle Crenshaw
 - Experiences are different when our identities come together
 - Multiple forces acting on us as individual and the social structures we interact
 - How we see ourselves, but also how the world sees us
 - Systems of oppression aren't separate; they are intertwined
 - Oppression and privilege are not exclusive
 - As a result, marginalization happens, and aspects of their identities are pushed aside
 - Centering - taking people pushed to the margins and allow their voices to lead the change we need
 - Where do we go?
 - o Which identities are salient and relevant?
 - o How can we create a space safe for everyone?

2 p.m. LEAD the Summer planning

- Finalize Agenda & Curriculum (see attached file)
- Assign tasks and roles
- Set up prep call – July 23, noon

3 p.m. Wrap up and dismiss

- Foster Youth Voice Month Blog Workshop
- Next Meeting dates
 - o LEAD the Summer, July 29-30, Aurora

Lead the Summer agenda

LEAD the Summer

July 29-30, 2023

**Saturday
and Sunday**

The Leadership Center
2211 Q Street
Aurora, NE

Questions?

Contact Lincoln
at 402-440-3844



Saturday, July 29

10:30 a

— Arrive and
Check in

11:00 a

— Welcome and
Icebreaker
• Advisory Board
Overview
• Self-Introductions
• Get to Know You Bingo

12:00 p

— Lunch

1:00 p

— Teambuilding
Activity

1:30 p

— You and
Intersectionality

2:00 p

— Break

2:15 p

— Russian
Nesting Doll
Activity

2:45 p

— Bleach
Tie Dying

3:45 p

— Identity
Signs

5:00 p

— Dinner

6:00 p

— Canvas creation
Activity

7:00 p

— Games and
social activities
• Board Games
• Volleyball
• Exercise
• Swimming, etc.

9:00 p — Free Time or Camp Fire

Sunday, July 30

9:00 a

— Breakfast

9:30 a

— Energizer

9:45 a

— What to do
with your
knowledge

10:15 a

— Debrief from
weekend

10:30 a

— Pack up
and depart

August minutes

August 20, 2023

Attendance: Fatuma, Chloe, Brandon, Julia, Karolina, Mia, Grey, Michayla, Sebastian, Nedhal.
Excused: Tyiesha

Minutes

10 a.m. Welcome and introductions

10:30 a.m. LEAD the Summer Review and Recap

- Most valuable
 - Intersectionality, especially the Russian Dolls
 - Everyone participated
- Social Activity
 - The scavenger hunt was good
- Learn from LEAD
 - Importance of being involved; halfway involved in everything. Didn't know what was going on
 - Want more involvement and higher attendance, stronger board relationships.
 - Stickers- merch. Sweatshirts. Maybe we could make anklets next year for an activity.
 - A lot of participants also attended Legislative Days.
 - Loving that feedback!
 - Pool was great and facility was solid
 - BYOB - Bring your own blanket

11 a.m. Court Improvement Project – Stephanie & Theresa

- Focus group on Court Involvement

- Shared experiences with them about GAL, CASA, judges, etc.

12 Noon Lunch

1 p.m. CRP Discussion with DHHS – Jarren & Judith

- How do we get feedback from current foster youth
 - Peer Support
 - Youth Leadership Chapters
 - Something like a Big Brothers/Sisters model
- Medication
 - Better awareness of what medication is being administered
 - Allow the young people to be involved in process
 - What happens when former foster youth age out and lose Medicaid and still require medication
 - Finding a doctor is difficult, especially when you are on Medicaid
 - Tracking medical records when exiting care
- Notice to vacate for foster youth approaching/past age of majority
 - Youth aren't involved in permanency plan
 - Guardianship can create more tricky situations
- Financial literacy
 - Who should oversee teaching?
 - Independent Living
 - Start when you're 16/sophomore
 -

2 p.m. Supreme Court Commission on Children in the Courts Discussion – Maralee

- Tried to get information on placement information
- Also make it difficult to get documents (for FASFA, medical needs, etc.)
- No one has received their case records
- Can foster parents release information to the youth
- What information do they want:
 - o Psych Evals
 - o School records
 - o Placement information
 - o Medical information
 - o Court reports
 - o Sibling information
 - o Visitation records
 - o Caseworker information (numbers)
- Create an online portal

3 p.m.

Wrap up and dismiss

- Next Meeting dates
 - o September 24 in Omaha
- Applications due Sept. 1

September 24, 2023

(No minutes because most of the time was work time spent writing and editing the recommendations)

Attendance: Fatuma, Mia, Grey, Michayla, Chloe, Nedhal, Karolina (Brandon and Jen)

Agenda

10 a.m. Welcome and introductions

10:30 a.m. CRP selection and writing recommendations

12 Noon Lunch

1 p.m. CRP edits and review time

2 p.m. New Application Review

2:30 p.m. End of Year Party

3 p.m. Wrap up and dismiss

-Next Meeting dates

- October 8 - Lincoln
- November 19 - Omaha
- Leaders for Change, Nov. 30-Dec. 3



June 3, 2024

Lincoln Arneal
Nebraska Young Adult Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South, Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations

Dear Project Everlast Citizen Review Panel Members,

The Division of Children and Family Services (CFS) would like to express our gratitude to the Citizen Review Panel (CRP) for your hard work over the past year. We have received the 2023 Annual Report and appreciate the CRP's dedication and continued effort.

CFS understands the importance of the CRP and highly values the opinions of young people. We have received the following recommendations:

- 1. Improving the documentation process by Children and Family Services Specialists to highlight youth strengths.**

CFS is committed to examining the language we use in assessments, court reports, and narratives to ensure a strength-based focus. CFS will discuss this recommendation with Service Area Administrators to share with their case teams.

- 2. Involve young people in mental health decisions and services.**

In May 2024, this specific recommendation was presented to the Statewide Healthcare Oversight Committee. Several suggestions were identified, including working with Medicaid Managed Care Organizations (MCO) to ensure that youth who are aging out of foster care are aware of the services and supports their MCO can provide as they enter adulthood. The recommendations also included reviewing procedures and educating youth on the importance of the Youth Court Questionnaire. This questionnaire allows youth to have a voice in court decision-making, including decisions related to their mental health. Additional training will be offered to Child and Family Services (CFS) Specialists on ways to engage youth including the Youth Court Questionnaire.

3. Ensuring the right to receive a notice before vacating a foster home for youth who are about to age out or have already reached the age of majority.

CFS recognizes the critical importance of housing stability for young adults who have aged out of foster care. This issue has been receiving increased attention at the state and national levels. A promising practice CFS initiated includes facilitating communication between field staff and policy staff to ensure that the transition process for youth leaving foster care meets both state and federal requirements and, most importantly, the needs of the youth. CFS has witnessed the challenges that arise when foster parents ask young adults to leave their homes. Unfortunately, DHHS has limited control over this situation as the living arrangement is between the young adult and the former foster home. Housing is a priority, and CFS will continue to prioritize proactive discussions with the youth and foster parents to determine housing options and develop a contingency plan.

We anticipate continued collaboration in the upcoming year. Thank you for your contributions on behalf of the children and families of Nebraska.

Sincerely,



Kathleen Stolz

Acting Director of Children and Family Services

Nebraska Department of Health and Human Services

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: **Nebraska**

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2022-2023 School Year</u> (July 1, 2022 to June 30, 2023)	205	57
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	210	63

Comments:

***in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.**