

NEBRASKA

Good Life. Great Mission.

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 2025-2029 Child and Family Services 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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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services:
Division of Children and Family Services
2025- 2029 Child and Family Services Plan

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

DATE: June 25, 2024

Table of Contents

Section I. Vision and Collaboration	10
Section II. Assessment of Current Performance in Improving Outcomes	28
Section III. Plan for Enacting the State's Vision	62
Section IV. Services	67
Section V. Consultation and Coordination Between States and Tribes	99
Section VI. Targeted Plans within the 2025-2029 CFSP	104
Section VII. Financial Information	104
Attachment I. DHHS CFS ORG Chart	107
Attachment II. Nebraska's DHHS-Child and Family Service Array Continuum	112

The approved version of Nebraska's 2025 - 2029 Child and Family Services Plan 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 2025-2029 Child and Family Services Plan 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
NCFF	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
N-FOCUS	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. Vision and Collaboration

State agency administering the programs

Identify the name of the state agency that will administer the title IV-B programs under the plan. Describe the organization, its function, and the organizational unit(s) responsible for the plan and include organizational charts. Except as provided by statute, the same agency is required to administer or supervise the administration of all programs under titles IV-B, IV-E, and XX of the Act (45 CFR 1357.15(e)(1) and (2)).

Vision Statement

Provide a vision statement that articulates the state's philosophy in providing child and family services and developing or improving a coordinated service-delivery system. The vision should reflect the service principles cited above, which appear in federal regulations at 45 CFR 1355.25 (45 CFR 1357.15(g)).

In developing the vision statement, CB strongly encourages state child welfare agencies, in collaboration with community partners, to consider how they can continue to reorient their child welfare systems toward greater emphasis on prevention by addressing disparities, providing culturally responsive and linguistically appropriate services to underserved communities, and strengthening communities with a focus on prevention, including kinship caregiving.

Nebraska's Child and Family Services Plan (CFSP) for Federal Fiscal Years (FFY) 2025-2029 details the shared vision across the state's broader child welfare system to support prevention and better outcomes for children and families.

The Nebraska Department of Health and Human Services (DHHS) is a multiservice agency led by a Governor-appointed Chief Executive Officer (CEO). The CEO leads the Office of Economic Assistance (OEA) and five divisions: Children and Family Services, Behavioral Health (BH), Developmental Disabilities (DD), Medicaid and Long-Term Care (MLTC), and Public Health (PH). The Director of each division and OEA report directly to the CEO.

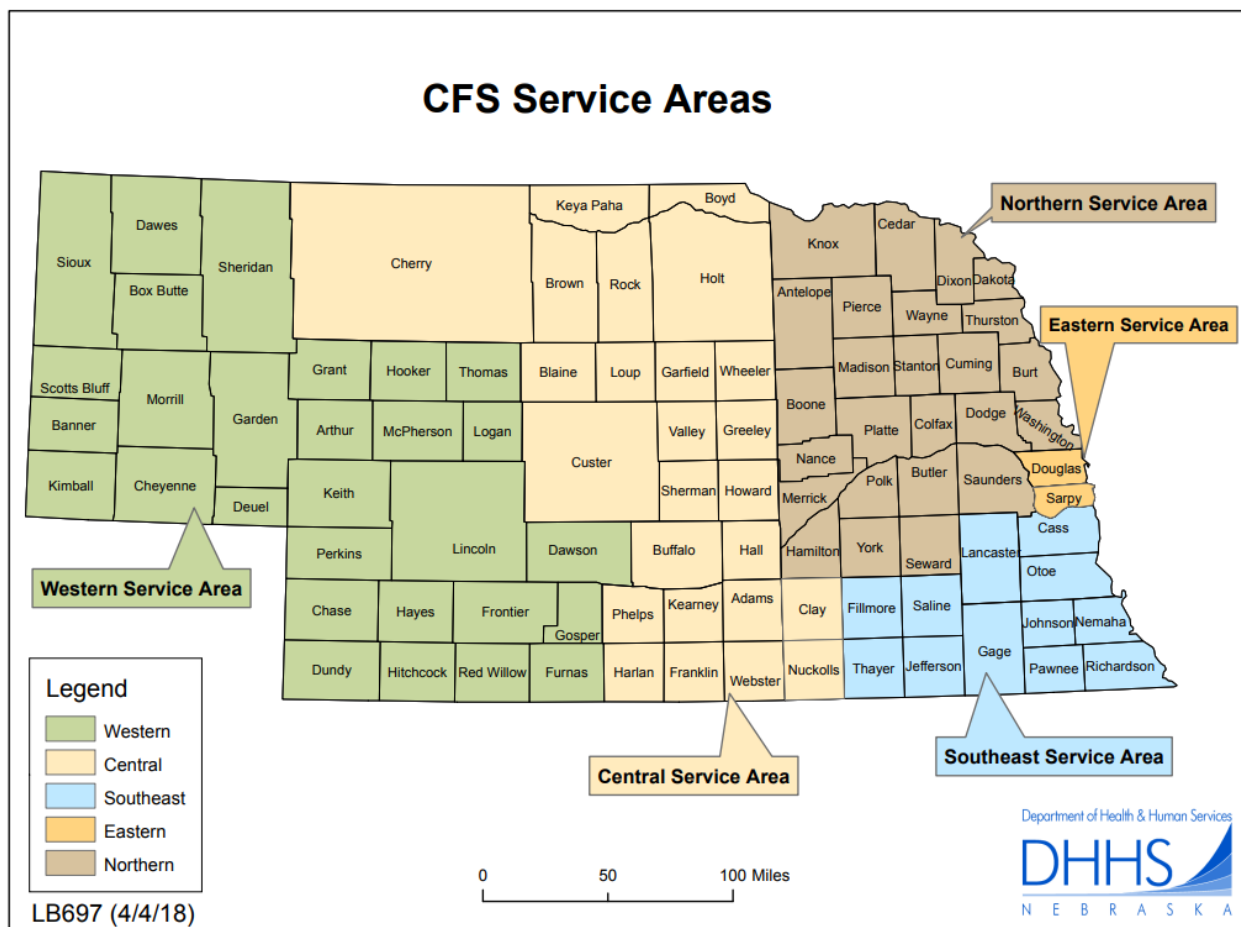
The Division of Children & Family Services (CFS) is comprised of the Office of Juvenile Services, OEA, the Policy and Legislative Unit, and the Protection and Safety Unit. The Director's leadership team includes the Deputy Directors for each unit: a Finance, Analytics & Quality, Service Area Administrators, and a Prevention Administrator. This organizational structure allows CFS to focus on and support the priorities identified by the division.

OJS oversees the operation of the three Youth Rehabilitation and Treatment Centers (YRTC) and one Psychiatric Rehabilitation Treatment Facility. YRTCs are located in Kearney, Hastings, and Lincoln. The Psychiatric Treatment Facility is located in Lincoln and serves youth between 14 and 18 years of age, adjudicated as juvenile offenders, and committed to OJS.

OEA administers the Supplemental Nutrition Assistance Program (SNAP), Aid to Dependent Children, refugee resettlement, energy assistance, child care subsidy, Aid to the Aged, Blind, and Disabled, and child support enforcement.

The Protection and Safety Unit is responsible for Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP), and Chafee Education and Training Vouchers (ETV).

In addition, the unit operates the statewide Child/Adult Abuse and Neglect Hotline and is responsible for conducting all initial safety assessments. Services are delivered through the five state-administered local service areas and tribal-administered child welfare programs. Case management functions are state-administered in all five service areas: Western, Central, Southeast, Eastern, and Northern.



Vision Statement:

The DHHS mission is “Helping people live better lives.” The vision of Protection and Safety is “Good Life. Safe Families.”

The vision of the Protection and Safety Unit is that “CFS will work to improve prevention services and remove fewer youth from the parental home while providing more comprehensive evidence-based services to children and their families in their own homes and reduce levels of secondary trauma. CFS will see a reduction in the turnover rate of Case Managers and will ensure that the Case Managers feel supported and satisfied while continuing to be proficient at

their work while engaging with the family and ensuring the family's voice and choices are heard and understood as well as ensuring that families will have the same Case Manager through the life of the case as often as possible. To achieve this vision, CFS will have improved collaboration, information sharing, continuity, and performance within CFS, with the families we work with, and all parties within the Nebraska child welfare system."

CFS Commitments include:

1. Children are our #1 priority.

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

2. We respect and value parents and families.

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

3. We value partnerships.

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

4. We are child welfare professionals.

- We use a Continuous Quality Improvement (CQI) framework to achieve measurable outcomes.
- We recognize the importance of providing accessible, flexible, effective, timely, and evidence-based services.
- We recognize the importance of preventing a child from being removed from the home by providing evidence-based services to address in-home parenting skills, substance abuse, and mental health.

- We recognize the importance of using strategies to enhance safety, engagement, and critical thinking.
- We value, respect, and support each other.
- We are proud that we improve the quality of life for families in our community.
- We are fiscally responsible.

We aspire to be culturally competent and build upon the strengths of community and cultural groups.

Collaboration

To create a shared vision across the broader child welfare system to support prevention and better outcomes for children and families, child welfare must coordinate and collaborate. A meaningful shared vision creates the conditions for community partners to see their organization and services as part of the vision and to align resources and supports to support the outcomes desired. In order to effectively collaborate to create a more equitable child welfare system, a diverse group of individuals and perspectives should be engaged to understand the impact of disproportionality and address potential disparities in services and outcomes. To assist states with meaningful and authentic engagement of a diverse group of individuals and perspectives, CB has developed a resource page. The publication “Engaging Young People With Lived Experience in the CFSRs: Key Considerations, Roles, and Recommendations” also provides useful information and tips.

Meaningful collaboration means that the state agency, families, children, youth, young adults and other partners identify and work toward shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and well-being of children in the child welfare system (45 CFR 1357.15(l)). CB encourages states to use a variety of approaches and activities to continue their collaboration and consultation. For example, the agency might gather information by holding focus groups, conducting surveys, holding joint planning forums, or developing other community-based strategies for linking the CFSP/APSRS with the CFRS review process.

The 2025-2029 CFSP must describe how families, children, youth, Tribes, courts and other partners were involved in key aspects of its development, such as: 1) the review of current performance data, 2) assessment of agency strengths and areas needing improvement, and 3) the selection of goals and objectives for improvement in the 2025-2029 CFSP five-year strategic plan. The description must also specify how families, children, and youth, Tribes, courts and other partners will be involved throughout the five-year period in the implementation of the goals and objectives and in the monitoring and reporting of progress (45 CFR 1357.15(l)(4)). To promote equitable treatment and outcomes, the agency must provide information on how it ensured that the engaged communities represented the racial diversity of the families and youth/young adults being served and how the state included those who have been historically underserved or marginalized, and those adversely affected by persistent poverty and inequality in the child welfare system.

In the 2025-2029 CFSP, states must provide information on how the state agency has demonstrated substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial communities, including the Court Improvement Program (CIP), in the

development and implementation of the CFSP and, if applicable, any active state CFSR PIP or title IV-E PIP (section 422(b)(13) of the Act). The state and CIP may share a common goal to improve the diversity and inclusion of the community and the workforce. It is important for states to engage in conversations with the CIP to determine where there are opportunities to collaborate. Resources to support states in strengthening collaboration and improving outcomes for children and families include the Technical Bulletin on Independent Legal Representation and the Judicial, Court, and Attorney Measures of Performance (JCAMP) project set of measures and suite of tools.

As outlined in ACYF-CB-IM-19-03, parent, family, and youth/young adult voice is critical to understanding how well the child welfare system is achieving its goals.

CB encourages states to provide support and activities that set the foundation for meaningful and authentic engagement, such as creating and facilitating training for child welfare partners and other activities that support shared decision-making. CB recently issued two new Child Welfare Policy Manual (CWPM) Q&As addressing how states can use federal funds to compensate individuals involved in planning and evaluating the state's efforts to improve services. Please see CWPM 7.4, Question 8 and CWPM 3.3E, Question 4.

Collaboration

Our collaborative foundation is built on a culture of intentional engagement across all DHHS Divisions and the inclusion of communities, stakeholders, and those with lived experience. Nebraska is committed to aligning the CFSP goals with programmatic strategic planning, stakeholder goals, lived experience input, PIP initiatives, and engagement with the courts, tribes, and providers. Additionally, Nebraska regularly hosts and participates in prevention-centered work that engages stakeholders and families to help design an improved family experience and supports needed to prevent system involvement.

In 2022, the Nebraska legislature passed Legislative Bill 1173, which tasked the three branches of government to work together to transform child and family well-being. During 2023, statewide community forums and listening sessions were held. During the forums, performance data was reviewed, and there was discussion around strengths and areas needing improvement. Information and input gathered during these sessions have created a broader network of partners to collaborate with in a manner that promotes shared ownership and outcomes. During the community sessions, themes emerged that support continued collaboration and methods for CFS to receive input and seek partnership. Prevention, diversity in funding, co-creation with lived expertise, quality staff training, equity in service delivery, partner collaboration, and shared outcome measures all rose as repeating themes that will be focus areas during the 2025-2029 period. More information about the LB1173 work and community forums can be found on our DHHS website at dhhs.ne.gov.

During 2025-2029, CFS will engage stakeholders, families, and partners in our FFPSA expansion planning through the external FFPSA Advisory Committee and internal FFPSA Steering Committee. Additionally, the Bring Up Nebraska initiative continues monthly partner meetings in various communities around the state to solicit feedback and engagement. The Statewide Wellbeing Plan developed under the Bring Up Nebraska initiative includes various

stakeholders, families, and community members. Nebraska is also preparing for the statewide assessment, which will be an opportunity to review data and evidence to support strengths and areas needing improvement.

The following are additional collaboration efforts in which CFS will engage families, youth, Tribes, courts, and other partners in implementing the goals and objectives and monitoring and reporting progress.

Family Advocacy Unit

The 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 will continue to use its policy for compensating individuals with lived experience and has utilized this to reimburse individuals for their work and participation in DHHS initiatives. Access to this compensation demonstrates the importance of including lived expertise in our work. A new statewide group, Engaging Lived Expertise, was launched in 2024 by a community partner, and CFS sits on this committee. This committee will continue efforts across the state to engage and compensate those with lived expertise in the coming years.

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.

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 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 contracted with The Stephen Group for this purpose. The Stephen Group began work on the project 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. In 2025-2029, the recommendations continue to be included in priority planning, including IV-E claiming and prevention strategies.

Family First Prevention Services Act

Nebraska will continue FFPSA expansion and full-state implementation, including adding EBP programming to underserved areas of the state and expansion of the Kinship Navigator program. Nebraska is in the exploration phase for implementing a Community Pathway and intends to include this in our 2024 FFPSA Plan submission. The FFPSA Advisory Committee is included in the review of our draft plan and implementation.

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.

The Thriving Families, Safer Children initiative was recently embedded into the Bring Up Nebraska Community Well Being planning and structure. The priorities and vision of both initiatives are aligned, and combining them allows for clarity and focus.

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 continue to meet 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.

During 2025- 2029, CFS will work with Careportal to assess usage and capacity for possible expansion.

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 invited to participate in Bring Up Nebraska community collaboratives.

Partnership with the Division of Public Health

CFS continuously collaborated with the Division of Public Health (DPH) throughout the duration of the prior CFSP on several projects that will continue into 2025-2029. CFS collaborated with DPH on the implementation and expansion of the child welfare protocol for Healthy Families America (HFA), Title-V programs to support public health prevention and maternal child programming. DPH also co-leads the Prenatal Plans of Safe Care project.

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

CFS routinely meets with the Nebraska Medicaid Managed Care Organizations (MCOs). 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

Nebraska works with the following organizations to implement and sustain Prenatal Plans of Safe Care.

- 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 IV, Services - Populations at Greatest Risk of Maltreatment \(section 432\(a\)\(10\) of the Act\)](#). In 2025, Nebraska is also moving forward with a third pilot site for Prenatal Plans of Safe Care in Dakota County.

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, Services - 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.

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.

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

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.

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).

LB 50 legislated a population of Probation youth to be eligible for the Bridge to Independence Program at age 19. This will be implemented in 2025 and requires ongoing collaboration and partnership with Probation for a successful launch.

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.

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 Model

In 2024, CFS decided to move to the SAFE Model and has been working closely with the vendor, stakeholders, and CFS staff to prepare for implementation in 2025.

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.

See [Section II, Agency Responsiveness to the Community](#), and [Section V, Coordination between the State and Tribes](#), for information on how CFS has collaborated with system partners and communities. Additional information and innovations in collaborative efforts are woven throughout all sections of this CFSP. Information regarding the coordination and work with the CIP and judicial partners is noted in [Section II, item 31, Agency Responsiveness](#).

Section II. Assessment of Current Performance in Improving Outcomes

In the 2025-2029 CFSP, the state must identify strengths and concerns related to performance on each outcome and systemic factor, including evidence of disproportionality and disparities in services and outcomes. States are encouraged to include an analysis of data regarding significant areas of concern, with a particular focus on those areas that may impact goals, objectives, interventions, and target populations. For each outcome and systemic factor, states must provide a brief update on any current or planned activities targeted at improving performance or addressing areas of concern identified.

As CFSR Round 4 has recently launched, states will want to take advantage of the linking their specific CFSR stage to the CFSP development. For example, states in the statewide assessment phase of the CFSR may find that information collected for that assessment is equally relevant to the CFSP development. Similarly, states that are in the PIP development phase of the CFSR may have findings, evidence, or strategies that are germane to CFSP development. Those states that are in the planning stages of CFSR Round 4 have the opportunity to think strategically about CFSP development so that it can support their upcoming CFSR activities.

In developing these updates, states are encouraged to supplement use of the Statewide Data Indicators and supplemental context data, with additional current administrative data (CCWIS and other sources), as appropriate. Those administrative data resources should be combined with case record review data and other quantitative and qualitative data for this assessment to provide relevant and reliable performance data on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors.

In developing updates specific to the systemic factors, states are also encouraged to review CFSR Technical Bulletin 12 which describes CB's intention to emphasize reliance on rigorous evidence to assess systemic factor functioning. As noted in Technical Bulletin 12, in CFSR Round 4, CB will continue to rely on quantitative and qualitative information to assess whether systemic factors are functioning statewide, and a stronger emphasis will be placed on generating empirical evidence that demonstrates functionality. As with prior CFSR rounds, when empirical evidence is unavailable or insufficient to illustrate performance on a systemic factor, qualitative data can be used (e.g., emerging themes from focus groups with those with lived experience and community partners). CB encourages states to use the 2025-2029 CFSP to identify and use evidence to demonstrate the state's ability to assess and routinely monitor statewide functioning of systemic factors. If this evidence is not currently available, states will want to put processes in place to develop and implement data collection and measurement.

In the publication, “[Assessing Systemic Factor Functioning: Using Data and Evidence](#)” released in September 2022, CB included two sections, one entitled “Questions for Exploring the Systemic Factor Federal Requirement” and another “Getting Curious: Moving Beyond Federal Requirements, and Areas for Future Consideration.” The sections in the guide break down each of the systemic factors with questions that suggest sources of relevant information and data that child welfare agencies and their partners can investigate to explore the systemic factor federal requirement in their efforts to improve the system. Approaching the 2025-2029 CFSP with a similar emphasis on data, evidence, and meaningful engagement provides a way to better understand the functioning of the child welfare system.

The CB RO will consult with states to determine how to align and report on an update to the outcomes and systemic factors, considering the state’s situation with respect to the timing of the CFSR and CFSR PIP development.

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: 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 (N-FOCUS), and data from youth, families, and various stakeholders.

During the preparation and development of the CFSP, CFS identified key data limitations. CFS will implement strategies to improve data collection methods and enhance data analysis capability to sufficiently assess the CFSR outcomes and systemic factors. CFS is beginning to work on the CFSR statewide assessment, which is due to the Children’s Bureau at the end of calendar year 2024. Addressing the identified data limitations will improve CFS’s ability to further assess the CFSR outcomes and systemic factors and identify root causes for areas needing improvement for the statewide assessment.

CFS recognized the need for enhancements to capture relevant data and produce reports that ensure it serves all people equitably. CFS is implementing strategies to increase the agency’s ability to measure and/or account for variations in populations and impact on outcomes. CFS will implement necessary changes to better capture information for various populations and ensure data and case review information are available to accurately portray the experiences of those who may be marginalized and more likely to have disparate outcomes.

Racial disproportionality information is currently available by state, service area, and county. CFS recognized the need to enhance data collection and utilization to understand and address racial disproportionality in various points of the child welfare programs and services. Planned enhancements will allow CFS 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.

CFS is currently evaluating its ability to assess and routinely monitor the statewide functioning of systemic factors and implementing strategies to enhance data collection and measurement for these items. CFS is utilizing the Center for the State’s Systemic Factor Planning worksheets and

“Assessing Systemic Factor Functioning: Using Data and Evidence,” published by the Children's Bureau, to assist with enhancements in this area. These resources have helped the state team think through how to effectively demonstrate systemic factor functioning, identifying existing data sources, gaps in evidence, and additional data needs. CFS is implementing strategies in the next few months to address identified needs to ensure a strong CFSR statewide assessment prior to the state's federal CFSR review in April 2025.

Safety Outcomes 1 & 2:

Data Demonstrating Current Functioning:

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?

The CFS 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. 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 most recent CQI CFSR case review data from October/November 2023 indicate that CFS met timeframes for initiating investigations of reports of child maltreatment in 33 of 40 applicable cases (83%). However, data from N-FOCUS for all child abuse intakes from January 2023 through December 2023 shows a timely response between 94-98% for P1 intakes and 92-97% for P2 intakes. In December 2023, contact was made timely for 98%, or 321 out of 328, of child victims in P1 intakes and 95%, or 789 out of 831, of child victims in P2 intakes.

In addition to the most recent CFSR case review data, the state's CFSR Round 3 performance indicators show that the state is keeping children safe by keeping the recurrence of maltreatment well below the national performance of 9.7%. The state's observed recurrence of maltreatment rate has remained below 7% in the last 12 months and was at 4.5% in December 2023. The most recent (February 2024) Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data profile report shows a Risk-Standardized Performance (RSP) of 8.9%, which is statistically no different than the national performance of 9.7%.

Current performance indicates strengths for CFSR Item 1.

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?

The most recent CQI CFSR case review data from October/November 2023 indicate that CFS made concerted efforts to protect children in the home and prevent removal or re-entry into foster care in 90% of the cases reviewed.

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 national performance of 5.6%. In December 2023, the state's re-entry rate was 2.2%. Observed performance for the state shows a decline in re-entry from February 2023 to December 2023. The most recent (February 2024) Federal AFCARS data profile report shows an RSP of 5.2%, which is statistically no different than the national performance of 5.6%.

Current performance indicates strengths for CFSR Item 2.

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?

The most recent CQI CFSR case review data from October/November 2023 indicate that CFS made concerted efforts to assess and manage safety and risk in 75% of the cases reviewed. Additionally, the CFSR Round 3 monthly observed performance indicators also show the state is keeping children safe in foster care by consistently remaining below the national performance of 9.07 in the recurrence of maltreatment in foster care measure. The state's observed rate of maltreatment in foster care has remained below 4.0 in the last 12 months and was at 2.34 in December 2023. The most recent (February 2024) Federal AFCARS data profile report shows an RSP of 7.06, which is statistically better than the national performance of 9.07.

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; these barriers include the following:

- Inconsistency in coaching and supervision to ensure safety assessments are sufficient to address changes in case circumstances and at critical case junctures;
- High turnover rates leading to elevated caseloads impacting case management processes; and,
- Complicated assessment tools and processes that impact accurate utilization by staff.

Current/Planned Activities for Enhancements to Safety Outcomes 1 and 2 (Items 1, 2, & 3): CFS plans to update these strategies to align with additional needs and or progress identified in the more thorough statewide assessment at the end of 2024 and the CFSR reviews in April 2025:

- Continue utilization of CFS case management reports to help staff ensure contacts were made timely and safety and risk assessments were completed to ensure safety/risk for the child;

- Streamline assessment process and tools to ensure an efficient process for CFS staff to track progress towards reunification and case closure;
- Improve frontline worker and supervisor training and engagement strategies; and,
- Streamline policy and practice and enhance critical thinking in staff.

Permanency Outcomes

Data Demonstrating Current Functioning:

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)?

The CFSR Round 3 monthly observed performance indicates the state maintained a placement stability rate below 4.0 from January to December 2023. The most recent (February 2024) Federal AFCARS data profile report shows an RSP of 3.41. While the placement stability rate remained below 4.0 between January to December 2023, there was an increase between April and November 2023, particularly in the Eastern service area. 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 completed in October/November 2023 indicate placement was stable for 60%, or 30 of 49, of youth selected for review.

Current performance indicates a continued need for improvement for Item 4 for all service areas and the tribes.

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

The child's permanency goal continues to be an area of need for Nebraska, as demonstrated by the most recent CQI CFSR case reviews. The October/November 2023 reviews indicate that the permanency goal was established timely and in a manner appropriate for the child's needs in 46%, or 22 of 48, of applicable 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 applicable youth (160 out of 190 youth). The Eastern service area needs the most improvement in this area. Additionally, approximately 22% of the youth in out-of-home care for 15 of the most recent 22 months have had a Termination of Parental Rights (TPR) filed on/or before day 15 of the month in out-of-home care. This data excludes the youth who met an exception for TPR filing. Timeliness to TPR is an area of need for all service areas.

Current performance indicates a continued need for improvement for Item 5 for all service areas and the tribes.

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

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 remained around the 30% mark for the 2023 year, below the state's target goal of 35.2%. The state's monthly performance data is consistent with the most recent Federal AFCARS data profile (February 2024) report, which shows the state is performing below the national performance, with an RSP of 29.4%. Data indicates that all service areas are performing below the state's target goal for this measure, with the eastern and southeast service areas showing the highest need for improvement.

According to the state's Round 3 Federal Indicators, 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 2023, with November and December exceeding the state's 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. The most recent Federal AFCARS data profile (February 2024) shows the state performs similarly to the national performance, with an RSP of 43.4%. The eastern service area shows the highest need for improvement and is the only service area performing below the state's target goal of 43.8%.

According to the state's Round 3 Federal Indicators, 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 in calendar 2023 for this measure. The state is achieving permanency within 12 months for 44% of youth who have been in care for 24 or more months, above the state's target goal of 37.3%. The most recent Federal AFCARS data profile (February 2024) report shows the state is similar to the national performance, with an RSP of 39.1%. The state's monthly observed measures show that all service areas are meeting or exceeding the state's target goal for this measure with performances of 40% or more, with the Eastern, Central, and Northern service areas showing the highest need for improvement.

Timeliness of permanency for the child continues to be an area of need for Nebraska, as demonstrated by the most recent CQI CFSR case reviews. The October/November 2023 reviews indicate that permanency was achieved timely for the child in 51%, or 25 of 49, of applicable cases.

Current performance indicates a continued need for improvement for Item 5 for all service areas and the tribes.

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?

This item continues to be an area of strength for Nebraska. Most recent case reviews in October/November 2023 indicate CFS ensured siblings were placed together or justified the need to place siblings separately in 81%, or 21 of 26, of applicable cases. During quarterly case reviews, most service areas consistently achieve 90% for this item. The tribal cases show the most need for improvement. However, this could be mostly due to a lack of documentation, available case files, and interview information during the period under review (PUR).

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?

The October/November 2023 case reviews indicate CFS ensured youth placed in foster care continued to have visits with parents and siblings in 70%, or 30 of 43, of applicable cases. The Eastern and Northern service areas need the most improvement for this item. The tribal cases show the most need for improvement. However, this could be mostly due to a lack of documentation, available case files, and interview information during the PUR.

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?

The October/November 2023 case reviews indicate that CFS made concerted efforts to preserve meaningful connections for children in care in 80%, or 39 of 49, of applicable cases. Service areas and the tribe report making efforts to preserve the child's important connections; however, the case managers need to improve with documenting information in N-FOCUS regarding efforts.

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

The October/November 2023 case reviews indicate CFS made concerted efforts to place children with relatives in 64%, or 30 of 37, of applicable cases. The Eastern Service area needs the most improvement with this item.

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.

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?

Most recent review data indicates that CFS made concerted efforts to preserve the relationship between the child in foster care and their parents in 71%, or 27 of 38, of applicable cases. Service area and tribal/tribal case managers need to improve documenting efforts made to

preserve the relationship between the child and parents. Item 11 remains an area of need for the state.

The root causes identified for permanency outcomes 1 and 2 (Items 5-11) are similar to those identified during the CFSR PIP period; these barriers include the following:

- Inconsistency in coaching and supervision to ensure timely and effective use of concurrent planning and timely reunification when the children could be safely maintained in the home with a safety plan;
- High turnover rates leading to elevated caseloads impacting case management processes;
- Complicated assessment tools and processes that impact accurate utilization by staff potentially impacting decisions for reunification and case closure; and
- Legal and court barriers impacting timely concurrent planning and TPR.

Below are some of the current/planned activities to address identified barriers. CFS plans to update these strategies to align with additional needs and or progress identified in the more thorough statewide assessment at the end of 2024 and the CFSR reviews in April 2025.

Current/Planned Activities for Enhancements to Permanency Outcomes 1 and 2 (Items 4-11):

- Continue utilization of CFS case management reports to help staff ensure case mapping/case staffing is conducted throughout the case to ensure timely permanency (i.e., case staffing at 30, 60, 90 days, etc.).
- Streamline assessment process and tools to ensure an efficient process for CFS staff and track progress towards reunification and case closure.
- Improve frontline worker and supervisor training and engagement strategies.
- Streamline policy and practice and enhance critical thinking in staff.
- Partner with CIP to develop and implement strategies to address barriers to permanency (court utilization of concurrent planning and timely filing and TPR decisions).
- Implemented strategies to increase the case manager's understanding of concurrent planning and TPR requirements.

Well-Being Outcomes

Data Demonstrating Current Functioning:

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?

The most recent review data from October/November 2023 indicate that CFS made concerted efforts to assess the needs of and provide appropriate services for children, parents, and foster parents in 53%, or 39 of 73, of applicable cases. The service areas do better with assessments and services for the child and foster parents, but need the most improvement with completing the

needs assessment and providing services to the child's parent(s), particularly the child's father. The tribal/tribal cases show the most need for improvement; however, there was a lack of case documentation and available interview information for case activities during the PUR.

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?

The most recent review data from October/November 2023 indicate that CFS made concerted efforts to involve children and parents in case planning in 74%, or 53 of 72, of applicable cases. 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. The tribal/tribal cases show the most need for improvement; however, there was a lack of case documentation and available interview information for case activities during the PUR.

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?

The most recent review data from October/November 2023 indicate CFS maintained frequent and quality visits with children in 75%, or 55 of 73, of cases reviewed. CFS continues to do well with the frequency of contact with children. However, improvements need to be made to improve the quality of the visits. The tribal/tribal cases show the most need for improvement; however, there was a lack of case documentation and available interview information for case activities during the PUR.

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?

The most recent review data from October/November 2023 indicate CFS maintained frequent and quality visits with parents in 59%, or 38 of 64, 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. The Eastern service area and the tribes require the most improvement in this area. For the tribal cases, there was a lack of case documentation and available interview information for case activities during the PUR.

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?

During the most recent review in October/November 2023, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 85%, or 39 of 46, of applicable cases. Nebraska has consistently done well in evaluating the child's educational needs and providing services to address those needs. The tribal cases show the most need for

improvement; however, there was a lack of case documentation and available interview information for case activities during the PUR.

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?

The most recent review in October/November 2023 indicates that CFS made concerted efforts to assess the physical health needs of the children and provide appropriate services in 50%, or 28 of 56, of applicable cases. Physical health needs assessment and services, particularly those required for dental health needs, are areas of need for all service areas and the tribe.

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

The most recent review in October/November 2023 indicates that CFS has made efforts to assess children's mental and behavioral health needs and to provide appropriate services in 83%, or 35 of 42, of applicable cases.

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; these barriers include the following:

- Lack of non-custodial parent engagement (In many of the cases, this is the child's father);
- High case manager turnover rates leading to elevated caseloads impacting case management processes
- Complicated assessment tools and processes that impact accurate utilization by staff potentially impacting decisions about needs and services
- Lack of foster care providers to provide placement stability and support, particularly for youth with higher level needs; and,
- Lack of timely examinations and services to address dental health needs.

Below are some of the current/planned activities to address identified barriers. CFS plans to update these strategies to align with additional needs and or progress identified in the more thorough statewide assessment at the end of 2024 and the CFSR reviews in April 2025.

Current/Planned Activities for Enhancements to Well-Being Outcomes 1, 2 & 3 (Items 12-18):

- Streamline assessment process and tools to ensure an efficient process for CFS staff to ensure adequate needs assessments throughout the case.
- Improve case manager and supervisor training and engagement strategies.
- Streamline policy and practice and enhance critical thinking in staff.
- Continued participation initiatives to increase engagement with fathers, such as 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.

- Continued use of Safety Organized Practice (SOP) across the state. Case managers utilize SOP tools and strategies to improve engagement and quality contacts with youth and parents throughout the state.
- Continued support by the Health Care Oversight (HCO) Committee to review aggregate data from various sources, within and outside of DHHS, to identify health trends, concerns, and priority areas to address through strategies.
- See *Foster Care Recruitment and Retention plan* for strategies around enhancing foster care placements.
- Further explore barriers to timely dental examinations and services and develop strategies to address barriers.

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

The 2025-2029 CFSP must include:

- Available data and information that demonstrates the current functioning of the state's operational information system that readily identifies 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.
- Based on these data and input from families, children, and youth; Tribes, courts and other partners; the state must include in the 2025-2029 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor.
- Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2025-2029 CFSP (section D3), provide a cross-reference to the appropriate section or document to avoid duplication.

Systemic Factors

Data Demonstrating Current Functioning:

Statewide Information System (Item 19)

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?

CFS operates a Statewide Automated Child Welfare System (SACWIS) called N-FOCUS. In supporting roles statewide, N-FOCUS is available to Case Managers, Supervisors, Administrators, and staff. N-FOCUS collects and maintains information regarding individuals, families, and providers who receive services from or interact with the agency. Collecting and maintaining data in N-FOCUS 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 AFCARS, the National Child Abuse and Neglect System (NCANDS), the 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 the placement of every child who is (or has been within the immediately preceding 12 months) in foster care. This item was found to substantially conform with federal requirements during the Round 3 CFSR 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 N-FOCUS system. Furthermore, quality assurance reviews indicate high-quality data is documented in N-FOCUS by the Case Managers. Recent Quality Assurance (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.

Current/Planned Activities for Statewide Information System:

While the statewide information system continues to be an area of strength, Nebraska believes in ongoing evaluation of current system functioning and making improvements when possible. The following activities are being implemented:

- Enhancements are being made to build real-time data dashboards, allowing staff access to real-time data beyond what is currently available through the daily Case Management Due Date reports and Child Summary Reports from N-FOCUS. Real-time data dashboards will allow staff to access, review, and update the case information more easily.
- The quality assurance team ensures field staff have sufficient knowledge and understanding of N-FOCUS to capture, store, and retrieve accurate client information. The team provides the summary of pre-release N-FOCUS instructions and detailed instructions for all N-FOCUS changes to users to ensure proper system usage and understanding of data definitions.
- The quality team reviews demographic and other case information for every child in the case selected for CFSR review and sends an email regarding the error to the Case Managers and Supervisors. Case Managers make the necessary corrections in N-FOCUS.

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

The 2025-2029 CFSP must include:

- Available data and information that demonstrates the current functioning of the case review systemic factor.
- Based on these data and input from families, children, and youth; Tribes, courts and other partners; the state must include in the 2025-2029 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor.
- Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways

to strengthen outcomes, consistent with the agency's vision. Activities may include joint efforts with the CIP and legal and judicial system, including use of the JCAMP measures. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2025-2029 CFSP (section D3), provide a cross-reference to the appropriate section or document to avoid duplication.

Data Demonstrating Current Functioning:

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?

The Case Plan is a written agreement developed between the family, the case manager, and other team members as appropriate. Case plans are developed for families involved in court and non-court families. The court approves or modifies the case plan for families involved with the court. A case plan must be created within 60 days of a child being placed in foster care. NFOCUS data from calendar year 2023 shows this timeframe was met 69.5% of the time.

The target for this item is 95%. Nebraska reviews foster care cases and makes concerted efforts to case plan with both mothers and fathers. NFOCUS data shows over the last five years, at required case plans with mothers were completed between 80% and 86% of the time; with fathers this rate dropped to 60%. Nebraska has continued to strive to meet this target, but additional work is needed. Nebraska is actively assessing strategies to reach this objective effectively.

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?

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.

Data received from the Foster Care Review Office shows that for the past five years, court reviews are occurring every six months for children in foster care around 95% of the time.

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?

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.

Data received from the Foster Care Review Office shows that for the past five years, permanency hearings have occurred no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter for children in foster care 86-94% of the time.

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?

N-FOCUS data indicates that TPR filings for youth who have been in out-of-home care for at least 15 out of the most recent 22 months have fluctuated over the past five years. Since 2019, the trend has been similar, with the percentages ranging between 15% and 50%. In 2023, the percentages were between 10.4% and 40.2%. CFS will put additional focus on identifying barriers and addressing performance for this item.

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?

Nebraska currently uses surveys to gather adequate feedback to ensure foster parents are actively involved and aware of their rights concerning the foster child in their placement. In 2021, CFS issued a Standard Work Instruction (SWI) instructing Case Managers to notify foster parents of upcoming court proceedings for children in their care to improve this item. Implementation of the SWI has varied based on the support available to field workers. Written notification is not automated therefore data collection is difficult to gather.

Over the last five years, an average of 65% to 75% of foster parents have reported that case managers have discussed upcoming court hearings or provided information on how the foster parent can submit the Foster Parent Questionnaire. CFS identified this item as one in which additional efforts are needed to ensure data is easier to access.

Current/Planned Activities for Case Review System (Items 20-24):

- CFS utilizes a standardized case staffing model to ensure consistent application of DHHS policy to achieve safety, permanency, and well-being for all children. 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 ongoing case planning. Additional training and coaching will be provided to support the case staffing model.
- 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. Efforts will be made to implement the recommendations from this workgroup to include updates to N-FOCUS and staff training.

- The Nebraska CFS Central Office has three dedicated staff members focusing on ICWA and tribal youth and families. These staff work collaboratively with the tribes, as well as tribal staff, to improve outcomes in the areas of safety, permanency, and well-being.
- Nebraska recently drafted a new Family Team Meeting Standard Operating Procedure (SOP) that streamlines requirements around creating and utilizing the family team at critical points in the life of a case. Implementation of this new SOP will create a targeted focus on safety and creating goals specific to the safety needs.
- CFS will continue to partner with CIP to educate legal parties on the importance of review hearings.
- CFS will review CFS practice for documentation of appeal entries and make recommendations for improvement based on findings.
- CFS will continue to partner with CIP to educate legal parties on the importance of permanency hearings.
- CFS, in collaboration with CIP, will look deeper at the data to determine trends in areas of the state that do not perform as well as others.
- CFS will continue targeted case reviews for each CFS Administrative team to reduce the length in care resulting in a reduced number of required permanency hearings. The reviews focus on safety, permanency, and well-being, as well as address barriers to permanency.
- CFS will continue to partner with CIP to educate legal parties on the importance of timely TRP filings.
- CFS will utilize internal CQI reports to identify the youth where parental rights need to be addressed to achieve permanency in a timely manner.
- CFS, in collaboration with CIP, will look deeper at the data to determine trends in areas of the state that do not perform as well as others.
- CFS will make system improvements to N-FOCUS to automate a recommendation to the court when an exception hearing or TRP is suitable.
- CFS will continue to partner and have local agreements with Lancaster and Douglas counties to assist in funding additional legal staff to review, file, and present evidence to support TPR.
- CFS and CIP continue working together to enhance the foster parent notification process to ensure foster parents receive the court hearing date/time and notification of the right to be heard during court hearings for the child.
- CFS is creating an N-FOCUS enhancement so that court hearing notices will be automatically sent to foster parents with the upcoming hearing date and time.
- Foster Parent Questionnaires will be modified to ensure adequate data is collected and surveys will be completed on a more regular cycle.

Quality Assurance System (45 CFR 1355.34(c)(3))

For the 2025-2029 CFSP:

Provide an updated assessment that describes the state's ability to review, monitor, and provide oversight through the QA/CQI system and planned enhancements to the QA/CQI system to support progress.

States should provide information on how the CFSR and/or CFSR PIP feedback loops were utilized in the development of the 2025-2029 CFSP goals and objectives. States should also address how feedback loops take into consideration the different types of

information that families, children, and youth; Tribes, courts and other partners; will find useful to assist the state in their system improvement efforts.

In addition, in the 2025-2029 CFSP, address the following:

- Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system. Include information on training or other supports to enhance the capacity of CQI/QA staff to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time.
- Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.
- Describe the state's current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI) and made available in the CFSR Online Monitoring System (OMS) reports or data extracts, as part of the state's ongoing QA/CQI process.
- Provide an update on the state's efforts to move towards or sustain the ability to conduct a State-Led Review Process for future rounds of CFSRs and to inform ongoing CQI/QA processes. (Please see Appendix A of Technical Bulletin 12 for more information.)

Data Demonstrating Current Functioning:

Quality Assurance System (*Item 25*)

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?

The CFS Quality Assurance system has been a consistent area of strength for Nebraska. This systemic factor was rated as a strength during Round 3 CFSR reviews and remains an area of strength.

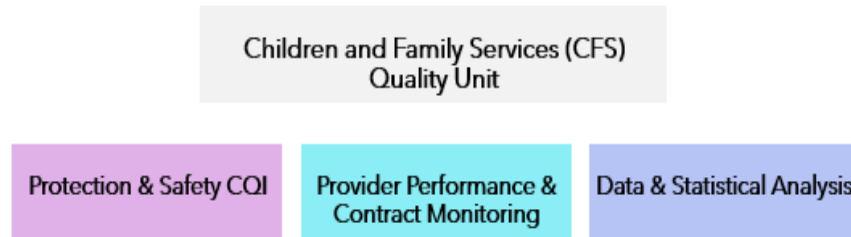
CFS's CQI system functions statewide to accomplish the following:

- Operate in the jurisdictions where the services included in the CFSP are provided;
- Has standards to evaluate the quality of services;
- Identify strengths and needs of the service delivery system;
- Provide relevant reports; and
- Evaluate implemented program improvement measures.

Information to support the five above criteria was explained in detail in Nebraska's 2020-2024 Final Report and briefly summarized below.

(1) Operate 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. The CFS quality unit monitors CQI 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 through the implementation of quality assurance and CQI system and activities statewide.

The provider performance team implements various contract monitoring and provider performance activities to ensure the successful provision of services and successful outcomes for children and families.

The data and statistical analysis team supports CFS staff through the completion of data analysis and reporting; information system development and enhancements; and providing technical and system application support.

The Nebraska CQI framework creates a process that allows for information-gathering, sharing, and collaboration to improve outcomes for children and families. The CFS quality unit 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. CFS operates CQI data review and discussions statewide and within the five service areas and the tribes. The CQI discussions include data review, identifying strengths and root causes for areas needing improvement, and developing strategies for improvement.

(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 through various case reviews and quality assurance review processes. 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.

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.

CFS has standards to ensure data quality and validity using various methods. CFS ensures quality data collection through N-FOCUS. CFS ensures quality data collection by dedicating staff to evaluating and improving the user interface and enhancing the user experience with the system. Routine enhancements are made to ensure accurate data collection that meets various federal reporting requirements (i.e., AFCARS, NCANDS, NYTD, etc.). In addition to ensuring quality system data, the CFS quality team implements a comprehensive inter-rater reliability program to ensure case review/quality assurance rating accuracy. The inter-rater reliability program includes implementing second-level review processes, routine inter-rater reliability exercises, and discussions addressing reviewer proficiency and case review rating consistency.

(3) Identify the strengths and needs of the service delivery system

The quality 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 the outcomes for children and families.

The protection and safety CQI team uses the Federal CFSR OSRI and the Federal 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 CQI review team utilizes other QA instruments to assess and identify strengths and areas needing improvement. 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 contract monitoring team implements various service provider contract monitoring activities and reviews to ensure compliance with service delivery needs. Contract monitoring activities include service quality reviews, personnel file reviews, placement support plan reviews, provider performance reviews, and foster parent recruitment and retention plan reviews.

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.

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) Provide 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 the 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, Title IV-E case reviews, safety and non-safety proactive reviews, and other specific QA reviews to update goals, objectives, and interventions.

CFS case managers, supervisors, administrators, and all other internal staff also have access to various reports with aggregate case data from N-FOCUS. 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 allows CFS staff to access key reports, including the Case Manager Due Date Trackers. CFS staff use the daily trackers to identify all pending, completed, and late case management activities. 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 reports, 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 reports enable users to drill down to case-level details to address deficiencies.

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 with the providers continuously.

(5) Evaluate implemented program improvement measures

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.

CQI discussions and evaluations take place with CFS staff in each service area in numerous ways and include 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.
- Feedback is provided through quarterly service area supervisor and administrator CQI meetings.
- 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.
- 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 CFS administrators, supervisors, and case managers to recognize excellent case management practices discovered during QA reviews.

Feedback Loops as Part of the CQI/QA Process, APSR, CFSP, Statewide Assessment, etc.

Engaging parents, families, youth, foster parents, and other system partners at all levels of discussion and 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.

Feedback is a key component of a successful CQI system. Nebraska utilizes various methods to ensure information is distributed, and discussions are held with various stakeholders. Communication, engagement, and feedback is sought from stakeholders through various means, including the following:

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 the execution of 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. CFS plans to continue to engage youth, families, and foster parents through various methods, including ongoing customer satisfaction surveys, advisory committees, and other activities.

Feedback Loop - Providers

The Contract Monitoring Resource Development (CMRD) team schedules quarterly performance conversations with the foster care child placing agency supervisors, administrators, and quality assurance staff to discuss the agency's performance and develop strategies for improvement. 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, barriers and obtain feedback from the providers.

Feedback Loop - CFS Staff

Feedback from the CFSR reviews and outcome data is monitored and reviewed with staff and stakeholders across the state. Feedback occurs in numerous ways, including delivery of review results and feedback to the CFS Case Managers and Supervisors; distribution of 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

The feedback loop occurs in many ways with the Tribes. Regular discussions include a review and discussion of written case review reports and a CQI packet with data/charts for outcome measures specifically selected by the Tribes. Discussions include identification and development of strategies for improvement.

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

CFS continues to strengthen the feedback loop with the Nebraska Court Improvement Project (CIP). CFS and CIP hold meetings on a regular basis to share information, discuss family outcomes, system strengths and barriers and collaborate on strategies for improvement. The CIP Director and staff are part of the CFSR planning team and are integral part of the planning for the CFSR Statewide Assessment and Case Reviews in 2024/2025. Other stakeholders, including youth, families, courts, and other stakeholders/partners affected by and with a vested interest in child welfare outcomes, are involved in reviewing information and providing feedback through committees such as the CFSR Advisory Committee.

CFS engages system partners, parents, families, youth, and foster parents in various initiatives and ensures stakeholders are actively involved in discussions and development of department initiatives, including evaluating department goals and developing the 2025-2029 CFSP goals.

To further strengthen the feedback loop and engagement with children and families, CFS continues to improve families' experience and feedback about the system through the CFS Family Advocacy Unit (FAU). The FAU aims to improve families' experience of the systems intended to serve them, including child welfare, economic assistance, and child support

enforcement. FAU ensures that individuals with lived experience are supported as leaders in their communities and are represented on CFS-led projects.

Current/Planned Activities for Enhancements to the Quality Assurance Systemic Factor

While CFS has a robust CQI system, the team continually assesses the state's CQI system's capacity and implements strategies for improvement. Below are some of the current/planned activities for enhancements.

- **Statewide and Service Area CQI Process Enhancements**

CFS continues to evaluate CQI processes statewide and service area and implement enhancements as needed. In 2023, CFS explored and piloted a different CQI review model, ChildStat, in some service areas to determine if changes should be made statewide. CFS decided to implement a different structure for CQI discussions in 2024 while continuing to evaluate and possibly adopt certain aspects of the ChildStat model. CFS continues CQI discussions statewide through the following process enhancements implemented in 2024.

- CFS conducts quarterly data reviews and CQI discussions with CFS administrators statewide. CQI discussions take place during quarterly in-person extended leadership meetings with CFS administrators from all service areas across the state. The CQI discussions include a review of data and case information to identify strengths, root causes for areas needing improvement, and development of strategies for improvement.
- In addition to quarterly statewide CQI discussions, the service area CQI and CFSR data reviews and discussions are held quarterly with CFS administrators and supervisors in each service area.

- **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 and real-time scorecards and dashboards for CFS staff.

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. CFS is making efforts to increase the agency's ability to measure and/or account for variations in populations and impact on outcomes. Efforts are ongoing and continue to be a priority in the next report year to address the following:

- CFS continues to evaluate data system and reporting capabilities. CFS will implement necessary changes to better capture information for various populations and ensure data and case review information are 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.

- **Feedback Loop Enhancement**

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 is committed to exploring effective ways to engage parents, families, youth, foster parents, and system partners in ongoing CQI discussions. CFS plans to utilize various methods to provide and receive feedback and engage all stakeholders during the CFSR statewide assessment in 2024 and the CFSR review process and program improvement planning and development in 2025.

- **Families First Prevention Service Act (FFPSA) CQI Process Enhancements**

CFS developed a measurement framework for implementing and evaluating FFPSA Services. The framework addresses capacity, reach, fidelity, and program outcomes. Ongoing efforts are being made to enhance quantitative and qualitative analysis to assess the family's success with FFPSA. Enhancements include the following:

- 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 to service completion.
- Implementing case review processes to confirm youth eligibility and determine if youth eligible for the identified FFPSA programs were referred to and benefited from the program.

Other Requirements Per CFSP Program Instruction:

- **Training or Other Supports**

Nebraska plans to utilize support and technical assistance from the Capacity Building Center for the States during the planning, preparation, and completion of the state's CFSR statewide assessment, case reviews, and any program improvement plan, if applicable, in 2024 and 2025. Nebraska has actively participated in various CFSR preparation webinars and activities provided by the Capacity Building Center for the States and plans to access ongoing support as needed. Nebraska also began utilizing various resources from the Center for the States to begin preparations for the Statewide Assessment. Nebraska finds the systemic factor data planning worksheets particularly useful in enhancing staff's capacity to develop analytical questions, generate appropriate measures, and develop plans for ongoing evaluations to assess improvement.

- **CCWIS Enhancements**

Please see [Section II Item #19 Information System](#) for planned enhancements related to the CCWIS system.

- **Current Case Review Instrument and data collection**

The quality team uses the Federal CFSR OSRI and the Federal OMS to conduct case reviews on an ongoing basis. The review process is identical to the one used during Federal CFSR reviews. 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).

- **Capabilities to Conduct State-Led CFSR Review**

Nebraska has a team structure and case review process that meets all criteria for state-led CFSR reviews as outlined in the CFSR Technical Bulletin 12 and the CFSR Manual. The Children's Bureau acknowledged Nebraska's letter of intent to conduct a state-led CFSR review from April to September 2025. Nebraska is currently working with the Children's Bureau (CB) to demonstrate that all requirements specified in the state-led CFSR case review criteria document have been successfully met by the state. This process is ongoing and requires Nebraska to demonstrate the ability to meet all requirements by October 1, 2024.

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

The CFSR systemic factor of staff training relates directly to CB's priority of supporting a diverse and healthy workforce. Training is just one of the components needed to ensure that child welfare professionals are knowledgeable about the expected approach to case work practice based on the state's vision of child welfare.

To the extent not addressed in Plan for Enacting the State's Vision (in section D3) and the Training Plan (in section D6) the 2025-2029 CFSP must include:

- Available data and information that demonstrates the current functioning of the systemic factor regarding staff training.
- Based on these data and input from families, children, and youth; Tribes, courts and other partners; the state must include in the 2025-2029 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor.
- Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2025-2029 CFSP (section D3), provide a cross-reference to the appropriate section or document to avoid duplication.

Data Demonstrating Current Functioning:

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?

CFS requires all CFS case managers to complete New Worker Training (NWT) or show evidence of prior completion in Nebraska or similar training in another state before working independently with families.

Through internal and external surveys, feedback, and communications with staff, input is heard to improve outcomes. Feedback and survey responses show that trainees struggle when topics are dispersed throughout training and would like additional hands-on learning. With the goal of shorter NWT timeframes, a new model is being introduced to combine increased shadowing

experiences with condensed classroom training based on the CFS specialization. Please see the *Training Plan (submitted separately)* for more information.

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?

CFS requires all CFS case managers, supervisors, and administrators to obtain at least 24 hours of ongoing training related to their positions every calendar year.

Based on recent data, we are currently trending down for completion of ongoing training requirements. Efforts have been made to survey staff and obtain feedback to determine how training can be promoted and delivered to encourage increased attendance. Based on recommendations, shorter bursts of information delivered in a way that is more flexible to staff scheduled are being developed.

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?*

Please see the *Training Plan (submitted separately)* for information on Foster and Adoptive Parent Training. Pre-service training models are based on best practices and are widely used throughout the nation. Ongoing training is individualized based on foster parents' needs and the needs of the children they are providing care for. While there are various training opportunities, CFS recognizes the need for a streamlined process for common topics that occur throughout the foster care process. Additional evaluation strategies are needed to have a better understanding of this item.

Current/Planned Activities for Staff and Provider Training (Items 26-28):

- DHHS is making training enhancements to enhance hands-on experiences more than the classroom curriculum.
- CFS's efforts to diversify staffing to help increase retention and resiliency include job fairs, college recruitment, and hiring people with lived experience.
- To address a healthy workforce through improving resiliency and prepare staff to handle case management duties along with increase retention, CFS plans continue to facilitate CARE (Connect-Achieve-Reflect-Empower) Team meetings monthly, with a design to develop a Mentor Program in local offices for ongoing support.
- Central Office program staff will offer one-hour trainings to disseminate current information to staff. Registration occurs on Workday to track training hours.

- Self-paced microlearning opportunities have been created. Based on staff needs, additional topics will continue to be made available.
- CFS will offer SOP training twice a month. Registration occurs on Workday to track training hours.
- The Development and Resiliency Team recently began a monthly newsletter highlighting upcoming trainings.
- CFS utilizes a centralized calendar that is accessible to all CFS staff, which shows training opportunities both within CFS and externally. All events on the calendar have links to registration, intended audiences, and instructions on how to upload to Workday for training credit.
- Collaborate with Program Specialists to ensure that the material is in an appealing format and can be retained for user-friendly future knowledge.
- CFS will continue to look at online self-paced opportunities to make training readily accessible.
- CFS is developing a dedicated communication path to convey information about foster and adoptive trainings with options available both in person and virtually. This will help all foster and adoptive parents meet on-going training requirements for foster home licensure, regardless of their urban or rural home location across the state.
- CFS plans to utilize regularly scheduled provider meetings and home visits with Foster Parents to obtain feedback regarding training topics and identify additional training evaluation strategies.

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

To the extent not already addressed in Service Description (in section D4), the 2025-2029 CFSP must include:

- Available data and information that demonstrates the current functioning of the service array systemic factor.
- Based on these data and input from families, children, and youth; Tribes, courts and other partners; the state must include in the 2025-2029 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor. States should consider how information from families and youth on service needs should drive the approach to strengthen the services and support available.
- Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2025-2029 CFSP (section D3), provide a cross-reference to the appropriate section or document to avoid duplication.

**Data Demonstrating Current Functioning:
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.*

Nebraska offers many prevention, community-based, child welfare, and other services provided by DHHS partners for children and families. There is a concentration of services in urban areas and larger cities, leaving limited services in the rural and frontier areas. CFS has a vast rural and frontier area, making it challenging to have services equally accessible to children and families who live in those communities. The available services to the children and families of Nebraska are represented within Attachment II: *Nebraska's DHHS-CFS Service Array Continuum – Service Definitions*.

CFS offers case staffing for children with complex physical health, mental health, developmental disabilities, and behavioral health needs. Case staffing includes the case management team, the central office, and the DHHS medical director. Through staffing, gaps in services and placements that allow children to remain safely in the least restrictive environment in their own community have been identified. The following excerpts from surveys and stakeholder reports also corroborate the identified gaps and provide more insight into how well this item functions.

The 2023 Foster Care Review Office Annual Report, which included findings from nearly 4,500 children's case reviews, found that some progress has been made in the child welfare and juvenile justice systems. However, many challenges in child welfare and juvenile justice remain to be addressed, and some new issues have been identified. A few of the highlights include:

- Families in the child welfare system continue to struggle with access to mental health treatment, substance use, and domestic violence.
- Just over half (50.4%) of the children reviewed had a mental health diagnosis at the time of review. Additionally, many children reviewed had one or more chronic cognitive or physical health impairments.
- Of the 107 children reviewed who were eligible for developmental disability services, only 43.9% were receiving the specialized services funded through DD.

Nebraska contracted with Chapin Hall for FFPSA implementation. In 2021, Chapin Hall conducted a Prevention Service Needs and Gaps Analysis to identify service array gaps. Chapin Hall compared the number of children with an identified need in CFS's administrative data to the annual caseload capacity of programs, including the programs included in Nebraska's approved FFPSA Prevention Plan and programs reported by providers. The survey results indicated that the service array demonstrated largely adequate capacity to address needs when including all programs that providers reported. When including only the services in Nebraska's FFPSA Prevention Plan, the most notable gaps were found with adult mental health and in-home family services. Smaller gaps were identified in the capacity of substance use programs to meet identified caregiver needs. Additionally, caregivers, CFS staff, and providers consistently reported gaps in programs that effectively address co-occurring substance use and mental health needs in the communities where the families reside.

In 2023, Chapin Hall completed a Medicaid Gap Analysis. The analysis found that CFS assessed 26,534 unique children ages 18 and younger in 2020, which is 5% of Nebraska's 2020 child population (U.S. Census, 2020). Among these children, 22% received mental health services through Medicaid after CFS intake. Rates of receiving Medicaid mental health services were 51% higher when children were identified as having a mental health or behavior problem at the time of intake to CFS. This indicates that CFS is a gateway to mental health services among many children in need. While there is wide variability in service duration and total sessions, approximately 56% received 10 or more sessions, which aligns with a service duration or amount that is typically required to complete an evidence-based mental health program if the services were received in succession. However, CFS case reviews and staffings data show that mental health services are not accessed through Medicaid insurance for a large majority of children involved with Nebraska CFS. Among children with identified needs, just 35% of children received a Medicaid mental health service within an average of 4 months following CFS intake.

Caregivers, youth, providers, and CFS staff described the lack of bilingual and culturally competent services and the inadequacy of language translation services by phone. This is a significant barrier to providing prevention services to caregivers and children who do not speak English and families of color.

Individuals with lived experience in the child welfare system described many challenges in the case management and referral process that hindered their ability to engage with services successfully. The primary issues were discomfort with specific providers and/or their caseworkers, the individual's lack of involvement in decision-making, and a lack of transparency about CFS processes. Providers, caregivers, youth, and CFS staff all described economic and concrete needs hindering families' ability to engage in prevention programs, and the need for more communication among everyone (providers, CFS, and families) during the referral process was an apparent area for improvement. The administrative data also documents significant concrete resource needs identified for FFPSA-eligible families in case management.

Providers reported funding as a barrier to serving uninsured families and paying staff appropriately for service delivery. The largest concern reported by providers related to Medicaid is the insufficiency of reimbursement rates. The lack of funding and Medicaid reimbursement rates results in significant turnover and staff shortages. Providers reported that Medicaid is mostly sufficient for providing services, although providers in the ESA find it the most insufficient. Some providers believe billing Medicaid for reimbursement of services can be cumbersome, and they generally prefer not to do it.

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?

CFS's framework supports a focus on individualized strengths and needs while ensuring family voice and choice. Despite this framework, there continues to be gaps in the service array.

To support individualizing services for children and families, the case planning process assists families with identifying supports and services to address identified needs, mitigate safety threats and minimize risk for sustainability after the case closes. The case planning process uses Family Centered Practice principles which include strengths based, individualized, flexible, team developed and supported, and outcome focused. Case planning is an ongoing process that continues throughout the time the child(ren) and their family are involved with CFS.

CFS case managers make efforts to locate accessible, available, and culturally appropriate services designed to improve the capacity of families to provide safe and stable homes for their children. The array of services offered to child(ren) and families is based on the Structured Decision Making® (SDM) Safety and Risk Assessments. These assessments help CFS to determine interventions and services that can help to mitigate safety threats or risk. As noted in the CFSP goals, CFS is looking to modify the assessment tools utilized to assess for safety and identify strengths and needs of the families involved in the child welfare system. CFS has selected to utilize the Safe Model to assess families and has recently begun discussions to implement this model.

CFS uses Family Team Meetings (FTM) as re-occurring times in which individualized services for the child(ren) and family are discussed, evaluated, decided, and referred for the family. A FTM is a gathering of the family (biological or legal) and others who develop and monitor a plan for child safety, permanency, and well-being, as well as work toward sustainable change and support for the family and children. The CFS CQI and QA teams assess Family Team Meetings to ensure families are being provided individualized support.

The 2023 FCRO Annual Report had the following findings:

- 95.5% of children were receiving all or most of the services they needed to address their trauma and behavioral concerns related to abuse and neglect experiences.
- 52.7% of mothers regularly attended a majority of services offered compared to 32.8% of fathers.
- Of the 107 children reviewed who were eligible for Developmental Disabilities services, only 43.9% were receiving those specialized services funded through DDD.

Current/Planned Activities for Service Array and Resource Development (*Items 29-30*):

- DDD has developed a new Home and Community-Based Services (HCBS) waiver, the Family Support Waiver (FSW). This waiver will begin March 1, 2024, and will provide services to 850 children, ages birth to 21 years old, with intellectual or developmental disabilities (IDD) currently on the DD Registry.
- In March, DHHS launched an Accommodation Services questionnaire website for Nebraskans who require accommodation while seeking DHHS services. This questionnaire will provide referrals to DHHS divisions that can best meet the client's most critical and urgent needs.
- New strategies to build family-driven services and develop confident and skilled teammates are outlined in [*Section III, Plan for Enacting the State's Vision*](#).
- On March 29, 2024, Governor Jim Pillen announced the elimination of the DD Registry. The registry served as a waitlist for individuals who could not be enrolled in the Comprehensive DD waiver program due to limited funding. The state's new

approach will provide a full continuum of care that adapts to individuals' changing needs as they age. The new policies are expected to be rolled out over the next 12 to 18 months.

Agency Responsiveness to the Community (45 CFR 1355.34(c)(6))

To the extent not already covered in Collaboration (in section D1) and Service Coordination (in section D4), the 2025-2029 CFSP must include:

- Available data and information that demonstrates the current functioning of the systemic factor regarding agency responsiveness to the community.
- Based on these data and input from families, children, and youth; Tribes, courts and other partners; the state must include in the 2025-2029 CFSP a brief assessment on the progress to date to achieve or maintain substantial conformity with this systemic factor.
- Provide a brief description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified by the assessment and ways to strengthen outcomes, consistent with the agency's vision. If the area of concern is being addressed in the CFSR PIP or in the Goals and/or Objectives in 2025-2029 CFSP (section D3), provide a cross-reference to the appropriate section or document to avoid duplication.

Data Demonstrating Current Functioning:

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?

CFS's responsiveness to the community is best demonstrated through the extensive partner/stakeholder engagement committees and workgroups that CFS leads or participates in. The volume of partner contacts, meetings, workgroups, and shared projects speaks to CFS's intentional commitment to engaging with the communities that are served. More specific details about stakeholder engagement are also noted in [Section II, Items 1-18](#), specific to the planning activities in CFSR preparation. Feedback loops are established within the activities to provide reciprocal information for system improvement.

Item 32: How well is the agency 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?

CFS's responsiveness to the community is best demonstrated through the extensive partner/stakeholder engagement committees and workgroups that CFS leads or participates in. The volume of partner contacts, meetings, workgroups, and shared projects speaks to CFS's

intentional commitment to engaging with the communities that are served. More specific details about stakeholder engagement are also noted in [Section II, Items 1-18](#), specific to the planning activities in CFSR preparation. Feedback loops are established within the activities to provide reciprocal information for system improvement.

Current/Planned Activities for Agency Responsiveness to the Community (Items 31-32):

Nebraska continually seeks partnerships and engagement opportunities within our state to enhance our quality, service array, and outcomes for families. Collaboration with stakeholders, parents, families, youth, tribes, courts, and others is critical to serving families and building cohesive systems. Below are some of the valuable engagement and collaborative efforts.

- FAU
- Compensation for People with Lived Experience (PWLE)
- Citizen Review Panels (CRP)
 - Family and Caregiver
 - Protection of Children
 - Young Adults
- Connected Youth Initiative (CYI)
- Family First Prevention Services Act
- Thriving Families; Safer Children
- Alternative Response
- Careportal
- CIP/Courts
- Communication/Connectivity Taskforce
- Probation/Cross Over
- Children's Justice Act (CJA)
- Human Trafficking Prevention and Response

In addition to stakeholders and families, CFS partners with our sister DHHS divisions and other federal and state partners. CFS's partnership with other federal programs assists with blending funding models and ensuring a comprehensive system of care for families across the state. Some examples of collaboration are included below and in other sections of this CFSP.

- Temporary Assistance for Needy Families (TANF) Workgroup
- Community-Based Child Abuse Prevention (CBCAP)
- Collaboration with other DHHS divisions
- Meetings with the contracted Nebraska Medicaid Managed Care Organizations (MCOs) and Case Managers
- Child Care Subsidy and Quality Support team
- Marriage and Fatherhood (TANF priority)
- Partnership with Education
- Partnership with the Nebraska Coalition to End Sexual and Domestic Violence

See the *2020-2024 Final Report* for further details on each of the above collaborations. See [Section V, Consultation between States and Tribes](#) and *Nebraska's DHHS-CFS Service Array Continuum – Service Definitions* (Attachment II) for more information.

Data Demonstrating Current Functioning:

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?

CFS has standardized licensing process for foster care. QA reviews are conducted on licensed and approved homes to ensure all requirements are met. Targeted recruitment continues to be an ongoing effort as CFS looks for the best fit between the home and child. CFS acknowledges its needs for a streamlined process to focus on gaps when partnering with agencies for recruitment and placement.

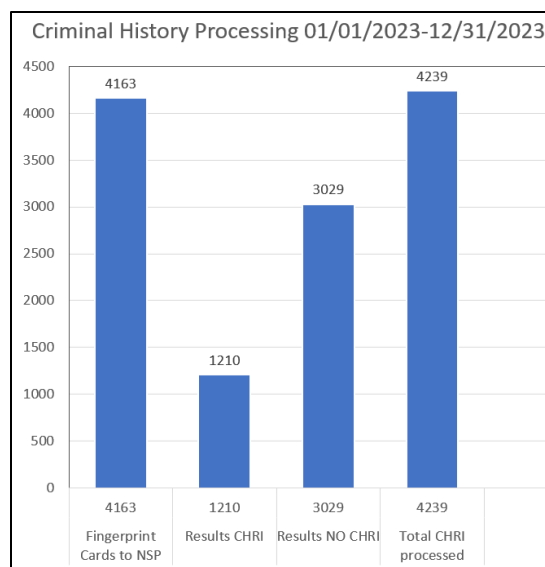
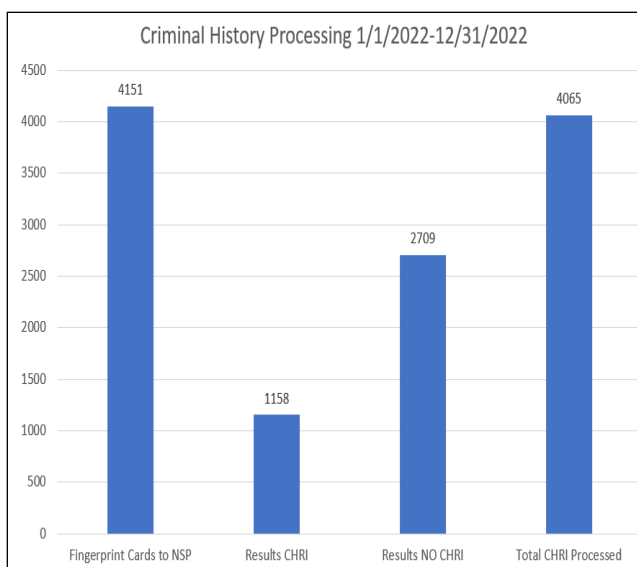
Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place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

CFS has regulations that require foster parents and anyone else in the household 18 years or older to have a criminal history background check completed. Background checks are reviewed and determined if eligible or in-eligible for licensure before placement, licensing a foster home, and finalizing an adoption to ensure the safety of children and families. This process is completed every two years for active foster care homes.

CFS requires that a national criminal history record check is requested utilizing fingerprint background checks. CFS also partners with the Nebraska State Patrol, which completes the national criminal history check utilizing the National Crime Information Databases (NCID). CFS uses a quality assurance review process to ensure background checks are completed accurately and timely for all foster care placements.

A background check portal was implemented on September 1, 2023, and a total of 6,321 unique background checks have been completed: 2,350 for emergency placement and 3,971 for non-emergency.

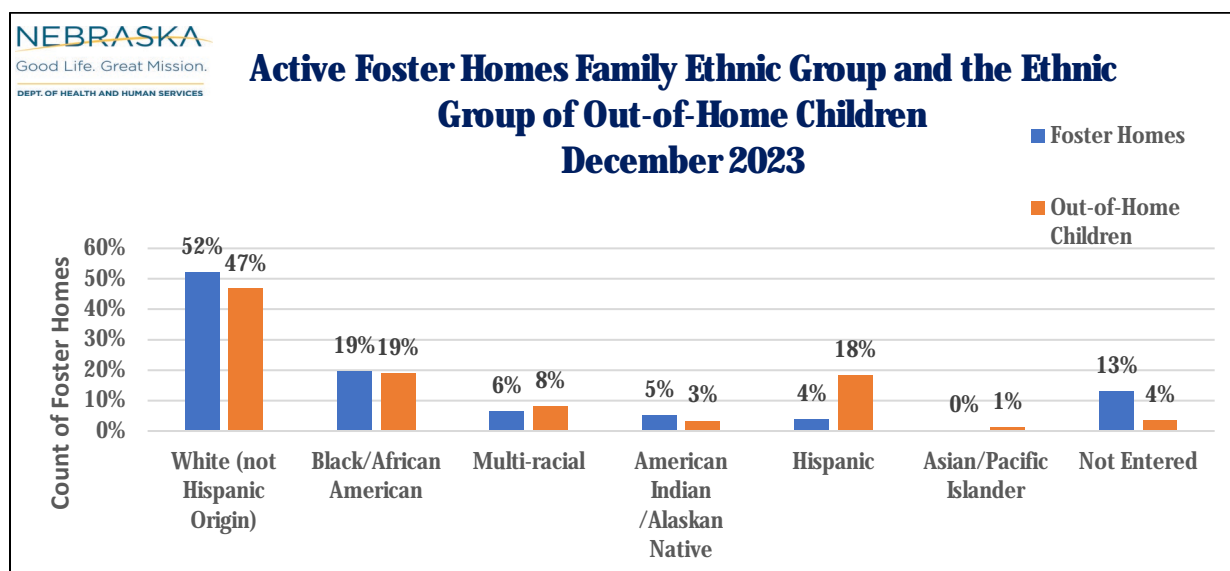
Data is also kept for criminal history fingerprint cards and background check results for foster care applicants and household members.



CFS collaborates with PH to ensure all staff in a Residential Child Caring Agency (RCAA) have fingerprints completed, that PH licenses the residential child-caring agencies, and that a yearly audit is completed.

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?

CFS has a strong provider network through the Nebraska Child Placing Agencies that support the licensing, recruitment, and retention of foster homes. CFS does not feel that there is a gap in the number of licensed homes, but rather a gap in more specialized foster care to meet children with high needs. CFS does see a need for more readily accessible data to utilize for more targeted approaches in recruitment and retention.



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?

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. Over the last five years, Nebraska averaged 300 ICPC requests sent annually to other states and averaged 350 requests from other states to Nebraska. Nebraska has a very structured ICPC process and expert ICPC team to ensure this item remains a strength. Nebraska was recently recognized for its collaborative efforts regarding ICPCs.

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

Current/Planned Activities for Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36):

- Plans for modifications to N-FOCUS are in progress to ensure data is more readily available.
- CFS continues to expand recruitment efforts to enhance general, targeted, and child-specific homes based on need.
- Ethnic and racial demographics of youth in care is shared during quarterly meetings with agencies. CFS will identify gaps for placement of children with high acuity needs and share these gaps during the quarterly meetings with agencies.
- Evaluate the background check portal to determine benefits and areas of need since its implementation.
- Provide additional coaching on information gathering and adequate documentation to conduct through background checks.
- Ethnic and racial demographics of youth in care is shared during quarterly meetings with agencies. CFS will identify gaps for placement of children with high acuity needs and share these gaps during the quarterly meetings with agencies.
- Nebraska will continue to work collaboratively with the Associations of Administrators of the Interstate Compact for the Placement of Children (AAICPC) and all 50 states to improve and enhance the ICPC process.
- Nebraska will continue to utilize the support of their assigned ICPC Coordinators to ensure timely and accurate ICPC requests that reflect the individualized needs of the youth.
- Nebraska currently is looking at expansion of its internal family finding capacity to properly identify relative and kinship placement options.

See Nebraska's *Foster and Adoptive Diligent Recruitment Plan* for additional details.

Section III. Plan for Enacting the State's Vision

The 2025-2029 CFSP must address the state's plan for improving its program, services, and outcomes for children and families over the five-year period. The CFSP must identify goals, objectives, measures of progress, staff training, and implementation supports. In this PI, CB refers to this as the "Plan for Enacting the State's Vision."

CB encourages states to consider how implementation science or other forms of change management can inform the development of the Plan for Enacting the State's Vision, including the use of root cause analysis, developing a theory of change, and creating a logic model as an efficient way to conceptualize and articulate the items required to be included in the plan, leading to achievement of the state's goals. Providing a hypothesis about how activities will impact changes in the system is important to systemically and concretely understand the effectiveness of the plan for improvement. Routine monitoring of those hypotheses, root causes, and activities are critical to improvement planning efforts. Effective monitoring involves status updates to partners to help them understand the impact of changes in the system.

CB encourages states to identify 3 or 4 key areas related to the underlying causes that will lead to positive outcomes for children and families (see "Goals" below). State should also align goals with plans for the Chafee program (see Chafee section in D4). States are then encouraged to conceptualize what actions are needed to achieve the goals. In working with states on the development of their CFSR PIPs, CB has found it helpful for states to begin by conceptualizing their vision, then developing their overarching goals and activities as the frame before deciding what strategies should be implemented to achieve improved outcomes.

Building on the items outlined in the state's CFSR and/or CFSR PIP, the state must identify:
Goals (45 CFR 1357.15(h))

- Specify the goals that the state child welfare agency seeks to accomplish to achieve their vision during the five-year period of the 2025-2029 CFSP.
- The goals are to be based on the vision statement; an assessment of underlying causes; the assessment of CFSR outcomes and systemic factors (in section D2) and other reported data (2020-2024 Final Report, section C2); engagement with families, children, youth, and other partners including Tribes and courts; and joint planning with CB.
- Identify several broad goals that address priority concerns and focus on a few significant areas of improvement to be addressed during the five-year period. CB encourages states to include one or more goals focused on primary prevention of child abuse and neglect.
- States must include a goal for continued improvement of its CQI system if the child welfare agency does not have a comprehensive CQI system as described in ACYF-CBIM 12-07, or does not have accurate and complete information to assess its performance on outcomes consistent with the requirements outlined in the CB resource "Criteria for Using State Case Review Process for CFSR Purposes," or systemic factors. States should refer to their assessment of capacity of their QA/CQI system to inform logical goals to strengthen their system of review and oversight (refer to section D2).

- Express goals in terms of improved outcomes for safety, permanency, and well-being of children and families, improved systemic capacity and in terms of a more comprehensive, coordinated, and effective child and family service delivery system.
- Include a rationale for the selection of each goal, including data and analysis that supports the decision and indicate how the goal is supported by the CFSR and/or CFSR PIP.

Objectives (45 CFR 1357.15(i))

Once the state has determined the goals to be achieved, it must identify the objectives. Objectives may also be conceptualized as strategies.

- Identify realistic, specific, quantifiable, and measurable objectives/ strategies that will be undertaken to achieve each goal. Each objective must describe the strategies or interventions to be implemented to accomplish the goal.
- For each objective/ strategy, identify the outcomes for children, youth, and/or their families or elements of service delivery, such as systemic capacity, expected to be improved by implementing the selected strategy or intervention.
- Include a rationale for selection of each of the strategies or interventions, including the data and analysis that supports the decision and the evidence, research or experience that shows that the intervention is likely to achieve the identified goals.
- Ensure that the objectives/ strategies selected are designed to make progress in expanding and strengthening the range of culturally responsive, linguistically appropriate services, developing new types of services, covering additional political subdivisions or communities, and reaching additional children in need of services.

Measures of progress (45 CFR 1357.15(j))

For each goal, identify the measures to be used and the amount of progress to be made over the next five years. Include information on current measures in the CFSR PIP to align the progress in the CFSR PIP to the five-year planning. Examples of measures include improvements stated in terms of data indicators for safety and permanency, case record review items, or other available data identified through joint planning. Data used to measure progress must be valid and reliable.

- For each objective, include both interim benchmarks and a timetable for achieving the objective during the CFSR PIP (as appropriate) and over the five-year period of the CFSP. These benchmarks should contain sufficient detail to support reporting in subsequent APSRs on the progress the state is making in implementing the improvements. Benchmarks may be stated in terms of implementation milestones, such as key activities completed or process measures. The state is encouraged to identify interim targets for improvement of outcome measures.

Staff Training, Technical Assistance and Evaluation (45 CFR 1357.15(t))

- As detailed in section D6 (Training Plan), the 2025-2029 CFSP must include a staff development and training plan in support of the goals and objectives of the CFSP. Explain how the training activities identified in the training plan are designed to support the goals and objectives in the plan.

- Describe technical assistance activities the state will provide to counties and/or other local or regional entities that operate state programs and its impact on the achievement of the goals and objectives of the plan.
- Describe technical assistance and capacity building needs that the state anticipates needing to support achievement of CFSP and CFSR goals and objectives. Describe how capacity building services from all partnering organizations or consultants will assist in achieving the identified goals and objectives. (See 45 CFR 1357.16(a)(5).)
- Describe any evaluation and research activities underway or planned with which the state agency is involved or participating and how they support and are related to the goals and objectives in the plan.

Goal: Build Family Driven Services

Rationale:

Prevention of system entry and out-of-home care are investments into our infrastructure that provide support for families before a crisis occurs but also allows the CFS system to focus on families needing system-level intervention. Prevention and preserving families by providing access to support, funding, and navigation through a community pathway are a priority of CFS during 2025-2029. Partnering with TANF on funding for prevention programming will assist in ensuring sustainability and cross-system collaboration. CFS will also continue the expansion of FFPSA implementation across the state, which includes ensuring access and capacity of EBPs in all service areas to prevent out-of-home care and multi-generational entries.

Achieving timely permanency for the child (CFSR Item 6) continues to be an area of need for all service areas and the tribes. See [Section II, Permanency Outcome 1: Item 6](#) for additional information. A root cause identified by case managers and supervisors included complicated assessment tools and processes that impact accurate utilization by staff, potentially impacting decisions about needs, services, and permanency. CFS is streamlining the case management assessment process for decision-making to ensure an efficient process for staff to track progress toward reunification and case closure.

Case planning for the child (CFSR Item 20) is an area of need for Nebraska. See [Section II, Case Review: Item 20](#) for additional information. CFS is working on a plan to integrate the assessments used for case planning. Currently, CFS uses the Family Plan for 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.

Measure of Progress:

- Decreased rate of entry into foster care
- Improved time to permanency
- Decreased re-entry into care

Objective: Strengthen prevention and reduce unnecessary system entry for families

Year 1-2: Research and determine the feasibility of a warm line

	<p>Year 1-2: Full statewide implementation of FFPSA, including statewide access to all EBPs in Nebraska's plan</p> <p>Year 1-5: Expand capacity through funding of community collaboratives, family resource centers, and community-based organizations</p> <p>Year 3-5: Implementation of a warm line and community pathway</p>
Objective: Streamline family assessment to track progress toward reunification and case closure	<p>Year 1: Contract with Action for the Protection of Children to implement the Safe Model</p> <p>Year 2: Evaluate the implementation and review sustainability of the Safe Model</p>
<p>Goal: Create and Maintain a Skilled and Supported Workforce</p> <p><i>Rationale:</i></p> <p>The recent CFSR listed the CFS training program (Item 26) as a strength and continued evaluation show no significant change in the overall functioning of the program. CFS uses the CFSR and ongoing evaluation findings to enhance the quality of training by focusing on case management practices identified as areas of need. Case manager turnover greatly impacts caseload compliance and can impact case progression. CFS continues to focus on ways to improve staff training and engagement, knowing that stabilizing the workforce will likely lead to improved outcomes. <i>See Section II, Staff and Provider Training: Items 26 and 27; Training Plan (submitted separately)</i> for additional information about Nebraska's training programs.</p>	
<p>Measure of Progress:</p> <ul style="list-style-type: none"> a. Reduced front-line staff turnover rates b. Increased caseload size compliance 	
Objective: Improve frontline worker and supervisor training and engagement strategies	<p>Year 1: Enhance the internal training team to fully evaluate and support training</p> <p>Year 2-5: Research and integrate a robust coaching model</p>
Objective: Streamline policy and practice and enhance critical thinking in staff	<p>Year 1: Implement PolicyTech, a new platform for policies and procedures. Review and update all policies and procedures</p> <p>Year 2-5: Evaluate gaps in policy/procedures. Implement a review cycle for all policies and procedures to be evaluated routinely</p>
<p>Goal: Improve the Safety, Permanency, and Well-being for Children and Youth</p> <p><i>Rationale:</i></p> <p>During the preparation and development of the CFSP, CFS identified key data limitations. CFS will implement strategies to improve data collection methods and enhance data analysis capability to sufficiently assess the CFSR outcomes and systemic factors. Addressing the identified data limitations will improve CFS's ability to further assess the CFSR outcomes and systemic factors and identify root causes for areas needing improvement for the statewide assessment. CFS is also evaluating its ability to assess and routinely monitor the statewide functioning of systemic factors and implementing strategies to enhance data collection and measurement for these items. CFS is implementing strategies in the next few months to</p>	

address identified needs to ensure a strong CFSR statewide assessment prior to the state's federal CFSR review in April 2025.	
Measure of Progress: a. See an improvement in safety, permanency, and well-being outcomes identified in the Statewide Assessment and CFSR	
Objective: Conduct a Statewide Assessment to determine Nebraska's child welfare strengths and areas needing improvement	Year 1: Conduct activities to complete a comprehensive review of the child welfare system Year 2: Utilize the results from the Statewide Assessment to inform the improvement plan
Objective: Successfully conduct a State-Led CFSR	Year 1: Conduct activities to complete a quality CFSR Year 2: Review the results of the CFSR and create an improvement plan Year 3-5: Complete strategies in the improvement plan

Implementation Supports

To promote successful implementation of its goals and objectives, all states are encouraged to: 1) align implementation support across the CFSP, CFSR and CFSR PIP; 2) identify the additional supports needed to implement, achieve and sustain each goal and objective; and 3) plan a timeline for ensuring the supports are or will be put in place. Examples of implementation supports include: staffing, training and coaching, financing, data systems, policies, physical space, equipment, and memoranda of understanding with Tribes, other agencies and organizations.

CFS will utilize the following implementation supports to promote the successful implementation of its goals and objectives.

Current Implementation Supports:

- Training and implementation support from Action for the Protection of Children to implement the Safe Model.
- Technical assistance from Casey Family Programs to research and determine the feasibility of a warm line.

Planned Implementation Supports:

- Evaluation of hiring needs for the internal training team to evaluate and support training and workforce needs.
- Technical assistance from the Capacity Building Center for the States for Nebraska's CFSR statewide assessment, case reviews, and any program improvement plan, if applicable.
- Update internal policies and procedures as needed for the implementation of the Safe Model, warm line, and FFPSA. All CFS policies and procedures will be reviewed and updated as part of the implementation of PolicyTech.

Section IV. Services

Child and Family Services Continuum (45 CFR 1357.15(n))

Describe the publicly funded child and family services continuum, including child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements.

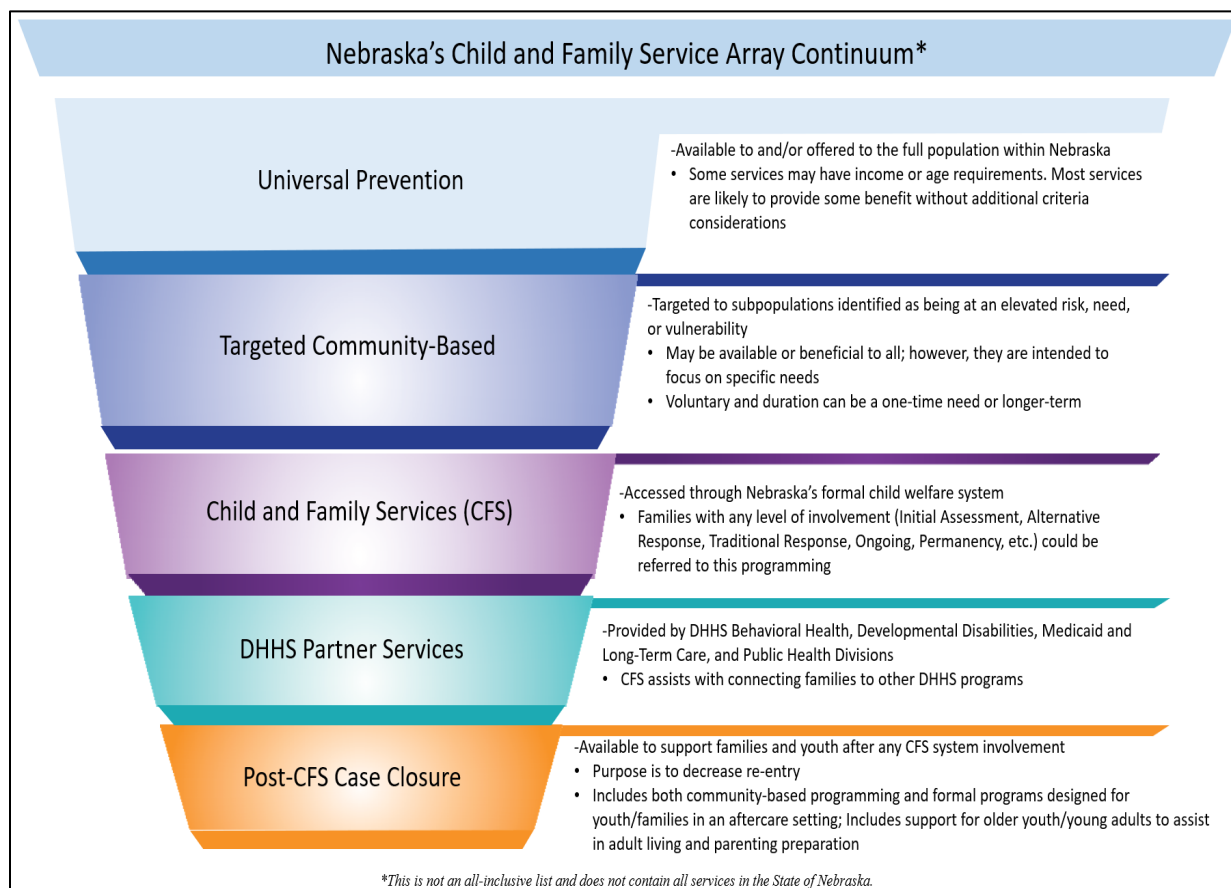
Service Coordination (45 CFR 1357.15(m))

- Considering the vision articulated by CB to address disparities and inequality, with a focus on prevention, explain how the services will be linked to, coordinated with, or integrated into other services in the child and family services continuum and how services under the CFSP will be coordinated over the five-year period with services or benefits under other federal or federally assisted programs serving the same populations to achieve the goals and objectives in the plan. This should include how the agency is coordinating services with those provided through the title IV-E Prevention Services plan.
- Describe who participates in the coordination process and provide examples of how the process led or will lead to additional coordination of services.
- Discuss the approach to include, and the involvement of, other federally funded programs (e.g., Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, Supplemental Nutrition Assistance Program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, programs funded by the Substance Abuse and Mental Health Services Administration, the Family Unification Program (FUP) vouchers, programs coordinated or funded by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice, and the Social Security Administration, etc.).
- Describe the state's approach to involving state, local, Tribal, and community-based public and private providers of programs addressing issues such as substance use disorders, domestic violence, behavioral health, education, and developmental disabilities.
- For each of the CB grant programs listed below, discuss the approach to engage and meaningfully involve program representatives in service coordination and support of mutual goals and strategies to prevent child abuse, protect children and improve the safety, permanency and well-being of children and families involved in the child welfare system.
 - Community-Based Child Abuse Prevention (CBCAP);
 - Children's Justice Act (CJA); and
 - Court Improvement Project (CIP).

Child and Family Services Continuum

Nebraska has a continuum of services that range from services available to all Nebraskans to a more specific service array for child welfare-involved families. While the visual below is not an all-inclusive listing of available programming, it assists CFS, stakeholders, and the community at large in identifying gaps and needs. CFS intends to expand accessible services and programs to

support families outside of formal CFS involvement while focusing on prevention. Utilizing community-based prevention, IV-E/IV-B Prevention funding structures, and partnerships with sister divisions, the 2025-2029 focus will include enhancing all categories within this continuum and intentional efforts to address disparities in race, class, and geographic access. The below graphic provides a high-level visual of the service continuum within Nebraska. *See Attachment II Nebraska's DHHS-CFS Service Array Continuum – Service Definitions*, for details about the programs and services in Nebraska.



Service Coordination

Nebraska's 2025-2029 planning commitment includes collaboration and coordination with all system partners, families, and stakeholders to identify gaps, access points, and braided funding opportunities.

The *Nebraska's DHHS-CFS Service Array Continuum – Service Definitions (Attachment II)* and [Section IV, Service Descriptions](#), provide more detailed information about the available services and the coordination within programs. [Section I Collaboration](#), [Section II Agency Responsiveness](#), and [Section V, Consultation between States and Tribes](#) outline how the continuum is coordinated internally and externally with partners and stakeholders.

Service Description (45 CFR 1357.15(o))

- Provide an assessment of the strengths and gaps in services, including mismatches between available services and family needs as identified through interviews and consultations with families, children, and youth; analysis of available data, including the CFSR results, and consultation with other partners. The state may cross-reference Service Array (in section D2) rather than including data and an analysis of strengths and concerns in this section.

In June 2021, CFS completed the activities of CFSR PIP and achieved the target goals for all 10 CFSR PIP items. However, through ongoing case reviews, CFS has continued to see challenges in the lack of services and appropriate placements. Related challenges include staff retention, the need for ongoing and effective coaching and mentoring of case managers, ongoing court/legal barriers to permanency, and additional services and appropriate placements to meet the needs of youth with complex behaviors.

Additional data analysis to identify the mismatches between available services and family needs is described in [*Section II, Service Array: Item 29, Update to the Assessment of Current Performance in Improving Outcomes.*](#)

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

- To the extent not already addressed in Service Array (in section D2) or Service Description (in section D4), the 2025-2029 CFSP must include a description of services to be offered under title IV-B, subpart 1.

CFS will continue to utilize the Stephanie Tubbs Jones funding to ensure family support services and parenting time/supervised visitation is available and provided to child welfare-involved families. Family support and parenting time are used to maintain the family's connection, foster their ongoing relationship, and progress toward reunification. See *Nebraska's DHHS-Child and Family Service Array Continuum (Attachment II)* for the service definitions.

In addition, the CFSP must address the following specific statutory requirements:

- *Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)* Describe the activities that the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post-adoption supports.

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

CFS is not involved with families adopting internationally before adoption finalization. Per Nebraska law, CFS becomes involved when a family is referred through the Child Abuse and Neglect Hotline and accepted for traditional or alternative response services.

CFS continues to have a contract with the Nebraska Children's Home Society - Families Forever for post-adoption support and services to all families who reside in Nebraska, including families who adopt internationally. 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 adoptee and family.

- *Services for Children Under the Age of Five (section 422(b)(18) of the Act)*
Most states and communities already have initiatives that address the developmental needs of children under the age of five, recognizing it as a critical developmental period.

Describe the activities the state plans to undertake over the next five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and to address the developmental needs of all vulnerable children under age five, including children in foster care, as well as those served in their own homes or in a community-based setting.

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

Child Welfare Adaptation of Healthy Families America (HFA)

The HFA Child Welfare Adaptation is a well-supported home visiting program model designed to work with overburdened families who are at risk for child abuse and neglect and other adverse childhood experiences. The target population is to enroll families prenatally or within three months of birth. HFA created a child welfare adaptation in response to the FFPSA called the HFA Child Welfare Adaptation. This adaptation component allows target children up to 24 months at the time of intake. Over the past five years, there has been an increase in the number of families served through HFA, from 12 families in 2019 to 459 families in 2023.

Mommy and Me Program

The Mommy and Me Program is Nebraska's effective substance abuse treatment community model. This program is designed to prevent the removal of children and keep families together by connecting mothers to needed substance abuse treatment while decreasing the trauma of children from removal. The program provides long-term (6-18 months) residential treatment for substance-abusing adult women, focusing heavily on pertinent parenting issues.

CFS utilizes Title IV-E funds when applicable to support the program. If a child does not meet the requirements for IV-E eligibility, state Child Welfare funds pay for the youth who live with their mother in the treatment facility. Payments are sent directly to the facilities to offset the administrative costs of the children placed there related to items such as case management, food, clothing, and shelter.

Early Development Network (EDN)

Early intervention is important because research shows that the first three years are the most important time for learning in a child's life. Providing developmental supports and services early improves a child's ability to develop and learn. Also, early intervention may prevent or decrease

the need for specialized interventions later. Early intervention in Nebraska aims to “open a window of opportunity” for families to help their children with special needs develop to their full potential. Nebraska’s EDN program supports families and their children who are birth through three years and have special developmental needs. EDN connects families with early intervention services, such as occupational, speech, or physical therapy.

CFS automatically refers all children under the age of three who are involved in a substantiated case of child abuse or neglect to EDN for early intervention per CAPTA requirements. CFS also makes referrals when there is an expressed concern for developmental delays or substance exposure.

Nebraska Resource Project for Vulnerable Young Children (NRPVYC)

NRPVYC works to improve the well-being of maltreated young children and their families by focusing on Early Childhood Mental Health, Reflective Practice, and Court Infusion. The NRPVYC provides training programs, communities of practice, evaluation, project management, and support.

For Early Childhood Mental Health (ECMH), NRPVYC provides therapist training programs in Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT), supports a community of practice for ECMH therapists, and offers outreach and training on ECMH to court and early childhood professionals. For Reflective Practice, NRPVYC’s Nebraska Center on Reflective Practice (NCRP) utilizes the Facilitating Attuned Interactions (FAN) model developed by the Erikson Institute to deliver training and reflective consultation to early childhood, child welfare, and court professionals. For Court Infusion, the NRPVYC develops, assesses, and supports projects in juvenile courts across Nebraska to improve outcomes for young children in foster care.

CFS also utilizes its child welfare service array to meet the unique needs of children and families served. Some specific services related to children under the age of five include:

- Circle of Security-Parenting TM (COS-P)
- Sixpence
- Communities for Kids
- Rooted in Relationships
- Parent-Child Interaction Therapy
- Child-Parent Psychotherapy

Over the next five years, CFS plans to engage in the following two new approaches to support children under the age of five.

- Nebraska submitted a revised TANF State Plan on August 23, 2023, to develop a Home for Pregnant and Parenting Teens. This program evolved from the Nebraska Expectant Parenting Grant, which ended in 2021. The program intends to help young teen mothers build personal and parenting skills and young adult resilience by aligning and developing dual-generation community supports and services needed to increase protective factors essential for individual and family well-being.
- As described in *Section III: Goals, Objectives, and Interventions*, CFS leadership has developed an action plan identifying three focus areas. The Focus Area - Build Family-

Driven Services emphasizes tailoring services to meet the specific needs and goals of each family CFS serves. Strengthening case planning procedures to include front-loading services will help achieve timely permanency for children and families. This approach provides more focused permanency and service planning and implementation with the family by articulating the appropriate intensity, type, timing, and sequencing of the case plan.

Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19) of the Act)

States are required to address the steps they have taken to track and prevent child maltreatment deaths. In undertaking this work, states may find it useful to review resources from the National Center for Fatality Review and Prevention. Funded by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), this National Center produces resources and information on how to strengthen the child death review process. One resource, Child Maltreatment Fatality Reviews: Learning Together to Improve Systems That Protect Children and Prevent Maltreatment, can help strengthen the multi-disciplinary review process to prevent other deaths and serious injuries of children.

In the 2025-2029 CFSP, states must:

- Describe the steps the state is taking to compile complete and accurate information on child maltreatment deaths to be reported to the National Child and Abuse and Neglect Data System (NCANDS), including gathering information fatalities from relevant state organizations, such as the state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners. The information reported in the CFSP should be developed in consultation with officials responsible for submitting the state's annual NCANDS Agency File to ensure that all information reported to CB is complete and accurate.
- Describe the steps the state is taking or has taken to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement,

Nebraska uses available resources to gather data for NCANDS. Child deaths that may be attributed to abuse or neglect are identified through data systems and reporting entities, including:

- Law enforcement agencies;
- CFS Child Protective Services (CPS) investigations of alleged abuse or neglect;
- Multidisciplinary Teams (MDT) coordinated through the Child Advocacy Centers (CAC);
- Office of the Inspector General (OIG) for Child Welfare;
- Vital Statistics; and,
- The Nebraska Child Death Review Team (CDRT).

If the child's death was not investigated by or reported to CFS, the death is subsequently reported in the NCANDS Agency File. These situations may include reports from a coroner's office, Vital Statistics, or reports compiled by the state's Child Death Review Team (CDRT).

Nebraska reports child fatalities to NCANDS in both the Child File and the Agency File. CFS continues to work with the state's CDRT to identify child fatalities resulting from maltreatment, but not included in the child welfare system. When a child fatality is not included in the Child File, CFS determines if the fatality should be included in the Agency File. The official report from CDRT with final results is usually made available two to three years after submitting the NCANDS Child and Agency files. Nebraska CFS resubmits the Agency File for previous years when there is a difference in the count to what was initially reported due to the CDRT final report.

CDRT is a state-level review team comprised of 15 members who meet quarterly. The review is a retrospective process with the focus on prevention. Previously, findings have influenced policy changes such as graduated driver licensing and work centered on preventing sleep-associated infant deaths.

The Department of Vital Records provides the CDRT coordinator with death certificates for all Nebraska residents under age 18, with matched birth certificates for infants to generate the list for review. Information is screened and organized by cause of death into eight discrete categories, with one overlapping category related to caretaker abuse or neglect. Additional requests are made to hospitals, county attorneys, and other sources for records concerning the deaths of children. The CDRT primarily has cause-specific workgroups review the deaths. A full CDRT review can be utilized as needed in complicated medical cases, child abuse and neglect cases and any others that might benefit from a broader review.

Reports are posted to the Nebraska CMDRT website. A report based on unreviewed Vital Statistics data from death certificates is prepared annually, and a comprehensive report based on CDRT reviews of deaths is produced approximately every two years.

Additional localized infant death review teams, following the Fetal and Infant Mortality Review (FIMR) model, are operating in Douglas County (Omaha) and a five-county area in northeast Nebraska.

Nebraska does not have a state medical examiner's office. Forensic pathologists located across the state perform autopsies when necessary. Autopsy results are provided to law enforcement for review. The autopsy results may be shared directly with CFS or reviewed at an MDT meeting when there is concern that the fatality resulted from maltreatment. CFS program staff review data from N-FOCUS and compare it to critical incident reports and reports from Vital Statistics to ensure accurate information is reported to NCANDS.

In addition to the CDRT reviews, Nebraska has a CRP that is focused on serious injuries and near fatalities due to child abuse. Preliminary identification of cases for review happens through the CFS statewide Child Abuse and Neglect Hotline, with further screening completed by CFS staff. Those who meet the CRP review criteria are then prepared for a full case review. The CRP team completes these reviews and generates an annual report with recommendations based on information and trends learned through the reviews.

In March 2024, DHHS implemented new procedures for Critical Incident (CI) reporting protocol for CFS's Child Protection and Safety, PH's Licensure Unit, and OJS's YRTC reviews. The updated Critical Incident Reporting form is standardized for all team members to report CIs. CFS CI reporting and review criteria include death or serious injury.

All these above-noted review teams, data tracking, and recommendations are included in the Nebraska CFS Plan to Prevent Maltreatment Deaths workgroup. The Plan to Prevent Maltreatment Deaths workgroup considers the trends reported in these recommendations to develop priorities and action items to address in collaboration with professional and community partners. The Plan to Prevent Maltreatment Deaths workgroup is a group of individuals from diverse disciplines and experiences. The workgroup completed activities in the prior plan by collaboratively focusing on activities to raise awareness and prevent similar injuries and deaths. In the 2025-2029 reporting period, CFS will develop a refreshed Plan to Prevent Maltreatment Deaths based on the most updated recommendations from the CDRT, CRP, and internal CI reporting. This updated plan is projected to be final by December 2024, with action items and strategies to be implemented during the 2025-2029 period.

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

- To the extent not already addressed in Service Array (in section D2) or Service Description (in section D4), describe the services the state offers under each category in title IV-B, subpart 2: family preservation, family support, family reunification, and adoption promotion and support services. Describe how the services will assist in achieving program goals, including efforts to target culturally responsive, linguistically accessible services to previously underserved populations.

For each service, report: the estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available. This information may be provided on the CFS-101 forms (Attachment B).

- The CFS-101 Part I calculates the percentage of FY 2025 title IV-B, subpart 2 funds the state will plan to spend on actual service delivery of family preservation, community-based family support, family reunification and adoption promotion and support services, and on planning and service coordination, with a rationale for the decision (section 432(a)(4) of the Act). The state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20 percent. The amount allocated to each of the service categories should include only funds for service delivery. Report separately the amount to be allocated to planning and service coordination. Provide the estimated expenditures for the described services on the CFS-101, Part 1.

CFS utilizes the MaryLee Allen Promoting Safe and Stable Families (PSSF) formula grant to fund family preservation, family support, family reunification, and adoption promotion and support services.

Family Preservation Services and Family Support Services allow 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 Nebraska Children and Families Foundation (NCF) Annual Community Collaboratives Report 2022-2023. To assist in achieving program goals, including efforts to target culturally responsive, linguistically accessible services to previously underserved populations, NCF continues to collaborate with service providers, educators, health care professionals, law enforcement, businesses, government agencies, youth, and parents. Through this partnership, a common statewide plan for Community Well-Being was established with shared goals, which include:

- Improving authentic collaboration between lived experience partners, system partners, local school districts, and both community collaboratives and community members;
- Increasing community collaborative infrastructure that leads to equitable well-being outcomes;
- Improving services and supports that build Protective and Promotive Factors in children, youth, families, and communities; and
- Strengthening the well-being workforce in Nebraska.

Family Preservation

CFS continues to provide a sub-award to NCF 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.

Family Support Services

See [*Section IV, Service Decision-Making Process for Family Support*](#) for information on Family Support Services.

Family Reunification

CFS will utilize the PSSF to supplement the Kinship Navigator program across Nebraska. Additional information regarding the Kinship Navigator program can be found in *Nebraska's DHHS-CFS Service Array Continuum – Service Definitions (Attachment II)*

Adoption Promotion and Support Services

Nebraska contracts with the Nebraska Foster and Adoptive Parent Association (NFAPA) for Adoption Promotion, Training, and Support Services.

The *CFS-101 forms (Attachment B)* provide information on the estimated number of individuals and families to be served, the population(s) to be served, and the geographic areas where the services will be available for each service.

Service Decision-Making Process for Family Support Services (45 CFR 1357.15(r))

The Family Support Services component of the PSSF program represents an important source of funding for community-based prevention efforts. The statute specifically requires that these services be community-based (section 431(a)(2)(A)). CB also reminds states that Family Support Services may include offering information and referral services to other community services,

including legal services to help families prevent evictions, loss of benefits or other issues that may make them vulnerable to entry into the child welfare system.

In developing the 2025-2029 CFSP and planning for use of funds in collaboration with families, children, youth and young adults; Tribes, courts and other system partners, CB encouraged states to consider carefully how they target and distribute funds for family support services. CB urges states to examine where family support services are located in communities and the degree to which they are or could be made more physically, culturally and linguistically accessible to traditionally underserved populations.

CFS has a subaward with NCFE for Family Support Services. NCFE uses the funding to support evidence-based practices through Support Services, Family Engagement and Community Response Coaching. NCFE uses blended funding through other funding received from TANF dollars for legal support and young adult services.

Support Services

Flexible and supportive funding is available through Central Navigation to bridge gaps when other funding sources are unavailable, or the participant doesn't qualify for additional resources.

Family Engagement

Central Navigation services focus on improving parent-child relationships/interactions, reducing parental stress, and increasing parent efficacy. The PSSF funds were used for the Circle of Security-Parenting (COS-P) engagement program. Additional information regarding COS-P can be found in *Nebraska's DHHS-CFS Service Array Continuum – Service Definitions (Attachment II)*.

Community Response Coaching

Community Response Coaching is a voluntary subset of Central Navigation that is tailored to individual needs and involves participants working with a coach on goals. This includes an array of individual-level strategies that exist in a community-based prevention system, sharing the common goal of increasing protective and promotional factors for all who live in the community. The Munroe-Meyer Institute evaluated community response coaching over the past year. It found improvements in resilience, hope, social connections, concrete supports, and protective factors.

Nebraska will continue to leverage the Family Support funding stream to support community-based prevention efforts and early intervention resources for families. Through the Bring Up Nebraska initiative, national, state, and community partners work with NCFE, the Governor-designated lead agency for CBCAP programs, to bring resources and solutions together to address and support prevention efforts at the community level.

Bring Up Nebraska is a community-owned effort that works to prevent families from reaching crisis and reduces the likelihood of child maltreatment. "Community" is defined by each local area and can consist of one county, one school district, or multiple counties and school districts coming together, which is particularly effective in maximizing rural resources. As of 2024, there are 23 Community Collaboratives under the Bring Up Nebraska umbrella in all but five

Nebraska counties. The five uncovered counties (Keya Paha, Brown, Rock, Antelope, and Gosper) are still able to access supports and services through one of the nearby collaboratives if needed. However, many of the five counties have other infrastructures serving as an alternative. The Bring Up Nebraska community collaboratives continue to grow in capacity using funds braided from public and private dollars.

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

Nebraska's approach is premised on a belief that collaboration between community-based providers and public child welfare agencies is a critical component to effectively providing "front-end" primary prevention. The core components of the 23 community collaboratives are Central Navigation, Coaching, Adult and Youth Leadership, and Concrete Stabilization Funds. These core components work together to meet individual families' needs, as well as identify gaps. Families and young adults with lived expertise are engaged in community collaboratives, sit on leadership boards, and help guide the funding priorities.

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

Identify and describe which populations are at the greatest risk of maltreatment, how the state identifies these populations and how services will be targeted to those populations over the next five years.

This requirement represents a critical opportunity for states to convene community partners to identify the population of children who are truly at the greatest risk of maltreatment and not only at greater risk for being reported for suspected abuse or neglect. Community engagement coupled with data analysis allows the state to consider how and where to target family support and child abuse prevention resources. It also provides an opportunity to determine how conditions of poverty contribute to the reporting of families to the child welfare agency and actions the agency can take to ensure that poverty is not equated with neglect.

A complex interplay of risk factors, including those associated with the parent or caregiver (e.g., depression, substance abuse, mental health issues), as well as contextual factors (e.g., social isolation, poverty, violence), may contribute to child abuse and neglect. Risk factors for victimization include child age and special needs (e.g., developmental and intellectual disabilities) that may increase caregiver burden. Additionally, socioeconomic factors, social determinants of health, housing access, and community-based support also contribute to a family potentially needing more support.

In 2022 and 2023 CFS data, neglect accounted for at least half of removals, followed by parent/caretaker drug abuse (18-19%) and physical abuse (13-15%). Strategies and innovations

have been and will continue to be focused on programming and supports targeted at these needs in future planning. Poverty, housing access, and unsupported parental needs can all be misunderstood as neglect. Community-based prevention efforts target the factors often labeled as neglect and identify ways those needs can be remedied sooner through parental, family, and community partnerships. Efforts across the state are organizing and focusing on equitable housing access, economic development, and local initiatives.

Substance abuse, including both drug abuse, alcohol abuse, and prenatal drug exposure categories, make up for a large percentage of removals. Plans of Safe Care awareness, education, and training are targeted at this maltreatment category. Nebraska moved into Prenatal Plans of Safe Care communities in 2022 in partnership with PH and local communities to focus even sooner on supports for mothers who are using substances during pregnancy.

A key factor in the prevention of maltreatment is to identify community-based needs and geographic gaps in order to build capacity for prevention efforts in communities. CFS reviews the data trends around maltreatment to identify those at higher risk and opportunities to provide support earlier and before maltreatment or system entry is necessary. Factors that protect or buffer children from maltreatment are known as Protective Factors. Over the next five years, Nebraska will continue to focus on enhancing child and family Protective Factors to prevent maltreatment in partnership with communities. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect, while the cumulative buffer of multiple Protective Factors is associated with the probability of positive outcomes in children, families, and communities.

The Bring Up Nebraska community collaboratives, discussed in [Section IV, Service Decision-Making Process for Family Support Services](#), target pre- and post-assessments with families on the Protective Factors scale. Additionally, many of the implemented and planned FFPSA evidence-based programs focus on building protective capacity and early needs identification with families. Partnerships with sister DHHS divisions of PH, BH, and MLTC have provided opportunities to partner and blend funding to address gaps and programming that could not only increase protective factors but also focus on community-based prevention to intervene prior to maltreatment occurring. CFS also partners with families and youth who have system experience and communities working through grassroots organizations close to the needs of their diverse and individual communities.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

In the 2025-2029 CFSP:

- Describe the state's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state, which, at a minimum, ensure that the children are visited on a monthly basis and that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children (section 422(b)(17) of the Act).
- Describe how the state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits, to continue to meet state and

federal standards for caseworker visits, and to improve caseworker decision-making on the safety, permanency, and well-being of foster children, and to improve caseworker recruitment, retention and training. Note that Monthly Caseworker Visit Grant funds may not be used to supplant funding provided to the state under the title IV-E program (section 436(b)(4)(B)(ii) of the Act).

- See ACYF-CB-PI-12-01 for more information on monthly caseworker visit performance standards and data requirements.
- Also refer to information in section C7 of this PI, “Statistical and Supporting Information,” for instructions on submitting FY 2025 caseworker visit data.

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. CFS has a SWI that outlines the standards for frequency, topics to be covered, and documentation of caseworker visits for children who are placed in foster care. CFS also uses data reports and implementation of SOP as strategies to address the frequency and quality of visits. See *Nebraska’s 2020-2024 Final Report, Section 7, Monthly Caseworker Visit Data*, for additional information.

CFS will continue to utilize the Monthly Caseworker Visit Formula Grant for staff training opportunities, worker retention items, printing of the Family Guidebook and What Now Guide, and purchase of items such as car seats and pack-n-plays to assist Case Managers and families.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act)

In reviewing accomplishments and planning for improvements in the Chafee/ETV program in the 2025-2029 CFSP, CB urges all states to engage a diverse group of youth to share their experiences and ideas. To ensure meaningful and effective engagement and input, it is important for the agency to provide the young people a supportive environment in which to share their thoughts. In addition, CB recommends that all young people be compensated for their time providing input to the agency. (Please see CWPM 3.3E, Question 4 for more information.)

As in other service areas, CB also urges states to use both quantitative data and qualitative input from young people to examine potential evidence of disparities in decision-making, programs, and policies that contribute to inequity in services and outcomes. Undertaking this analysis will help the state to understand how youth/young adults of color, LGBTQIA2S+ youth, pregnant or parenting youth/young adults, youth with disabilities and others who have been historically underserved or marginalized are faring.

Transition Planning Processes

Under title IV-E, during the 90-day period prior to the date on which the child will attain 18 years of age (or 21 if the state offers extended federal foster care) the state must conduct a transition plan with the young person (section 475(5)(H) of the Act). Young people continue to urge child welfare leaders to implement more robust and developmentally appropriate transition planning processes that begin earlier than the federal requirement and extends past the formal

exit from foster care. As states are convening youth, young adults, and other community partners to determine the service array for youth/young adults in transition from foster care under the Chafee program, it is important to map those services and supports to a more active transition planning process for youth/young people.

Integration of Chafee with CFSP/ CFSR

States must align their vision, services, and supports for the Chafee program with the overall goals and objectives of IV-B/ IV-E programs (see “Goals” in section D3). States should carefully review where the service needs of older youth can be incorporated into or supported by the overarching goals of the 2025-2029 CFSP and the CFSR PIP.

Instructions for Chafee Portion of 2025-2029 CFSP

In the 2025-2029 CFSP, states are required to address each of the following. To the extent that items have been addressed in other portions of the 2025-2029 CFSP, the state may cross-reference to those sections.

Agency Administering Chafee (section 477(b)(2) of the Act)

Identify the state agency or agencies that will administer, supervise, or oversee the Chafee program. Describe how the agency that administers the program provides oversight to the programs or agencies that directly provide Chafee services and supports.

Agency Administering Chafee

CFS is responsible for administering, managing, and overseeing programs aimed at helping young adults make a successful transition into adulthood. The CFS Program Specialist oversees all Chafee-funded services and federal and state regulations relating to older youth and young adults.

Description of Program Design and Delivery

- Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act). Indicate how these activities and any identified goals align with the state’s vision and support those developed as part of the CFSP/CFSR PIP.

The CFS Chafee Program aims to support all young people between ages 14 and 23 who are in are/were in foster care and help them successfully transition into adulthood. This includes gaining the skills and resources needed to be economically self-sufficient, securing safe and stable housing, building a network of supportive relationships, and developing essential life skills.

CFS partners with NCFE to provide a support network for older youth, known as CYI. CYI is dedicated to providing tailored support, services, opportunities, and experiences to youth and young adults based on their unique needs and strengths.

In alignment with the CFS Vision, “*Good Life. Safe Families*” and feedback from young people, the following goals have been identified for the next five years.

Nebraska's Plan to Strengthen Chafee Services 2025-2029:

- Goal #1 - Educate CFS Staff, service providers, and foster parents about independent living services available for youth aged 14 and older in foster care to assist in their successful transition into adulthood.
 - Rationale - Youth in foster care face challenges while transitioning into adulthood. Providing education and training to those who interact with youth daily will provide extra support to achieve self-sufficiency and independence. Positive relationships with trusted adults and connecting them to independent living services and programs can help youth make informed decisions.
- Goal #2 - Increase tribal youth engagement in Chafee Services.
 - Rationale - Historically, tribal youth and young adults have a low presence in Chafee programming due to numerous barriers, including lack of trust, knowledge of programming, and access to services and support.
- Goal #3 - Increase housing opportunities and stability for young people with an APPLA permanency objective and young adults aged 18-23.
 - Rationale - Young people who age out of foster care and leave the child welfare system face many hurdles to attaining self-sufficiency, but housing is the first. The transition to adulthood for youth who age out of foster care is often abrupt and accompanied by a lack of financial or emotional support.
- Goal #4 - Enhancing the importance of youth voice in individualized youth planning and program and policy development.
 - Rationale - CFS emphasizes incorporating the youth voice into the young person's individualized plan and Chafee programming. The input of youth, including those in care and former foster youth, has been integral in developing the existing statewide Chafee Program.
- Goal #5 - Continue to expand CQI data efforts and communication on CQI results to young people, CFS Staff, providers, and stakeholders.
 - Rationale - CFS gives great importance to continuously improving the quality of services it provides. To achieve this, CFS relies on effective data collection and reporting. As part of this effort, CFS will strive to enhance its collection of NYTD and other relevant Chafee data to guide program enhancements and barriers.
- Goal #6 - CFSS will engage, assess, and create individualized Transitional Living Plans (TLP) with youth and young adults based on their strengths, needs, and cultural identity.
 - Rationale - Caseworkers who work with youth on transition planning should take advantage of transitional planning time to collaborate with youth and assess their strengths, needs, wishes, hopes, and dreams.
- Describe how the state has involved youth/young adults in the development of the Chafee plan. Provide the name(s) of the youth organization(s), advisory boards, leadership councils, how they were consulted, and information on any support (financial or other) the state provides to the group or organization.

CFS contracts with NCFE to facilitate the Young Adult CRP, allowing CFS to gather recommendations from young people. The Young Adult CRP, which consists of ten active members representing diverse racial ethnicities and locations, meets monthly to offer yearly recommendations on policies for older youth and young people. During the 2024 Legislative

Days, CFS also engaged with young people from across that state to discuss their input on Chafee programming for the next five years. These youth-led groups were provided Chafee goals for the last five years and updates from previous CRP recommendations. The feedback received from young people focused on the following themes:

1. Improving the quality of transitional planning;
2. Increasing informal support; and,
3. Enhancing the involvement of young people in policy development.

The CFS Program Specialist and the Well-Being Administrator met with the Young Adult CRP to discuss the recommendations. Monthly meetings with NCFF to discuss the recommendations and provide feedback about progress will continue.

- Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.

CFS has incorporated the positive youth development (PYD) approach, emphasizing building on youth's strengths and providing support and opportunities to help them achieve goals and transition to adulthood in a productive, healthy manner. This approach emphasizes transitional planning and ensuring normalcy activities.

In the past five years, there have been intensified efforts and partnerships between CFS, NCFF, communities, and young people with the goal of ensuring that young people are heard. CYI created a leadership pyramid to achieve self-leadership and community, state, and national involvement. Youth and young adults explore getting to know themselves through peer-to-peer activities within leadership groups, learning soft and hard skills. Currently, CYI has seven local youth chapters operating across the state where young people can enhance their leadership and advocacy within their community. The number and locations of local chapters have varied between seven and nine in the last five years. The decrease in local chapters is due to staff turnover for local chapter facilitation and young people's reduced engagement after the pandemic. Since 2019, community stakeholders have shown an increased desire to involve young people in providing feedback on system change. Every month, NCFF notifies young people about youth voice opportunities. Over the last five years, youth voice opportunities have increased to 19 forums, providing valuable feedback on lived experience, policy, and legislative change recommendations. These forums focus on important issues facing young people, such as homelessness, healthcare, juvenile justice, pregnancy and parenting, court improvements, racial inequalities, and the Indian Child Welfare Act.

NCFF has been a strong influencer in promoting positive youth development strategies and training across the state. NCFF has offered training on utilizing best practices, including Youth Thrive™, Families Thrive™, Your Money Your Goals, Keys to Your Financial Future, Back on Track™, Reaching Teens, and other trauma-informed approaches to implement in community services and support. Having partners trained and utilizing best practices of protective and promotive factors designed to counteract cases allows community members and others to work closely with young people to understand the process of age-appropriate brain development.

CYI Coaching uses an innovative and effective PYD model encompassing youth and young-centered, strength-based approaches to service delivery. Establishing meaningful relationships with young people through a philosophy that includes active listening, emotional awareness, encouragement, acceptance, and authentic engagement.

Bridge to Independence (B2i) case management incorporates PYD in all aspects of case management, including service delivery, which incorporates Youth Thrive™, personalized goal setting, and meaningful relationship building for enrolled young adults.

- Describe the state's process for sharing the results of National Youth in Transition Database (NYTD) data collection with families, children, and youth; Tribes, courts, and other partners; Independent Living coordinators; service providers and the public.
- Describe how the state, in consultation with youth/ young adult and other community partners, is using these data and any other available data to improve service delivery.

NYTD data is used to inform practice and improve programmatic service delivery to older youth and young adults preparing to transition or who have entered adulthood. CFS has access to reports that allow monitoring with the NYTD data system. Every week, a report generates information related to NYTD services provided for young people and survey completion. Another report allows CFS to monitor NYTD data compared to AFCARS to ensure all young people's data has been collected. CFS CQI/QA teams have implemented reviews to determine if NYTD services have been appropriately documented in the transitional living plan. This quality review allows additional reach out to case managers about NYTD expectations and training.

CFS utilizes the NYTD collection to ensure young adults are also connected with community support and service coordination. Conducting surveys is seen as valuable time for discussing young adults' needs. During conversations, CFS has assisted numerous young people with access to Medicaid, referrals to ETV, additional educational programming, coaching referrals, and offered needs-based funds for young adults who need crisis financial assistance.

CFS values NYTD data as meaningful information to improve service delivery, refine program goals, and share with system partners and stakeholders. CFS continues to work diligently to provide NYTD data through stakeholder meetings, CFS staff training, Young Adult CRP, and data sharing on the CFS NYTD website page.

- Provide information on the state's plan to strengthen the collection of data through NYTD over the next five years.

All NYTD data collection is the ultimate responsibility of CFS to track the independent living services Nebraska provides to youth and young adults and develop outcome measures that may be used to assess the state's performance in operating their independent living programs. CFS reports to ACF on the four types of information, including services provided, youth and young adult characteristics, outcomes, and basic demographics, which are collected through survey collection and inputting data in N-FOCUS for young people ages 14-23.

CFS will strengthen the collection of NYTD data in the next five years following ways:

- NYTD Quality File Case Reviews;
- Utilizing the test submission reports option in the NYTD Portal;
- Enhance policies and training about survey collection and data gathering;
- Increase efforts for NYTD data sharing with young people, stakeholders, and the community;
- Refresher training for foster care agencies on NYTD services and reporting; and,
- Increase survey implementation methods (QR code, DocuSign electronic capacity).

Serving Youth Across the State

- Describe how the state has ensured and will continue to ensure that all political subdivisions in the state are served by the Chafee program, though not necessarily in a uniform manner (section 477(b)(2)(B) of the Act).

As described in the *Description of Program Design and Delivery* section above, CYI is an overarching system built to provide services and support for young people. CFS ensures all political subdivisions in the state are served through the following ways:

1. A sub-award agreement between CFS and NCFE includes clear expectations and language on how Chafee services and support should be provided to Chafee-eligible youth and young adults throughout Nebraska. Regular meetings, emails, technical assistance, data review, and sub-award site monitoring visits by CFS with NCFE ensure that independent living services are offered statewide according to federal regulations.
 2. All communities across Nebraska have access to Central Navigation, which can connect young people to Chafee services in the area in which they reside.
 3. CYI has a Nehelpchat (chatbot) telephone number for each Nebraska area code that young people can text to be connected to Central Navigation.
 4. The NCFE sub-award language and training to CFSS have been provided, incorporating the Multi-Ethnic Placement Act of 1994, the Adoption and Safe Families Act of 1997, the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Preventing Sex Trafficking and Strengthening Families Act of 2014, the Family Prevention Services Act of 2018, and applicable Nebraska statutes and regulations.
 5. CFS works directly with federally recognized tribes, which will be described in more detail in [Section V, Consultation between States and Tribes](#).
- Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

Nebraska has not broken down NYTD data by service area to analyze outcome achievement or NYTD services provided. Utilizing NYTD services documented in N-FOCUS, CFS provides a monthly report identifying Chafee-eligible youth receiving NYTD services provided by a foster parent, informal support, CFSS, or Coaching.

CYI offers a consistent statewide network of core support and services, described later in the Chafee section. Through biannual reports from NCFE, CFS can monitor Coaching and Drivers Education funding services provided to service areas. Nebraska has both metropolitan areas and

a large rural area, which creates challenges for youth aspiring to increase their self-sufficiency skills due to the need for transportation, employment opportunities, and driver's education.

The following chart outlines the number of young people served through Coaching (one-on-one life skills development) services for each service area. NCFE also keeps data on the age, identified goals, and demographics of youth and young adults receiving Coaching.

Coaching	Eastern	Central	Southeast	Western	Northern	Total
New Coaching (October 1, 2022-September 30, 2023)	277	179	331	107	158	1052

Driver Education funding for each Service area		
Service area	Total number approved	Amount
Eastern	72	\$25,390.00
Southeast	16	\$6,510.00
Central	21	\$6,570.00
Northern	2	\$725.00
Western	7	\$1,300.00
Total (October 2022-September 2023)	118	\$40,495.00

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

- Describe how youth of various ages and at various stages of achieving independence are to be served.

Chafee is available for individuals aged 14-23 (up to their 23rd birthday). The eligibility population for Chafee Programming includes:

- A youth in foster care between the ages of 14 and 18;
- A young adult who turned 19 years old and is eligible for the extension of foster care through the voluntary Bridge to Independence (B2i) program;
- A youth who was in the custody of CFS and exited foster care after their 14th birthday and is under the age of 23;
- A youth who was adopted or in the permanency guardianship after their 16th birthday and is under the age of 23;
- A youth who was in foster care on their 16th birthday and is under the age of 26 may be involved in the Education and Training Voucher (ETV); or
- A youth who was adopted or entered into a guardianship at age 16 and under the age of 26 may be eligible for ETV.

For youth and young adults being referred to CYI, the following CYI core services will continue to be offered:

- Central Navigation is the component in which youth and young adults are matched to services.

- Financial Well-Being is provided through programs such as Opportunity Passport and Your Money Your Goals, Keys to Your Financial Future.
- Coaching is a case management approach that is youth-driven, strength-based, and goal-oriented. Young people will take the lead in identifying their needs, goals, and the frequency at which they meet with Coaches.
- Youth and Young Adult Leadership includes opportunities for young people to engage in leadership and advocacy, which is community-led and youth-driven via local chapters, state-led chapters, and opportunities to serve on a national level.
- Youth Support Services Funding is flexible funds to access an array of basic needs and support in emergencies where support is unavailable through other sources.

Youth in foster care and not referred to CYI will have transitional planning completed by the CFSS with foster parents, group homes, or informal supports providing training on independent living skills.

- For states that extended or plan to extend title IV-E foster care assistance to young people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive CQI in the delivery of Chafee services.

B2i was implemented in October 2014. B2i offers a monthly financial stipend, case management, court, and Foster Care Review Office oversight. Since the inception of B2i in 2014, 1,453 young adults have participated in B2i. During the 2023 calendar year, 354 unduplicated young adults actively participated in B2i, with 136 exiting the program.

Since the program's implementation, the population eligibility continues to expand. Effective January 1, 2025, the program will continue to support current eligible individuals but will expand to serve young adults involved with the Office of Probation Administration. For youth being served through the Office of Probation Administration who are 18 ½ years old, the court can make a finding before age 19 that the youth may be eligible for B2i if returning the youth to the family home would be contrary to the youth's welfare.

The Court makes its determination from the following:

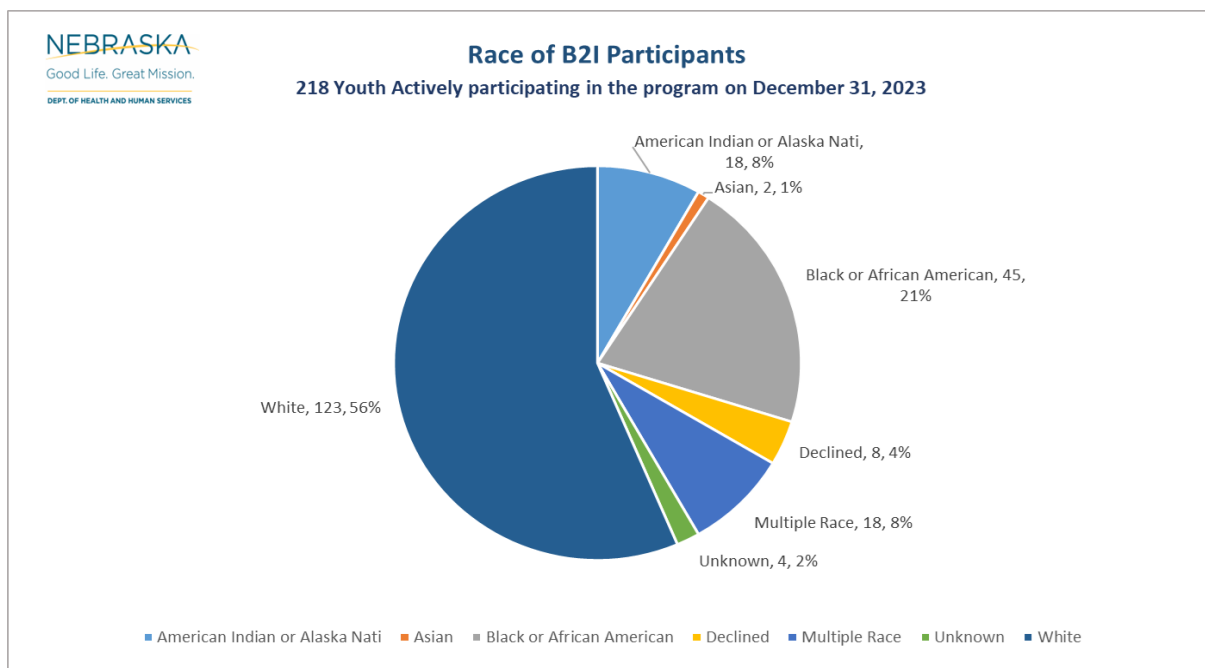
- Whether the youth is disconnected from family support that would assist in the youth's transition to adulthood;
- Whether the youth faces the risk of homelessness upon closure of the youth's court case; or,
- Whether the Office of Probation Administration has made reasonable efforts to return the youth to the family home before the youth's 19th birthday.

CFS is working collaboratively with the Office of Probation Administration to coordinate and seamlessly transfer the new population into B2i. In April 2024, modifications to N-FOCUS will be finalized in preparation for the new population of young adults from the Office of Probation Administration. With these modifications, N-FOCUS will be able to differentiate between the

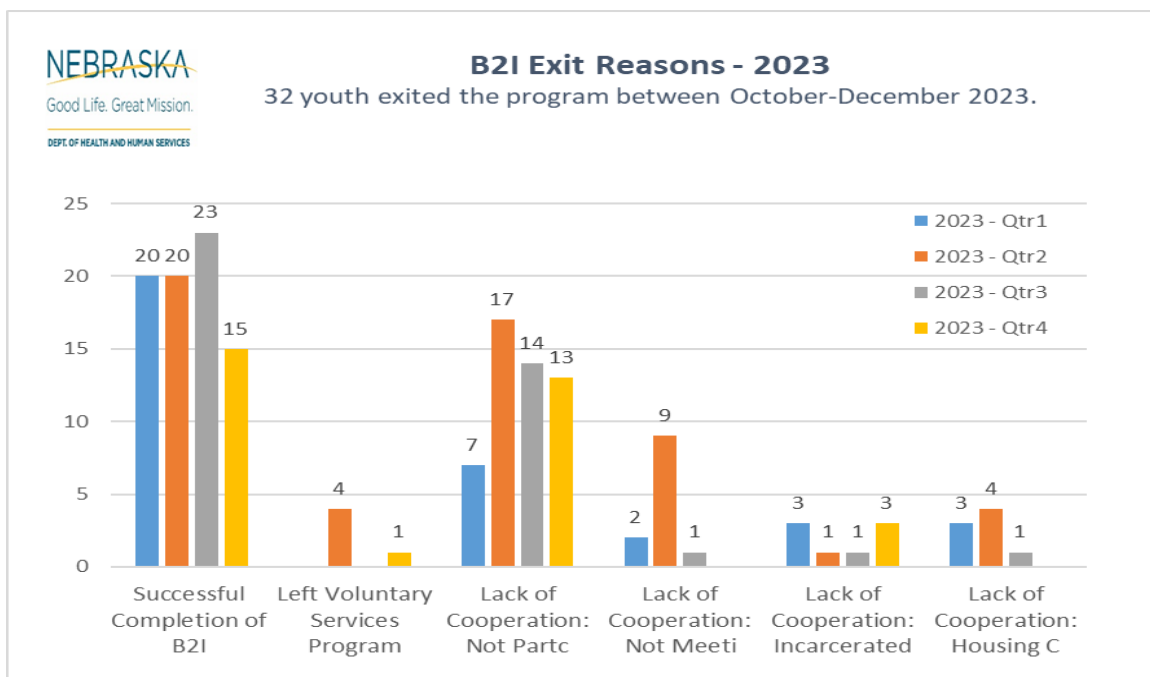
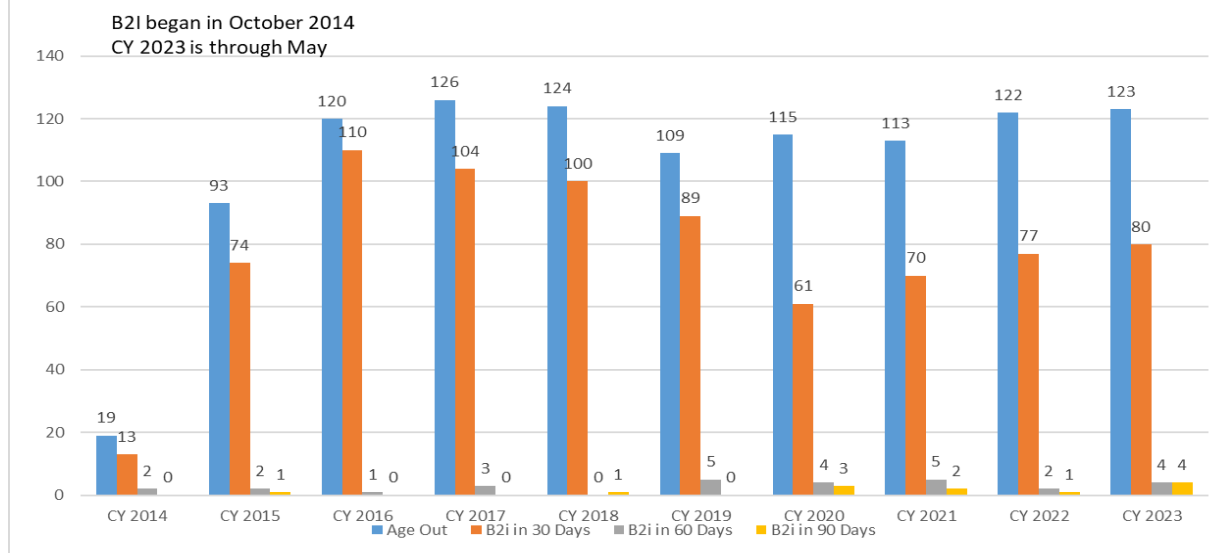
populations of young adults from the current population of abuse and neglect and those entering from Probation. This will ensure that B2i can provide more targeted support to each group, helping them achieve their goals and lead fulfilling lives.

In the last four years, B2i has focused on collecting data to help with program development. Since the implementation of the program, the following data has been collected:

- Gender;
- Race;
- Programming eligibility (education, employment, etc.);
- Number served in the program;
- Other Economic Assistance Program participation;
- Exits;
- Housing situations;
- Number of pregnant and parenting;
- IV-E Penetration rate; and,
- Entry into the program within 30-60-90 days of the young adult's 19th birthday.



State Wards Exiting Care at Age 19 Who Enrolled in B2i within 30, 60 and 90 Days of Exit



To achieve CQI in program delivery, B2i decided to focus on qualitative data. The NYTD survey is used to distinguish between B2i participants and non-participants. The data shows that additional support and foster care extension have benefited young adults. CFS is currently conducting surveys for 21-year-olds and intends to compare the results with the current NYTD cohort.

The following chart is a breakdown of the NYTD survey questions for the 2021 cohort populations of 21-year-olds comparing young adults enrolled in B2i at the time of the survey to young adults

not enrolled in B2i. The responses show that young adults in B2i are more engaged in employment, education, formal and informal support, and less inclined to be incarcerated.

NYTD Survey Questions: 2021 cohort of 21-year-olds	Young Adults enrolled in B2i responses (n=59)	Young Adults not enrolled in B2i responses (n=53)
Employed Full-time	26%	11%
Employed Part-time	19%	13%
Completed an internship or on-the-job training in the past year	8%	11%
Receive disability	6%	29%
Using a scholarship, voucher, or student loan for educational expenses	13%	5%
Currently receiving significant financial resources or support from another source	12%	8%
Graduated from high school or completed GED	43%	32%
Enrolled in or attending GED, college, or vocational training	16%	11%
Have at least one adult in your life to whom you go to for advice	50%	46%
Been homeless in the past two years	6%	12%
Been referred to alcohol or drug abuse treatment in the past two years	4%	6%
Been confined in jail in the past two years	7%	12%
Had children in the past two years	13%	11%
Receive Medicaid	49%	36%
Have other health insurance	3%	5%
Receive public food assistance	11%	15%
Receive housing assistance	11%	8%

All Independence Coordinators have been trained in Youth Thrive™ and started to survey young adults within the program on their promotive and protective factors, including Youth Resilience, Social Connections, Knowledge of Adolescent Development, Concrete Support in Times of Need, and Cognitive and Social-Emotional Competence. This will enable B2i to analyze data throughout their participation in B2i, which will help them improve their services.

In the upcoming year, B2i plans to implement additional data gathering by obtaining entry and exit data that focuses on crucial transitional milestones, including education, employment, financial well-being, housing, and informal support. This will allow B2i to provide better support and tailor its programs to each young adult's unique needs.

- For states that have elected or plan to extend Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.

Nebraska has provided Chafee services to young adults to age 23 since 2018. Young adults will be offered CYI core services described earlier in Chafee section. Young adults who are not enrolled in B2i and receive Coaching through CYI sign a release of information to share their information, including the Coaching plan and narratives for CFS to monitor. Central Plains, which conducts statewide Coaching through the CYI network, provided a letter explaining Chafee eligibility to all community stakeholders in January 2024. NCFF's website for CYI includes a description of the core services and eligibility.

- Describe how the state ensures it makes available services to youth formerly in foster who moved to the state after exiting foster care in another state. Note that section 477(b)(3)(A) requires states to certify that they will provide assistance and federally funded Chafee Program services to youth who have aged out of foster care and have not attained 21 years of age (or 23 as applicable). It is irrelevant where the youth "aged out" of foster care. The state in which the youth resides is responsible for services if the state provides the services needed by the youth/ young adult. (See CWPM 3.1F, Question 3.)

Young people currently in foster care, extended foster care, or have exited care from other states and live in or move to Nebraska may be referred or self-refer to Chafee services in Nebraska, including Education and Training Voucher. The CFS Independent Living Program Specialist will contact the state where the young person experienced foster care to obtain Chafee eligibility verification. CFS certifies that we will continue to provide Chafee services to young people from other states who are moving to Nebraska and are Chafee eligible.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

- Discuss how the state involves the public and private sectors in helping youth in foster care achieve independence.

NCFF initiated the Fostering Achievement Nebraska Network (FANN), focusing on issues and solutions with post-secondary resources, employment connections, and academic preparation. This collaborative group comprised numerous stakeholders connected with United Way, Nebraska post-secondary institutions, Workforce Development Programs, Independent Living Providers, CFS, Homeless Coordinated Entry, and Urban League of Nebraska. However, due to NCFF reorganization, this initiative was put on hold in early 2022, but a small Nebraska group continues in the Nationwide Network meetings.

In 2019, NCFF was awarded the Learn, Earn, and Achieve Your Potential (LEAP) grant to increase the number of youths who enter post-secondary education and persist through the first year of college or training. LEAP strategies focus on enrollment in post-secondary education or career training for young people. Although the LEAP grant will end in 2024, strategic planning

is being done to sustain LEAP work within the ETV Program and Coaching. Building on existing partnerships for the program implementation, this funding commitment allowed NCCFF and key partners an opportunity to expand and implement the following:

- Collaboration with additional investment partners, educational systems, government entities, and workforce partners;
- Increase access to training for effective practices, programs, and services to help youth succeed in education and careers, utilizing the Jobs for the Future's Back on Track™ (BOT) model;
- Develop specific strategies to support expectant and parenting youth in their pathway to education and career;
- Enhance current financial capability strategies for youth through LEAP Coaching;
- Expand and provide cross-training to post-secondary partners; and,
- Provide youth-led opportunities for program development, design, and leadership.

In October 2020, NCCFF CYI entered into a sub-award agreement with CFS for \$1.5 million as the lead agency for the funding opportunity, "Improving Outcomes for Youth Victims of Human Trafficking," from the U.S. Department of Justice Office, Victims of Crime. This grant provides public funding to support youth ages 14-24 receiving CYI services and human trafficking victims. CFS intends to look for opportunities for continued funding to provide support for older youth and young adults as they transition safely from adulthood to ensure safety.

In 2021, Nebraska was invited to join a Learning and Action Network hosted by the Annie E. Casey Foundation focused on Pregnancy Prevention and Parenting Support (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 that build and strengthen protective and promotive factors in young families and thriving communities that support them. PPPS hopes to achieve the following goals by 2025:

- Explore root causes for reasons why children born to former foster care are entering care;
- Recruit foster parents interested and excited about fostering older youth who are pregnant and/or parenting;
- Deliver public speaking to both females and males about reproductive health;
- Develop opportunities for education related to parenting-related issues facing young people;
- Improve or implement technology to connect young parents;
- Provide training and education for providers to establish "welcome spaces" for young families in service delivery;
- Create a Peer-to-Peer model;
- Create an online menu of mental health supports for young parents;
- Improve prevention messaging and parenting education; and,
- Recruit more emerging leaders who are fathers.

CFS is currently a partner in developing Nebraska's Olmstead Plan, which ensures housing for disabled individuals. Partnering with CFS on this plan includes the Nebraska Investment Finance Authority (NIFA), MCOs, Housing Authorities, various DHHS Divisions, housing agencies, and the University of Nebraska Center on Children, Families, and the Law (CCFL).

CFS and NCFF work closely with several Continuum of Care (CoC) providers, including Lincoln, Omaha Metro, and the Balance of State (BoS), which is rural Nebraska. 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 is an ongoing issue that requires involving public and private groups to work towards improvement.

CFS continues to coordinate and collaborate its efforts to improve the services and support to youth and young adults transitioning out of foster care, in collaboration with other federal and state programs for youth and young adults.

As described in the [*John H. Chafee Foster Care Program for Successful Transition to Adulthood*](#), CFS continues to gather feedback from the Young Adult CRP and state and local youth councils about transitioning into adulthood issues and policies. Through a series of CFS, stakeholder, and community meetings, we have gathered input from young people in both urban and rural areas across the state. We aim to understand their perspectives on how we can improve success and sustainability for youth who are in foster care, and how we can support their transition out of the foster care system.

CFS continued Chafee-funded agreements with two federally recognized tribes in Nebraska, Winnebago and Omaha. See [*Section V, Consultation and Coordination between States and Tribes*](#), for additional information. The CFS Program Specialist meets with CFSS workers from Winnebago, Santee, and Omaha to discuss older youth aging out of foster care, ensuring that youth being served by the tribal courts have access to and are aware of all the opportunities, services, and support for youth transitioning out of foster care.

- Provide information on the title IV-B/IV-E agency's efforts to coordinate with the state Medicaid agency to support the state's implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023. (See ACYF-CB-IM-23-04 and State Health Official Letter.)

CFS and MLTC are committed to ensuring that young adults are well-informed about their MLTC benefits. Over the past two years, CFS and MLTC have collaborated to improve communication with young adults. This has included strategies such as sending information through text messages, letters, emails, visual resources, and QR codes.

In accordance with the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, MLTC updated regulations at Title 477 Chapter 28-004.01 to include directives on how to provide young people who have aged out of foster care from any state to receive Medicaid.

In Nebraska, individuals can apply for Medicaid via paper application, electronic application, or telephone interview. In late 2022, DHHS launched the newly developed iServe Nebraska Portal to apply for Medicaid and other economic assistance programs. The paper and electronic application versions have been designed to collect information about a young adult's time in foster care who move into Nebraska. To simplify the process of foster care verification, young adults fill out an attestation form identifying the state and dates they were in foster care. The application is forwarded to the former foster care Medicaid team who reviews the application for eligibility determination.

OEA and CFS met to discuss the Fiscal Responsibility Act (FRA) of 2023. The purpose of the meeting was to familiarize the CFS Program Specialist and the Well-Being Administrator with the new Act and discuss how it would be implemented. During the meeting, a SNAP policy memo, and Informational Memo were shared, which provide guidance to Economic Assistance staff on processing SNAP exceptions for youth experiencing homelessness and those exiting care.

- Provide information on the actions taken to address the housing needs of young adults in transition from foster care. Outline the federal, state, local, and public/private resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people. Include information on the state's proposed efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities (PHAs) to utilize Foster Youth to Independence (FYI) vouchers. To support the implementation, the Administration on Children, Youth and Families (ACYF) issued "Leveraging The U.S. Department of Housing and Urban Development's Foster Youth to Independence (FYI) Program for Eligible Youth Experiencing or At-Risk of Experiencing Homelessness" to grant recipients of the Runaway and Homeless Youth program.

Please note ACYF issued policy information entitled "SNAP Exceptions for Youth Experiencing Homelessness and Exiting Foster Care." This letter highlights the exemption for them under the SNAP for young adults in foster care on their 18th birthday.

There is a critical need for the development and coordination of services for young people experiencing or at risk of homelessness in Nebraska. The following information summarizes efforts taken to address housing needs for young people.

The Foster Youth Towards Independence (FYI) Voucher Program is a program initiated by the U.S. Department of Housing and Urban Development (HUD) that aims to assist young adults experiencing or at risk of homelessness. This program requires collaboration between local agencies and systems to identify and target young adults in need. Following HUD's announcement, CFS entered Memorandums of Understanding (MOUs) with NCFF, the CoCs, and eight housing authorities to support this program's implementation. Participation with the vouchers continues to be low, with most of the vouchers being offered to young adults in Douglas County (Western Omaha Metro Area). Nebraska will continue to educate and encourage other housing authorities to invest in the FYI vouchers to build capacity across the state.

Three providers in Nebraska receive funding for the Runaway and Homeless Youth Prevention Demonstration Program. These providers, the CFS Program Specialist, and other housing providers collaborate weekly to ensure that housing needs are met for each youth facing homelessness.

CCFL, in collaboration with NCFF and Balance of State CoC, 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. YHDG allows young people experiencing homelessness immediate access to safe, secure, and stable housing. In Nebraska, YHDG includes components of the housing and coaching program. Every youth identified as homeless, near homeless, or fleeing violence enters the All Doors Lead Home Coordinated Entry System (ADLHCE) and is connected to housing resources and referred for coaching. Central Plains Center for Services provides all the coaching for the YHDG Program in the entire Nebraska Balance of State. Outcomes will be accomplished through coordinated efforts and collaborative partnerships at the state level and agencies working with and assisting the youth population.

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.

In 2023, CFS established a new child welfare contract with Cedars Youth Services to provide a semi-supervised independent living setting. This environment is especially designed for youth transitioning into independent living but requiring additional support. The program offers access to staff at all times (when needed), one daily meal, training in independent living skills, and transportation to school and work.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

- Address how the state uses objective criteria to determine eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients.

Please Note: States may not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state, and states may not terminate ongoing independent living assistance solely due to the fact that a youth is temporarily residing out of state.

CFS individualized case management and referrals to CYI aim to provide services and support to young people currently or formerly in foster care to transition successfully to adulthood. Young people are offered a life skills assessment, individualized transitional plan development, transition-related services, support, and activities. CFS Case Managers and CYI know the eligibility criteria for Chafee programming. All CFS Case Managers are provided training on the Transitional Age Services SWI, including eligibility criteria.

The CFS program specialist for Independent Living Services provides Chafee eligibility confirmation for those young people applying for CYI services. Programs funded by Chafee and other CYI-related initiatives offer culturally and linguistically suitable services. The Case Managers and CYI staff deliberately engage young individuals to ensure that the services they receive are geared towards improving their self-sufficiency outcomes and results. Nebraska will not deny eligibility or terminate Chafee-funded services to a young person who otherwise meets the eligibility criteria but is temporarily residing out of state.

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

- Provide a statement that indicates that the state agency will cooperate in any federal national evaluations of the effects of the programs in achieving the purposes of Chafee.

CFS will cooperate in any federal national evaluation of the effects of the program in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

In the 2025-2029 CFSP, states must:

- Describe the methods the state will use to operate the ETV program efficiently over the next five years.

Nebraska's Education and Training Voucher (ETV) program is administered through a statewide sub-award with NCFE, which contracts with Central Plains for service delivery. For over two

decades, Central Plains Center for Supportive Services has been synonymous with strength-based, high-quality, individualized youth-driven services. Central Plains has extensive community connections and educational relationships that have benefited successful collaboration. Additionally, Central Plains provides coaching across the state, which allows a seamless process and admission into ETV as coaches become aware of youth who may want to continue their education.

Central Plains uses a Clienttrax database to document and track the unduplicated number of young people involved with ETV. Clienttrax provides a wide range of data collection capabilities, including enrollment, demographics, award numbers, and student educational progress.

- Describe the methods the state will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965); and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program. (See sections 477(b)(3)(J) and (i)(5) of the Act and Attachment D of this PI.)

The ETV program assists eligible students up to a predetermined maximum amount, which NCCF, Central Plains, and CFS decide based on program attendance. At the beginning of each academic year, ETV staff calculate the total cost of attendance for each educational institution. This estimated cost is a standardized estimate of the comprehensive college student expenses. A budget is created with each student to determine the financial aid they may receive and accept for the academic year, including federal and state grants, loans, federal work-study, and scholarships. A comparison is made between the total cost of school attendance and the total financial aid the student will receive to determine the ETV payment up to the maximum predetermined amount. ETV payments are factored into the student's total cost of attendance, ensuring that the student does not receive more financial assistance than the cost of attendance.

The ETV Program works to avoid duplication of benefits by:

- Reporting all student ETV funding to the post-secondary institution;
 - Ensuring that educational scholarships and grants are not duplicated for the same purpose and do not exceed the student's cost of attendance;
 - Ensuring institutional aid, when combined with other aid, does not exceed the total cost of attendance or duplicate benefits; and,
 - Considering whether Federal Work-Study would provide income to the student and, when combined with other forms of assistance, not exceed the student's cost of attendance or duplicate benefits.
- Describe how the program is coordinated with other appropriate education and training programs (section 477(i)(6) of the Act).

Please note that states must make available federal ETV funds available to young people formerly in foster care in another state who then move to their state and subsequently wish to re-

engage with post-secondary education and apply for ETV. (Please see CWPM 3.5, Question 1 for more information.)

The ETV Program has established strong partnerships with educational programs, state, and community-based agencies to support young adults' academic success and closely coordinates to maximize resources.

Every college and university in Nebraska has created Trio and Student Support Services to offer individualized advising and academic coaching, along with support and services, to those who face barriers to education. These services are aimed at eliminating such barriers. Central Plains has partnered directly with the Vice-Chancellor for Student Affairs and Risk Management with Nebraska State Colleges to identify ETV students and create services and support systems specific to their needs within the state colleges.

Several post-secondary education institutions have collaborated with Central Plains to create direct contacts for ETV students, additional student services and supports, and support groups for those with similar experiences within the colleges. Three community colleges across Nebraska have launched a Registered Apprenticeship Program offering ETV students paid apprenticeship opportunities. This program provides them with employment experience while they attend school. Central Plains is actively involved in the Community Collaboratives, providing education and building relationships within the various communities across the state.

If a young person previously in foster care moves to Nebraska, the CFS Program Specialist will contact the state where the young person was in foster care to check eligibility. Nebraska certifies that CFS will offer Federal ETV funds to eligible young people who move to Nebraska and want to attend post-secondary institutions.

Chafee Training

States must provide information on specific training planned for FYs 2025-2029 in support of the goals and objectives of the Chafee plan. Chafee training may be incorporated into the training information discussed in the Training Plan (see section D6) for the 2025-2029 CFSP but should be identified as pertaining to Chafee.

Please also note that states are required to certify that they will use training funds provided under the title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult (section 477(b)(3)(D)).

CFS-contracted Child Placing Agencies (CPA) are required to review and discuss the foster parents' ability to meet the needs of the foster youth placed in their home. All contracted CPAs across Nebraska must provide pre-service training to foster and adoptive parents before they become licensed.

Currently, CFS contracts for group homes do not include the requirements for specific older youth training. However, group homes do provide older youth training to their staff. The training topics provided by each individual group home vary. Some of the topics being trained are:

- Gangs and youth violence;
- LGBTQ;
- Navigating the answer life skills assessment;
- Human trafficking;
- Engagement and building rapport;
- Effective praise;
- Suicide prevention and identification teaching self-control;
- Brain development;
- Making it on your own; and,
- Teen substance abuse.

Youth and young people can also acquire leadership and life skills trainings during local youth and young adult councils. Skill-building activities are focused on helping youth use their voice in public speaking and advocacy. Education-based training includes preparing and participating in court, financial literacy, workforce readiness, and various life skills.

CFSS is required to complete 13.5 pre-service training hours focusing on transitioning youth to adulthood, including areas of transitional planning, youth who go missing from care, and human trafficking. The following are the training objectives:

1. Increasing awareness of various resources to enhance the success of transitional living for young people according to their needs.
2. Understanding the importance of youth engagement.
3. Increase awareness of case management responsibilities as they prepare youth for adulthood, including state and federal requirements.
4. Empowering youth to identify informal supports for their transitional living team, understanding the importance of the Ansell Casey Life Assessment and transitional planning.
5. Providing education on the youth's credit reports.
6. Understanding the purpose of the National Youth in Transition Database.
7. Human trafficking.
8. Protocols for youth that go missing from care.
9. Adolescent development.

CFS anticipates that youth in care and the Young Adult CRP will provide recommendations about needed training to enhance the Chafee program and work effectively with youth and young adults. CFS will take the recommendations and provide beneficial training as appropriate over the coming years. In the next five years, CFS will continue to provide pre-service training to help CFSS become more familiar with the needs and expectations for transitional planning for youth who are in foster care ages 14 and older. Specific training topics for CFSS will be identified as needed to enhance our workforce's knowledge and skill base.

CFS certifies that training funds provided under title IV-E foster care and adoption assistance programs are used to provide training, including youth development training to foster parents,

adoptive parents, workers in group homes, and case managers to understand and address the issues faced by young people as they prepare for a successful transition to adulthood and strive to establish a permanent connection with a caring adult.

Section V. Consultation and Coordination Between States and Tribes

In the 2025-2029 CFSP, states must address the following:

- Describe the state’s process to gather input from Tribes for the development of the 2025-2029 CFSP, including the steps taken to reach out to all federally recognized Tribes in the state. Provide specific information on the name of Tribes and Tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with Tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

CFS has actively engaged with Nebraska tribes and tribes in neighboring states in developing our plan for the next five years through the development of our Tribal State Partnership for best practices in Indian Child Welfare grant – Together for Indigenous Families (TFIF). CFS held both virtual and in-person meetings with CIP, the Winnebago Tribe, the Ponca Tribe, the Omaha Tribe, and the Santee Sioux Nation to develop the goals, objectives, and activities that were included in the TFIF five-year plan. The goals identified through this process guide Nebraska’s CFSP goals for collaboration and coordination with Tribes.

Tribe Consulted	Tribal Representative
Omaha Tribe	DeAnna Parker (CFS and ICWA Director)
	Audreianna Levering-Galvin (CFS Deputy Director)
	Joe Fleming (CFS Finance Manager)
	Alexis Zendejas (ICWA Attorney)
Winnebago Tribe	Miskoo Petite (Human Services Director)
	Kayla Backer (Human Services Deputy Director)
	Lauren Buchanan (CFS Program Manager)
	Angie Walker (Preserving Native Families Manager)
	Amy Harper (CFS Case Lead)
Santee Sioux Nation	Danielle LaPointe (CFS Director)
	Clarissa LaPlante (CFS Deputy Director)
	Renae Helper (ICWA Specialist)
Ponca Tribe	Stephanie Pospisil (Human Services Director)
	Courtney Chavez (Tribal Affairs Director)
	Tiffani Spencer (ICWA Specialist)
Oglala Sioux	Hope Flornoy (ICWA Specialist)
Rosebud Sioux	Shirley Bad Wound (ICWA Specialist)
Sac and Fox	Pam Burden (CFS Director)

CFS continues to meet monthly with each of the Nebraska headquartered tribes individually and quarterly with the four tribes together. We anticipate that in the next five years, these quarterly joint meetings will include key stakeholders to help guide the collaborative work with tribal citizens in Nebraska. Key stakeholders include the Oglala and Rosebud tribes from South Dakota, the Sac and Fox Nation, and the Iowa Tribe of Nebraska and Kansas from Kansas, as well as the Nebraska Indian Child Welfare Coalition and other Native American led urban organizations.

- Provide a description of the state’s plan for ongoing coordination and collaboration with Tribes in the implementation and assessment of the 2025-2029 CFSP. Describe any barriers to this coordination and the state’s plans to address these barriers. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

CFS has strong working relationships with CIP and the Nebraska tribes and hopes to bolster these relationships to build capacity and a collaborative framework for all partners. CFS and the tribes identified the following goals to ensure streamlined communication between jurisdictions, enhance the experience of Indigenous families involved in child welfare, and meet the specific political and cultural needs of children, families, and tribes.

- Goal 1: Nebraska will promote positive outcomes for Indigenous families through greater compliance with 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: CFS, courts, and tribes will enhance government-to-government relationships through the development of a communication and training framework.

CFS and the tribes anticipate a reduction in the disparity of Indigenous children involved in state child welfare cases and an increase in the number of Indigenous children placed with relatives and other members of their tribe. CFS also anticipates increased capacity among the tribal nations in Nebraska to meet their community’s needs for prevention, safety, and permanency through tribally created family well-being systems.

- Describe the arrangements jointly developed with Tribes as to roles and responsibilities for providing child welfare services and the protections delineated in section 422(b)(8) of the Act to Tribal children, whether under state or Tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(C) and 475A(a) of the Act. (See 45 CFR 1357.15(q).)

CFS has child and adult welfare and IV-E agreements with the Omaha, Winnebago, and Santee Sioux Nation. The current agreements are valid for five years and allow amendments by either party at any time. The CFS agreements outline each partner's jurisdiction, roles, and responsibilities in reporting child and adult maltreatment, safety and risk assessment, and service provision in child and adult abuse and neglect proceedings. These agreements also recognize tribal authority to recruit and license foster homes in their jurisdiction. Funding for the agreements is primarily state dollars allocated to the tribes to perform services according to the specific tribes' codes, policies, and procedures. Omaha, Winnebago, and Santee Sioux Nation have access to N-FOCUS and are encouraged to document assessments, case planning, home visits, and placements in this system. CFS provides weekly reports from N-FOCUS of children listed in tribal custody, monthly CQI reports for child safety, permanency, and well-being indicators, and any other data requested by the tribes on demand. Tribal State agreements include a section of Mutual Responsibility for states and tribes, which includes coordination of services, the development of joint protocols, reciprocal training opportunities, confidentiality, and state of the agreement reporting.

CFS does not have a Tribal State agreement with the Ponca Tribe, as they do not currently operate a tribal child welfare program. The Ponca Tribe is currently working on a Tribal IV-E development grant and has included CFS in conversations to explore the development of a Tribal State Agreement.

- Provide a description, developed after consultation with Tribes, of the specific measures taken by the state to comply with ICWA. (See section 422(b)(9) of the Act.).

Nebraska legislature has codified a state ICWA law to strengthen the state's compliance measures. NE ICWA also requires that active efforts reports be submitted at each court hearing that outline the efforts made by DCFS to prevent the breakup of the family. CFS policy also outlines that each Indigenous child placed in a home not affiliated with their tribe is required to have a cultural plan developed to keep them connected to their extended family and tribe and to meet their specific cultural needs.

CFS has a designated tribal program team responsible for providing policy, training, and technical assistance regarding ICWA compliance. CFS reviews data on Indigenous children in state foster care monthly to assist case managers in accurately identifying Indian children and ensuring notice is being sent according to the ICWA, as well as helping connect case managers with tribal ICWA departments. The tribal program team arranges training for staff on the ICWA, participates in CQI compliance reviews, and conducts monthly case staffing calls between case managers and the Ponca and Omaha Tribes. CFS identifies and corrects some common issues encountered with ICWA compliance through this work. Compliance with the provisions regarding active efforts, placement preferences, qualified expert witness (QEW) testimony, and tribal participation in state ICWA proceedings are ongoing areas that we plan to address through the TFIF project.

The receipt of the TFIF funding has provided CFS an opportunity to hire three additional staff who will be responsible for helping plan, develop, implement, monitor, and report on the TFIF project goals and objectives.

- Describe the results of the state's consultation with each Indian Tribe in the state regarding eligibility for Chafee and ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care (section 477(b)(3)(G) of the Act).

Specifically:

- Describe how each Indian Tribe in the state has been consulted about the programs to be carried out under the Chafee program.

Nebraska offers Chafee services to eligible tribal youth and young adults residing in Nebraska. As a result, the frequency of consultation with tribes varies depending on each tribe's Chafee needs and requests. Contact with the Nebraska tribes includes email, phone, in-person meetings, training, and quarterly staffing for youth ages 17 and older. CFS will have on-site meetings with the Oglala and Rosebud tribes annually and will be available via phone and email when needed or requested. Contact with the Iowa Tribe and the Sac and Fox Nation regarding tribal Chafee youth primarily involves telephone and email. All the aforementioned tribes have been invited to participate as stakeholders in the Together for Indigenous Families grant, which aims to discuss Chafee supports and services.

- Describe the efforts to coordinate the programs with such Tribes.

In the last year, quarterly staffing meetings for Chafee-eligible youth have occurred with Winnebago, and Omaha tribes. These meetings have been well received, as they have allowed tribal staff and youth to meet directly with and coordinate services and support with B2i staff, the CFS Program Specialist, and Central Plains, which provides Coaching and ETV services. Additionally, CFS has quarterly meetings with Santee Sioux to support older youth transitioning into adulthood by educating staff about B2i, ETV, and community resources off the reservation and generating ideas to help youth transition into adulthood successfully.

- Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

Nebraska has a well-defined Chafee population in which tribal youth are incorporated, as defined in the *John H. Chafee Foster Care Program for Successful Transition to Adulthood Section*. CFS provides technical assistance and education through CFS Program Specialists and the CFS Tribal Program Manager, which enhances the knowledge of Tribal CFS staff about the benefits and services available through Chafee.

The B2i state statute for eligibility criteria includes language for tribal youth ensuring that tribal youth and young adults can enroll in the program.

- Describe the Chafee benefits and services currently available and provided for Indian children and youth.

The following is a summary of services all tribal youth and young adults can receive through their tribe.

- 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.
- Housing: Housing assistance through Tribal Housing Authority.

Chafee services vary depending on the individual tribe's usage of Chafee funding.

- 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 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.

Tribal 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 NCCF. Services include but are not limited to life skills assessments, housing, higher education navigation, and needs-based funds.

All tribal youth and young adults living off the reservation or not within the Ponca service delivery areas can access services through CYI.

Tribal youth who qualify for Chafee services are eligible for all core services and supports for youth and young adults through CYI which is defined in and located in [*the John H. Chafee Foster Care Program for successful Transition to Adulthood Section*](#).

All eligible tribal youth across Nebraska can enroll in ETV services, which provide strength-based and individualized youth-driven educational support through Central Plains. They have extensive community connections and educational relationships that have benefited from successful collaboration. Additionally, if tribal youth take advantage of coaching, it allows for a seamless process and admission into ETV, as coaches become aware of youth who may want to continue their education.

Eligible tribal youth and young adults have the opportunity to enroll in B2i for continued support as they transition into adulthood.

- Report on whether any Tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and Tribe were unable to come to an agreement.

The tribes have the opportunity to operate and fund their own Chafee or ETV by obtaining funding directly from the Administration for Children and Families (ACF). The Santee Sioux Nation receives Chafee funding directly from ACF. The Omaha, Winnebago, and Ponca tribes have chosen to receive Chafee funding from CFS via a sub-award. These three tribes provide a yearly budget for individualized Chafee programming that meets the needs of the youth and young people they serve. Nebraska's ETV program is managed through a statewide sub-award with NCCF, which partners with Central Plains for service delivery across the state, including for tribal youth living both on and off the reservation.

- State agencies and Tribes must also exchange copies of their 2025-2029 CFSP (45 CFR 1357.15(v) and 1357.16(d)). Describe in detail how the state will meet this requirement for the 2025-2029 CFSP and the plan for exchanging future APSRs.

CFS will distribute the approved CFSP to each tribe via email to the tribal CFS directors. CFS will also post the full CFSP to the DHHS website.

Section VI. Targeted Plans within the 2025-2029 CFSP

States are required to submit the following, each as a separate document to their 2025-2029 CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan;
- Health Care Oversight and Coordination Plan;
- Disaster Plan; and
- Training Plan.

See Targeted Plans submitted separately.

Section VII. Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

- States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in any fiscal year than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The CFSP submission must include information on the amount of FY 2005 title IV-B, subpart 1 funds that the state expended for child care, foster care maintenance, and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

Title IV-B, subpart 1 funds expended by the State for child care, foster care maintenance, and adoption assistance during FFY 2005 was \$444,000.

- The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for any fiscal year for the title IV-B, subpart 1 program may not exceed the amount of such non-federal expenditures applied as state match for title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

State funds expended and applied as the match for title IV-B subpart 1 in FY 2005 for foster care maintenance was \$36,636,855.

- States may spend no more than 10 percent of title IV-B, subpart 1 federal funds for administrative costs (section 424(e) of the Act). States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recently completed grant year on the CFS-101, Part III (Attachment B of this PI).

Refer to *Attachment B, CFS-101, Part I, II, and III*.

B. Title IV-B, Subpart 2

- States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination.

States must provide the estimated expenditures for the described services on the CFS-101, Parts I and II (Attachment B of this PI).

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

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

- States must limit administrative costs to no more than 10 percent of the total expenditures (federal funds and required state match combined) as noted in section 434(d) of the Act. This limitation applies to both the PSSF program and the Monthly

Caseworker Visit grant. States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recent completed grant year on the CFS-101, Part III.

Refer to *Attachment B, CFS-101, Part I, II, and III.*

- Each state may budget to send a maximum of five representatives to attend annual grant recipient meetings in Washington, D.C., as directed by the Children’s Bureau.
- States must provide the state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state’s 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

Refer to *Attachment B, CFS-101, Part I, II, and III.*

Amounts expended in FY1992:	
Title IV-B - 48 Child Welfare:	
General Fund	\$17,633,136
Cash Fund	\$17,194,060
Federal Fund	\$439,076

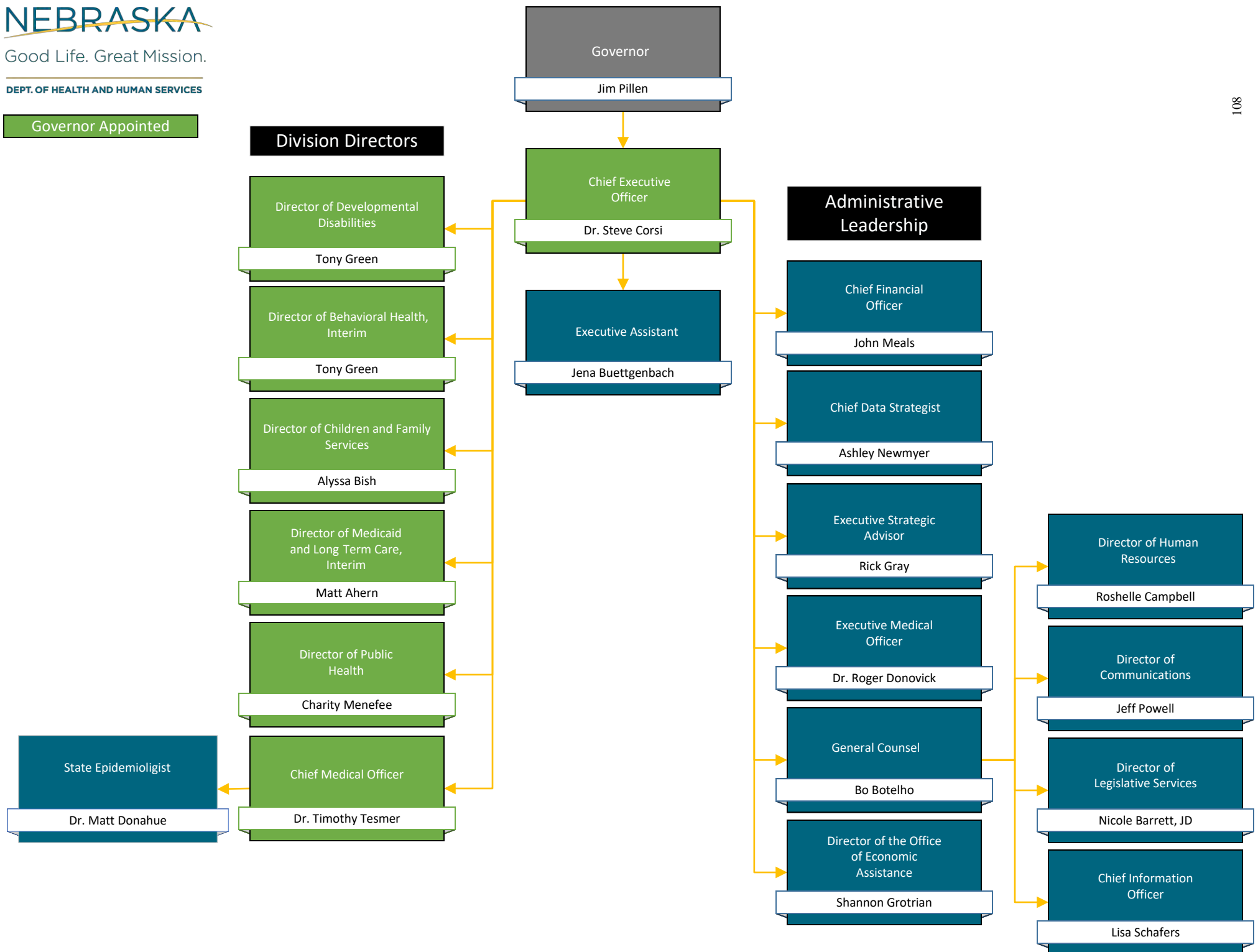
C. Chafee Program

States are required to certify that no more than 30 percent of their allotment of federal Chafee funds will be expended for room and board for youth who left foster care after 18 years of age and have not yet attained age 21 (section 477(b)(3)(B) of the Act). For states that operate an extended foster care program and that choose to exercise the Chafee option to serve youth up to age 23, the limitation applies to providing room and board to youth who left foster care after attaining ages 18 and have not yet attained age 23. Please see information in Chafee reporting section of the CFSP (Section C5) on how to make the election to serve youth up to age 23.

Each state may budget to send a maximum of five representatives to attend annual grant recipient meetings in Washington, D.C., as directed by the Children’s Bureau.

Refer to *Attachment B, CFS-101, Part I, II, and III.*

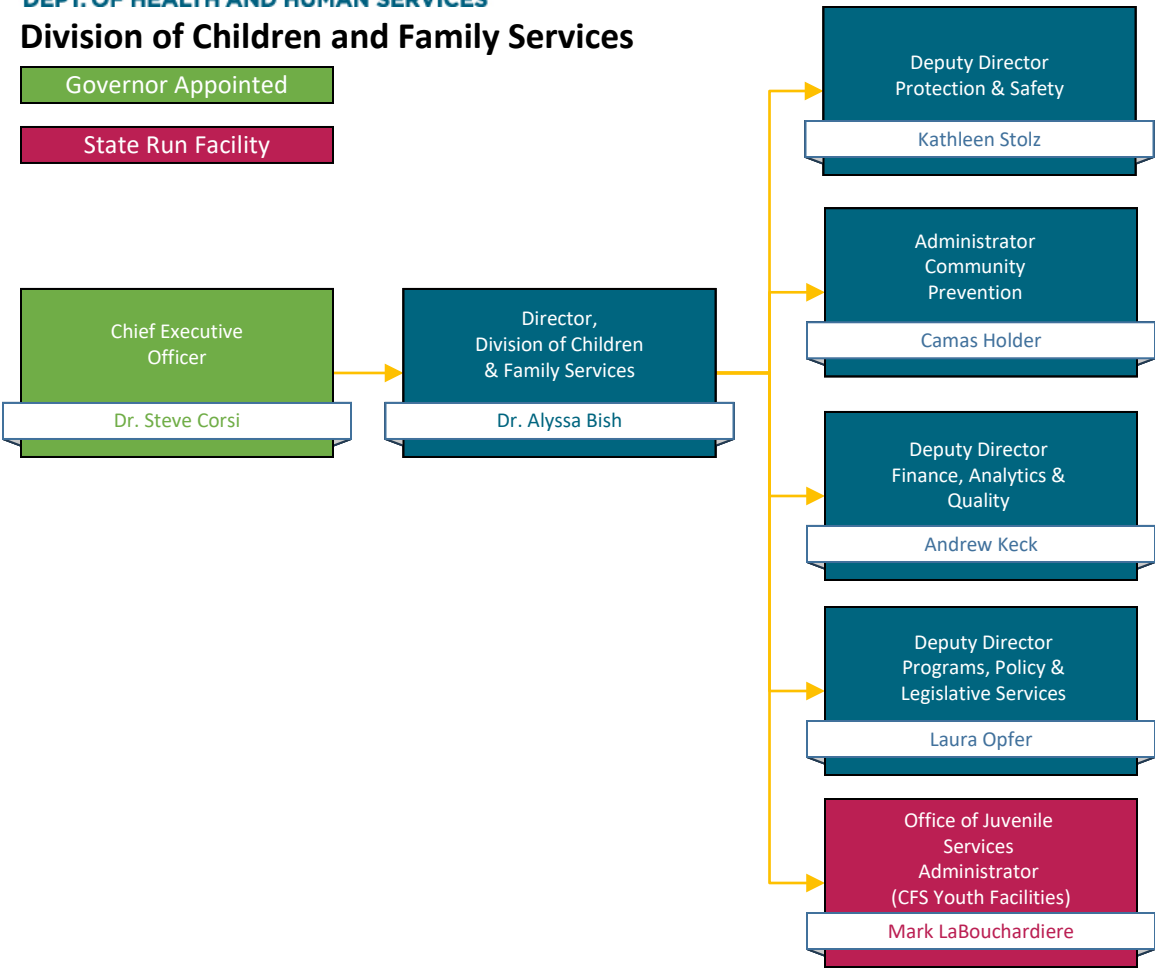
Governor Appointed



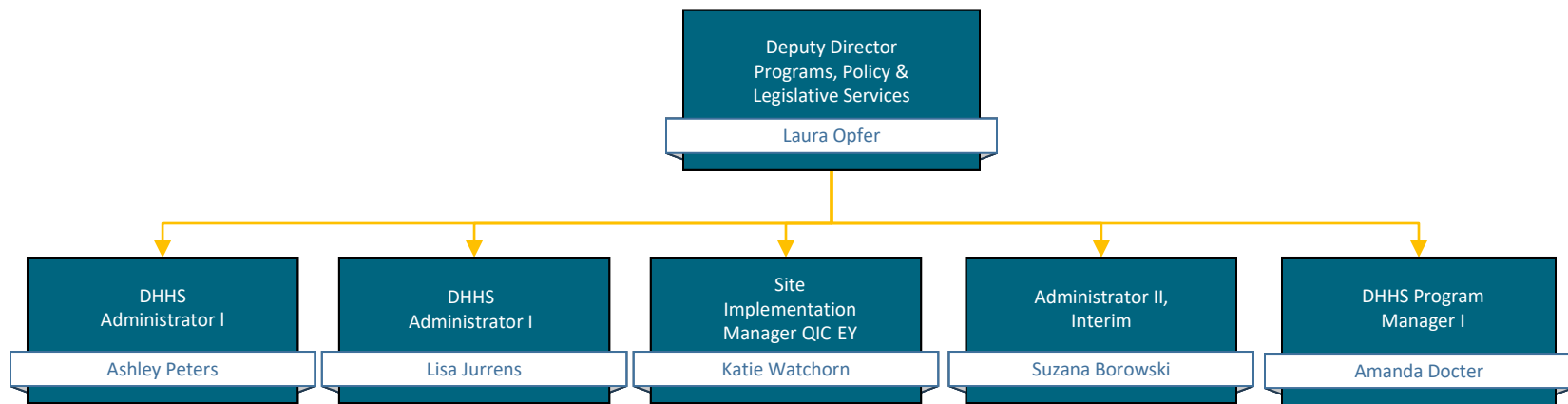
DEPT. OF HEALTH AND HUMAN SERVICES

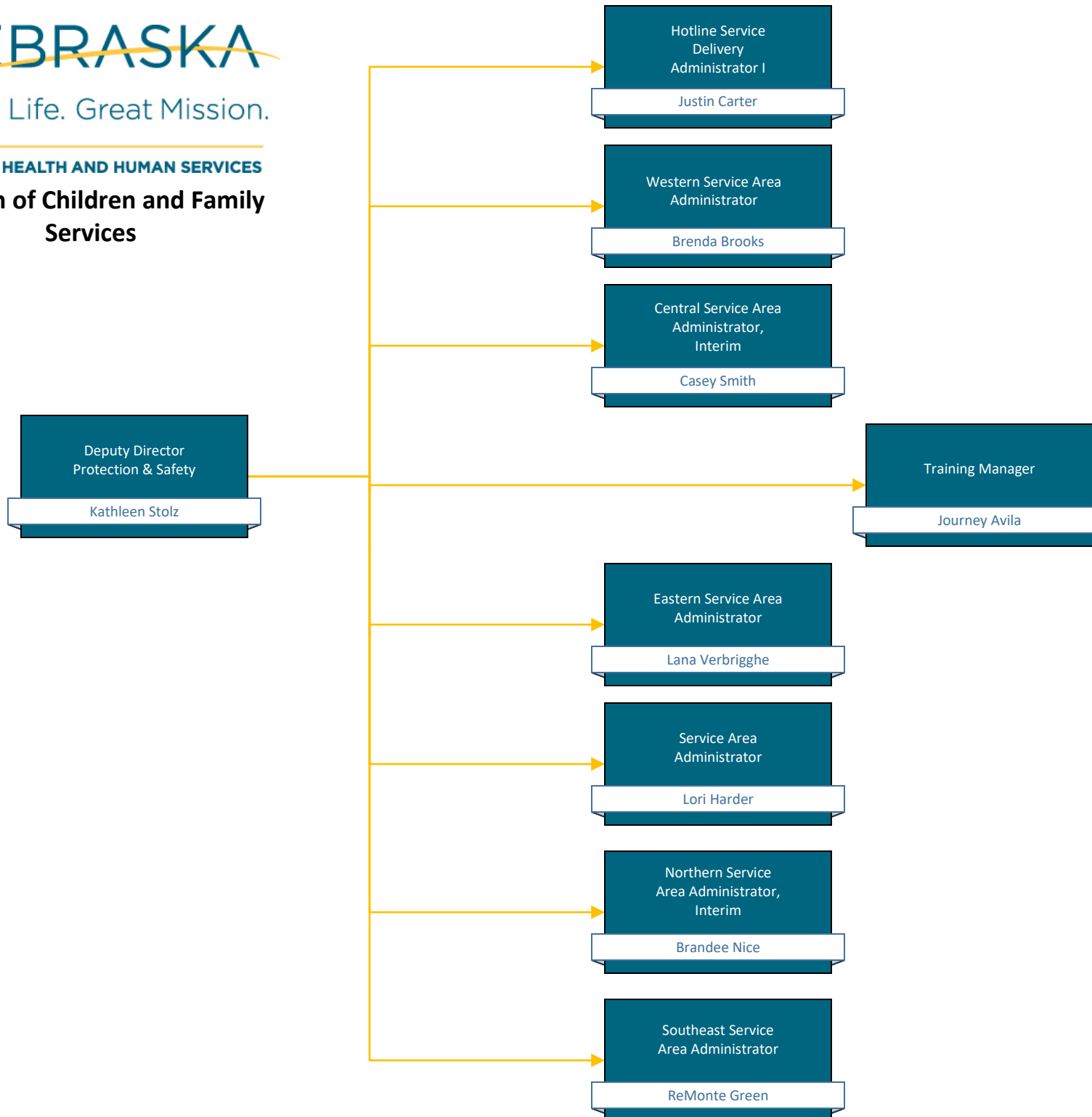
Division of Children and Family Services

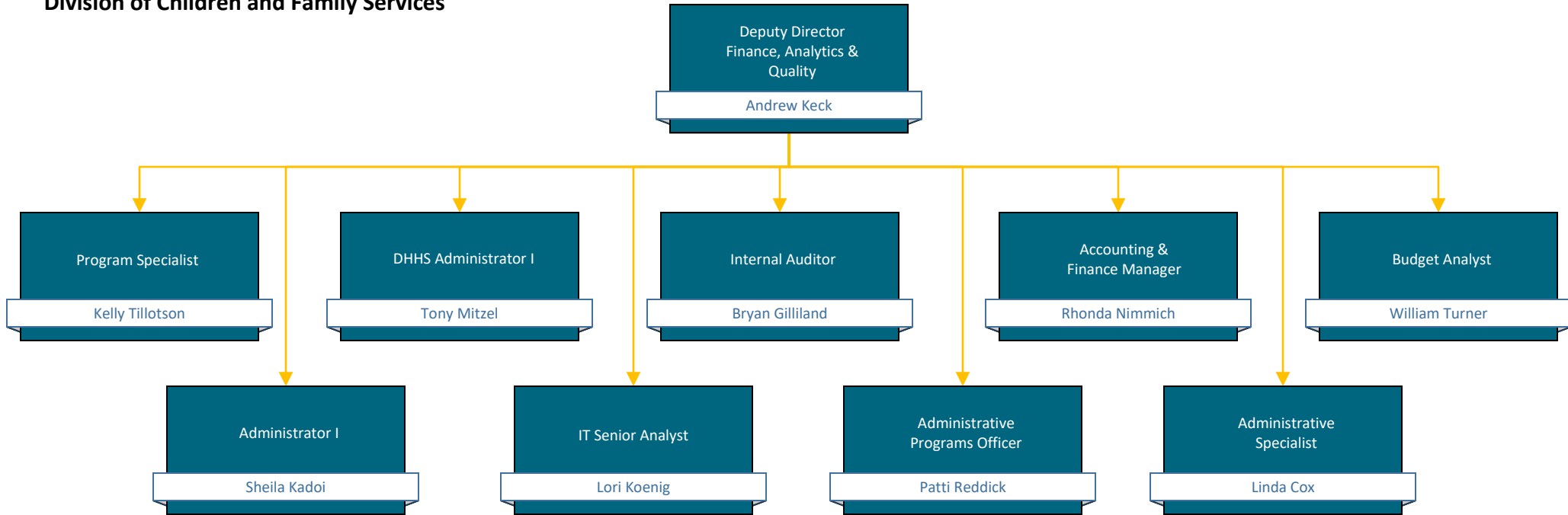
- Governor Appointed
- State Run Facility



Division of Children and Family Services

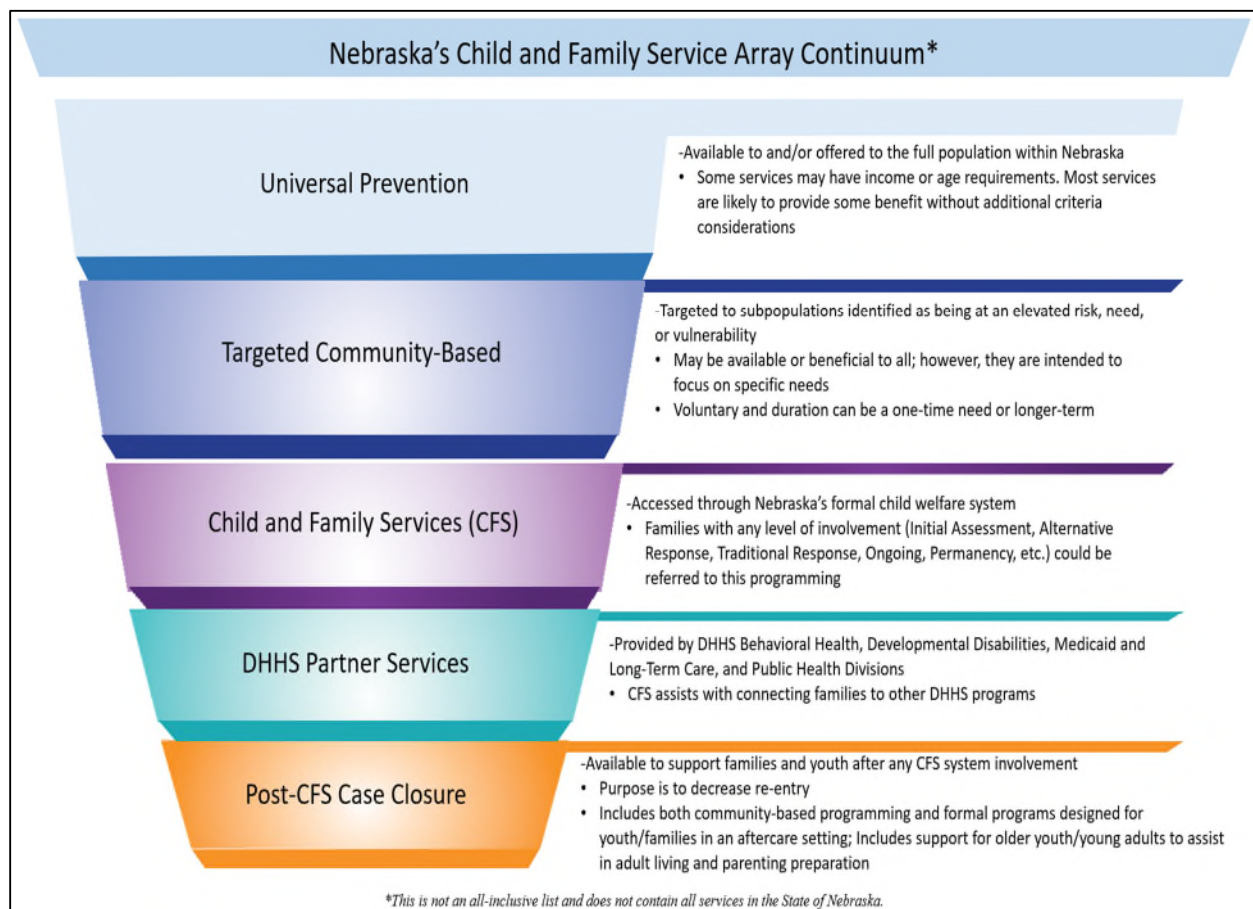






Nebraska's DHHS-Child and Family Service Array Continuum

Nebraska offers many services to our children and families in order to help them function better at home, in school, in the community, as parents/caregivers, and throughout life. Nebraska's Service Array Continuum is provided across the state by many different organizations and providers through meaningful partnerships. Service availability and provision do not fall on one organization or provider to shoulder the responsibility. Therefore, everyone plays their part in ensuring Nebraska has a service array continuum that meets the overall needs of the children and families within the State of Nebraska. This results in certain levels of crossover where services are available not only within one area of the service array continuum but across many areas, making it more accessible to more individuals.



Universal Prevention Services

Child Care Development Fund (CCDF): a federal and state partnership program authorized under the Child Care and Development Block Grant Act (CCDBG) to provide financial assistance to low-income families to access childcare so they can work or attend a job training or educational program. In addition, states use the CCDF to invest in quality to benefit millions more children by building the skills and qualifications of the teacher workforce, supporting childcare programs to achieve higher standards, and providing consumer education to help parents select childcare that meets their families' needs.

Circle of Security – Parenting (COS-P): COS-P is an internationally acclaimed eight week parenting class that teaches parents and caregivers how to respond to their children's individual needs. The goal is to improve the relationship between child and adult, thereby producing positive behavioral changes in the child and improving parenting skills of the adult. This service is geared towards all caregivers, but particularly those caregiving for children ages birth to 12 years old. The program is across Nebraska and classes are held both in person and virtually.

Communities for Kids (C4K): 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 9 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.

Domestic Violence Services: a network of domestic violence and sexual assault programs to ensure that a safety net of services is available across Nebraska 24 hours a day to anyone who needs help. The network of domestic violence/sexual assault programs offer a range of services for both adults and children who are victims of sexual and domestic violence. Although supplemental services vary, each program provides the following seven core services:

- 24-Hour Crisis Line—Confidential support, information, and access to services are available 24 hours a day.
- Legal Referrals & Assistance with Protection Orders - Although programs cannot give legal advice, they can provide assistance with obtaining a domestic abuse protection order, emotional support through court proceedings, and referrals to local attorneys.
- Emergency Shelter - Providing a safe place to stay is an important service of the programs. Using a combination of shelters and hotels, programs offer people a place to escape further violence.
- Ongoing Support and Information - Individual ongoing support is provided to survivors and their children. Support groups for survivors of domestic violence and sexual assault are available in many communities. Some programs offer groups for teens experiencing violence, children's groups, and educational groups for men who batter.
- Transportation - Emergency transportation to a safe place is available 24 hours a day. Programs may also provide transportation to court proceedings, medical services, or other community agencies.
- Education & Prevention Programs - Prevention programs are provided for children and young adults on topics such as child sexual abuse, sexual assault, dating violence, sexual harassment, and other forms of gender-based violence. Staff and volunteers are also available for presentations to church and civic groups and for training and presentations to other area agencies who work with survivors of domestic and sexual violence.

- **Medical Advocacy & Referrals** - Staff and volunteers are available upon request to accompany survivors to hospital emergency rooms and local medical offices for treatment of injuries or an exam after a sexual assault.

Early Development Network (EDN): The program connects families with early intervention services, such as occupational, speech, or physical therapy, to help infants and toddlers grow and develop by providing support to the family to help them promote their child's development within their family activities and community life. The goal of early intervention in Nebraska is to "open a window of opportunity" for families to help their children with special needs develop to their full potential.

While this program is available statewide, CFS automatically refers all children under the age of three who are involved in a substantiated case of child abuse or neglect to EDN for early intervention per the Child Abuse Prevention and Treatment Act (CAPTA) requirements. CFS also makes referrals for any other case with a child who is birth to 3 years of age when the parent has expressed concerns about the way their child eats, sleeps, or interacts with others, if the child may have a delay in their development or the child has been directly exposed or affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder and/or may have a CARA Plan of Safe.

Fatherhood Initiative: This program exists to serve Nebraska fathers who want to better connect or re-engage with their children and learn how to be better parents. The Fatherhood Initiative staff consists of case managers, supervisors, trainers, and employment specialists who assist fathers in their efforts to overcome struggles and improve their lives for the overall betterment of the family.

Healthy Families America (HFA): works with pregnant and parenting families of children prenatally up to age 5. The model is grounded in an infant mental health framework and aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family well-being by reducing risk and building protective factors.

Housing: collective efforts across multiple divisions, city/county localities, and federal housing programs to assess needs, gaps, and capacity in Nebraska communities. Includes coordinated referral processes in communities to access affordable housing and support financial assistance for housing needs.

Maternal/Child Health programming: this refers to the work of our Public Health maternal/child health programs - <https://dhhs.ne.gov/Pages/Maternal-Child-and-Adolescent-Health.aspx>. This includes various public health initiatives for all families in Nebraska.

Nebraska Resource and Referral System Direct Service Database contains information about community agencies and organizations that provide services to Nebraskans. This website is a valuable tool for connecting Nebraskans to the services and resources they need via the Internet.

Rooted in Relationships (Rooted): This initiative focuses on increasing access to early childhood mental health services through a systems approach. Rooted partners with communities to implement evidence-based practices that enhance children's social-emotional development from birth through age 8. 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. Rooted in Relationships currently supports sixteen collaborative hubs in various stages of the initiative inclusive of planning, implementation, expansion, and sustainability.

Sixpence: a public-private partnership where state agencies and private philanthropy came together to create an endowment providing sustainable funding for high-quality early learning opportunities targeting Nebraska's youngest children at risk. Sixpence programs promote high-quality early care and learning

opportunities that help parents guide the healthy development of their infants and toddlers. This growth happens through home visitation services and school and childcare partnerships.

Teen and Young Parent Programming: These are community-based services for youth pregnant and parenting ages 14 – 24. These programs often use home visitation models for service delivery. Services are available to system and non-system youth/young adults.

Targeted Community-Based Services

Beyond School Bells: Beyond School Bells works to build partnerships at the state level between public agencies and private partners and support similar systems building work at the local level. They concentrate on building partnerships between Nebraska initiatives and national organizations committed to providing more youth with access to high-quality Expanded Learning Opportunities (ELO). Partnerships are built locally to bring new energy into the ELO space – uniting schools, youth-serving organizations, higher education, museums, businesses, and other stakeholders in a common effort to create rich, expanded learning environments that will benefit all. This service is funded through childcare and NDE grants.

CarePortal: is a technology platform that instantly connects people to the urgent, real-time needs of vulnerable children and families living right in communities. Needs such as a bed, a car seat, rent assistance, and more can provide critical, immediate relief and restore a family back to a strong and healthy state.

Central Navigation: the component within Connected Youth Initiative in which youth and young adults are matched to services.

Child Abuse Prevention Fund Board grants and projects: operated and funded under NE statute to provide fiscal grants for innovation zone projects across the state targeting child abuse prevention efforts. Approximately \$400K per year is allocated across the state for programs and services in communities. Every year, different causes and initiatives are funded, for example, Community Cafes, community response, marketing/awareness, training, etc.

Community Action Partnerships: Community Action Agencies in Nebraska work together to address the causes and conditions of poverty. Through programs and services, agencies work to move low-income Nebraskans from economic instability and economic mobility. These partnerships are funded through OEA/federal grants and local dollars.

Full-service community Schools (FSCS): are the product of intentional partnerships and shared leadership between the school, the community, students, and families, all coming together to address the broad spectrum of needs presented. The FSCS approach supports Nebraska's framework for school renewal and acceleration in the wake of the COVID-19 pandemic. It brings together a variety of diverse partners, each contributing their unique experience, insight, and resources to the collaborative effort of ensuring all children and families succeed in learning, earning, and life.

Help Me Grow: a collective impact model where partner organizations come together to act as a connection point so young children can thrive. This network of community resources works like a power grid and when it is functioning well, families can plug into an organized flow of resources and easily access the ones they need. The model is funded through childcare team and other local/private dollars.

Kinship Navigator: programming intends to prevent system entry for kinship and relative families who need additional support, referral, and navigation. Nebraska is currently implementing the Arizona

Kinship Support Services (AKSS) program, a supported program on the IV-E Prevention Clearinghouse. The AKSS program has effective outcomes for both system and non-system-involved families. Nebraska's Kinship Navigator programs work collectively with community-based organizations, schools, and other providers to blend funding and expand capacity to serve families. Families can receive initial services and referrals or full case management/navigation, depending on the need.

Legal Support: is a Social Services Block Grant (SSBG) funded program to help support legal aid capacity.

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

Nebraska 211: a free, comprehensive, one-stop source of information for people in need of assistance. 211 will assess the situation and then utilize an extensive, up-to-date database to find the best resource(s) to meet the person's needs. They act as a single point of contact for thousands of health and human service programs, community services, disaster services, and governmental programs.

Nebraska Community Collaboratives: there are currently 23 Community Collaboratives across the state that fall under the umbrella collective of *Bring Up Nebraska*. Nebraska Children and Families Foundation, in partnership with these 23 locally operated community collaboratives, DHHS divisions, and other state and national partners, work together towards a statewide prevention initiative designed to give local community partnerships the ability to develop long-term plans using the latest strategies and data to prevent life's challenges from becoming a crisis for many Nebraska families and children.

Bring Up Nebraska is an alternative approach that seeks to strengthen families and enhance well-being without the intervention of the child welfare system. By working within communities and bringing all its strengths and services together in a coordinated way, families can be served before warning signs become a crisis. Community collaboratives include nonprofit service providers, doctors, mental health practitioners, schools, churches, housing, transportation services, and even utilities companies. The goal is to give families what they need to thrive so they can stay together, remain self-sufficient, and support the health and learning of their children. The underlying assumption is that building strong community collaboratives strengthens a local prevention system, resulting in improved child and family protective factors. Community Collaborative partners in each community come together through the Collective Impact Model, promoting local priorities and implementing specific targeted strategies.

The 23 community collaboratives focus on critical elements of Central Navigation, Coaching, Lived Expertise Leadership, Concrete Stabilization Funding, and community training. The community collaboratives have various funding sources, including local community investors. The community collaboratives cross into many other programs noted throughout the service array section.

Nebraska Family Helpline: makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers. The Helpline is supervised by licensed mental health professionals. Family Helpline operators can also connect eligible families to the Family Navigator Service. This service helps families move through Nebraska's child-and family-care system more efficiently to get the assistance they need. Available within 24 to 72 hours after a Helpline referral, Family Navigator helps families identify existing community-based services and provides support from people who have had personal experience in the system.

Prenatal Plans of Safe Care (POSC): is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a health-care provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver.

Professional Partner Program: the purpose of the Professional Partner Program (PPP) is to assist families who have a child with severe emotional disturbance (SED) in accessing services for the family without having to either give up their child as a ward of the state or incur undue debt to cover such services. PPP uses the wraparound philosophy to provide services and supports to your family. The wraparound philosophy is needs driven and based on the strengths of the family. PPP believes that parents know their children best and are expected to be equal partners in all levels of decision-making for their child. The team, chosen by the family, meets monthly to develop an individualized service plan based on the strengths and needs of the family. PPP promotes the least restrictive, least intrusive, developmentally appropriate, culturally competent interventions in accordance with the strengths and needs identified by the family and within the most normalized environment.

Child and Family Services (CFS) and Programs System

Child Welfare Services Array

Agency Supported Foster Care (ASFC) and Pre-Adoption Service: is out-of-home care in a licensed foster, kinship, or adoptive home or in the home of a relative that is supported by a licensed child placing agency (CPA) and designed to meet the normal and complex needs of children who have experienced trauma, abuse, neglect, and other serious issues that require an out of home placement.

Agency Supported Respite Care Service: is the temporary care and supervision of youth referred by DHHS that is provided in a Licensed Foster Home during an urgent or pre-planned situation and returned to the documented placement.

Alternative Response (AR): a case management approach provided across Nebraska that works with families to safely care for children in their own homes and communities. AR is a different way to respond to allegations of abuse or neglect so children can stay in their homes. AR does the following:

1. Assess child safety, risk of future abuse or neglect, and parent's ability to protect their child(ren)
2. Connects families to services and/or informal supports to improve parents' ability to protect their child(ren)
3. Does not place the parent(s) on the Central Registry
4. Eligibility is based on information gathered by the Child Abuse and Neglect Hotline

Boys Town In-Home Family Services (BT-IHFS): provides a family-centered, skill-based intervention for families in or near a crisis and at risk of having a child removed from the home. BT-IHFS is an intervention for families who have had their children recently removed and need to build upon their skills, resources, and supports to have their children safely placed back home. Intervention duration ranges from short-term to long-term, and service intensity ranges from highly intensive to less intensive, depending on a family's needs. In-Home Consultants work with families in their homes to help caregivers build on their strengths, improve their parenting skills, and identify community resources and supports.

Chafee Services/Supports: These are used to assist youth/ young adults in a wide variety of areas and are designed to support a successful transition to adulthood. Activities and programs include but are not limited to, help with education, employment, financial management, housing, emotional support, and assured connections to caring adults. Eligibility for the program includes:

- Youth in foster care, ages 14 and older

- Young people in or formerly in foster care, ages 14 to 23
- Youth who left foster care through adoption or guardianship at age 16 or older
- Youth “likely to age out of foster care” to receive assistance to participate in age appropriate and normative activities.

Child Advocacy Centers: offer a comprehensive approach to services for victims and their families. The goal is to ensure that children are not re-victimized by the very system designed to protect them. Services include:

- Medical exams provided by staff specially trained in child abuse pediatrics and trauma-informed care. Exams ensure the health of the child, provide diagnosis and any needed treatment, and offer important reassurance to children and their caregivers.
- A forensic interview that provides children a safe place to disclose what happened to them or what they witnessed. Nationally trained experts interview children using developmentally appropriate techniques. Forensic interviews capture evidence for investigating agencies in a way that minimizes trauma and ensures accuracy.
- A multidisciplinary team consisting of law enforcement, child protective services, medical professionals, prosecution, school personnel, CAC staff and other key partners meets regularly to review cases, discuss general issues, and share information to ensure coordination and help connect families and children to needed services.
- Family advocates support children and families through the investigation and legal process. Advocates answer questions, provide resources for follow-up medical care and counseling, and offer guidance about what will happen next.
- Specialized, evidenced-based, trauma-focused mental health services are offered to the child and family to assist them with the healing process.

Drug Testing Specimen Collection and Sweat Patch Lab Confirmation: is the point of collection during face-to-face contact with a client by a trained employee. At the point of collection, a single specimen or multiple specimens, such as urine, saliva, sweat, breath, hair, and nails, are collected and screened using multiple devices, if necessary, to detect the presence or absence of alcohol or an illicit substance. Collection of a urine specimen must be conducted through line-of-sight observation of the client by a trained employee of the same gender.

Emergency Shelter Care Service: is a short-term, staff-secure residential service designed to meet the basic needs of youth, including personal safety, food, and shelter. The Contractor will make every effort to maintain the youth in their home school, provide age-appropriate education activities in lieu of school, and keep all scheduled appointments, including medical appointments.

Family Finding: is a service that includes engagement, searching, preparation, planning, decision-making, lifetime network creation, healing, and permanency to:

1. Search for and identify family members and engage them in planning and decision-making;
2. Gain commitments from family members to support a child through nurturing relationships and to support the parent or parents when appropriate; and
3. Achieve a safe, permanent legal home or lifelong connection for the child, either through

reunification or through permanent placement through legal guardianship or adoption.

Family Peer Support: is provided across Nebraska to a caregiver of a child/adolescent living with a severe emotional disturbance substance use disorder who is experiencing urgent behavioral/emotional challenges in the home, school, and/or community or provided to the legal guardian/caregiver of the child/adolescent who is experiencing a behavioral health crisis that is or has potential to limit their capacity to care for the child/adolescent. The service is separate and distinct from other behavioral health services provided to a consumer. It is designed to assist individuals/families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to 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 and culturally sensitive and facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. Service is person/family-centered, promotes self-directed recovery, and supports self-advocacy and empowerment through interventions that emphasize safety, self-worth, growth, connection to community, planning, and social supports.

Family Support Service: face-to-face assistance, coaching, teaching, and role modeling by a trained professional in the family home or community-based setting. When the child(ren) remains placed in their home, the purpose of Family Support Service is to assist with the prevention of out-of-home placement of the child(ren) by maintaining and strengthening family functioning and alleviating stresses in the home. When the child(ren) is placed out of home, the purpose of Family Support Service is to assist with the preparation of the natural family, including the child(ren) in out-of-home placement, for the return of the child(ren) to the home.

In-Home Safety Service: is a rapid response, home-based intervention service delivered by trained professionals to manage identified safety threats to safely maintain the child in the family home. Trained professionals shall intervene if the safety of the child(ren) is compromised. Trained professionals shall provide training, modeling, and coaching to the parent or caretaker when necessary to facilitate the child remaining safely placed in the family home. Trained staff will also work with the family to identify both informal and formal supports that the family can rely on to support continued safety. The In-Home Safety Staff will also assist the family in organizing a Family Team Meeting within 24 hours of being in the home to develop an appropriate safety plan that does not include the continuation of In-Home Safety Services.

Parenting Time/Supervised Visitation (PTSV): supervised and monitored visits between parents and their children that are long enough in length to promote parent-child attachment. The safety and best interests of the children involved are the primary considerations. Parenting Time/Supervised Visitation workers engage, coach, and role model nurturing parenting practices during the supervision of Parenting Time. Parenting Time/Supervised Visitation Service is 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.

Reporting Center: structured day and evening programming and supervision, using skilled professionals, for youth who cannot be unattended during the day and/or evening hours. It is designed to provide individualized programming in tutoring, life skills training, independent living skills, job seeking and job retention skill building, mentoring, social skills training, and behavioral management to children/youth referred for services. Also included are recreational activities, substance use education, and facilitation of other community service activities. A structured schedule will be utilized throughout the day. This service should include parent and family involvement focused on enhancing youth accountability and well-being.

This is provided in a community-based facility.

Soberlink Breathalyzer Monitoring Service: This is defined as a handheld alcohol breathalyzer device enabling individuals to submit to alcohol monitoring tests to determine the presence or absence (positive or negative) of alcohol. Clients are notified that it is time to test by getting a text message to their cellular device, or if they do not have a cellular device, a testing schedule is set up with the client by the Contractor.

Tiered Foster Care: is out of home care in a licensed foster, kinship, or adoptive home or in the home of a relative that is supported by a licensed child placing agency (CPA) and designed to meet the complex needs of children who have experienced trauma, abuse, neglect and other serious issues that require an out of home placement with additional supports to the foster home to meet the complex needs of the youth in care.

Transitional Living and Life Skills Instruction is delivering indirect and direct life skills instruction, including mentoring, coaching, support, and supervision to youth who reside in independent housing, or who are in the process of moving into independent housing, that is supervised and supported by the Contractor. Life Skills Instruction supports youth in preparing them for independent living by developing and enhancing the youth's skills to successfully become self-sufficient. Transitional Living includes Life Skills Instruction to address the youth's goals in each of the following areas:

- Education
- Vocation / Employment
- Household Management
- Connections to Formal and Informal Supports
- Knowledge of Accessing Community Resources

FFPSA Service Array

Family Centered Treatment (FCT) is a home-based trauma treatment that is designed for families who are at risk of dissolution or in need of reunification. It is also designed to serve youth who move between the child welfare, behavioral health, and juvenile justice systems. During treatment, FCT practitioners aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships by strengthening attachment bonds.

Motivational Interviewing (MI): can be used in a variety of settings and used by itself or combined with other treatments. MI is used within a range of target populations and for a variety of problem areas; it works to promote behavioral change and improve overall well-being. There are no required qualifications for providers to deliver MI and can be used by many different professionals.

DHHS Partner Services

Behavioral Health (BH)

BH is the designated single-state mental health and substance use authority that the Division Administers and provides funding and oversight for a community-based prevention, treatment, and recovery support system. BH is charged to plan, organize, coordinate, and budget for a statewide system of care for individuals and families that need public mental health and substance use disorder services.

Family Navigator Program: is available within 24 to 72 hours after a Helpline referral; the Navigator Program assists families in identifying family strengths, setting goals, and identifying existing community-based services. The Family Navigator program provides families with support and an understanding ear.

Nebraska's 988: is a national effort, organized at the state level to meet the growing need for

crisis intervention and save lives. 988 is the national three-digit dialing code for the National Suicide Prevention Lifeline.

Nebraska Helpline: makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers. The Helpline is supervised by licensed mental health professionals. Family Helpline operators can also connect eligible families to the Family Navigator Service. This service helps families move through Nebraska's child- and family-care system more efficiently to get the assistance they need. Available within 24 to 72 hours after a Helpline referral, Family Navigator helps families identify existing community-based services and provides support from people who have had personal experience in the system.

Youth Mobile Crisis Response (YMCR): is a free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in the state. YMCR therapists are available 24/7 through the Nebraska Family Helpline, and help is provided in the community, at home, or through video consultation within one hour of the call.

Developmental Disabilities (DD)

The Division of Developmental Disabilities (DDD) provides funding and oversight for Medicaid Home and Community-Based Services (HCBS) Waivers. This includes determining eligibility, providing service coordination for eligible people, monitoring services, and paying providers. DDD also oversees programs for people who have special healthcare needs.

Aged and Disabled (AD) Waiver: helps youth to remain at home, who may otherwise be institutionalized. Provides services such as Skill Building, Non-Medical Transportation, Personal Care, and Respite to youth with intellectual and developmental disabilities.

Comprehensive Development Disability (CDD) Waiver: provides services such as Assistive Technology, Day Services, Home/Vehicle Modifications, Residential Services, and Respite to youth with intellectual and developmental disabilities.

Family Support Waiver (FSW): is a new waiver service through Developmental Disabilities (DD). It provides services to children with intellectual and developmental disabilities, providing support and allowing families to live together. The waiver serves children ages birth to 21 who live with non-paid family caregivers. Eligibility requirements for this program apply.

Service Coordination: DD staff assigned to help a participant find needed services and supports.

Shared Living: residential habilitation is delivered in a private home owned or leased by an individual, couple, or family known to the participant and who is an independent contractor of the agency provider. The Shared Living contractor and the participant live together in the same home, and the participant shares daily life with the Shared Living family in their home and community.

Office of Economic Assistance (OEA)

Economic Assistance programs promote well-being and provide support to achieve self-sufficiency for families, children, individuals, the elderly, and persons with disabilities by providing medical, nutritional, and financial services. These services include:

Child Care Subsidy: helps low-income Nebraskans work, find a job, or pursue education by subsidizing the cost of childcare.

Emergency Assistance provides help to families in a situation that threatens the health or well-being of an eligible child and family. Payments may be made for shelter expenses, relocation expenses, or non-medical transportation.

Energy Assistance (LIHEAP): This program helps low-income households stay safe and healthy by providing financial assistance to offset the costs of heating and cooling.

Low-Income Household Water Assistance (LIHWAP): helps low-income households with water utility services (drinking water or wastewater) costs, including deposits, reconnect fees, standard charges, standard fees, and taxes included in the household's water utility services bill.

Supplemental Nutrition Assistance Program (SNAP): This program helps recipients buy food to raise nutrition levels among low-income households. A household may consist of one person or a group of people who buy and make their food together.

Temporary Assistance to Needy Families (TANF): The cash assistance program is called Aid to Dependent Children (ADC). Eligibility is limited to needy families with dependent children or parent(s) with an unborn child in the final trimester. A needy family is defined as a family consisting of children who are living in the home of a relative, guardian, or conservator unless removed from that home by judicial determination and whose income and resources are below the standards that are applied on a statewide basis.

Medicaid and Long-term Care (MLTC)

Medicaid and Long-Term Care (MLTC) oversees the Nebraska Medicaid program, home and community-based services, and the State Unit on Aging. Medicaid provides health care services to low-income families, seniors, and individuals with disabilities.

Child-Parent Psychotherapy (CPP): is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration-related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect.

Community Treatment Aide (CTA): services are supportive interventions designed to assist the individual and parents or primary caregivers to learn and rehearse the specific strategies

Parent Child Interaction Therapy (PCIT): is a dyadic behavioral intervention for children (ages 2–7 years) and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and

improving the parent-child attachment relationship. It teaches parents traditional play therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. PCIT is time-unlimited; families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior.

Psychiatric Residential Treatment Facility (PRTF): is a facility that provides inpatient psychiatric services to individuals under the age of 19. A PRTF will provide inpatient psychiatric services under the direction of a physician.

Telehealth: provides health-related services and information via electronic information and telecommunication technologies.

Therapeutic Family Care (TFC): supports youth who are in the higher tiers of foster care and need additional crisis services. The intended outcome of the TFC program is to provide care coordination and crisis behavioral health services to allow these youth to remain in the community and prevent more restrictive facility care. TFC has 2 components: Care Coordination provided by the CFS TFC Care Coordination team and Crisis Behavioral Health Services provided through Medicaid enrolled providers. Youth who are eligible for TFC will be assigned a CFS Care Coordinator, and that Care Coordinator will work with the family to identify a crisis provider to be accessible to them 24/7.

Youth Intensive Outpatient Program (YIOP): services for youth aged 20 and younger provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and psychoeducation about substance related and co-occurring mental health problems. Services are goal-oriented interactions with the individual or in group/family settings. This community-based service allows the individual to apply skills in natural environments and promotes a rapid and stable integration into the community. IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.

Public Health (PH)

PH is responsible for preventive and community health programs and services. It is also responsible for the regulation and licensure of health-related professions and occupations, as well as the regulation and licensure of healthcare facilities and services.

Child Care Licensing: anyone who provides childcare to four or more children from different

families must be licensed as a childcare provider. There are five license types: Family Child Care Home I, Family Child Care Home II, Child Care Center, Preschool, and School-Age-Only Center. Public Health licenses the Child Care types in Nebraska.

Child Placing Agency (CPA): an organization authorized by its articles of incorporation and its license to place children in foster families or adoptive homes. Public Health licenses the CPAs in Nebraska.

Residential Child-Caring Agency (RCCA): an organization that is incorporated for the purpose of providing care for children and youth in buildings maintained by the organization for that purpose. Public Health licenses the RCCAs in Nebraska.

Home Visitation: is evidence-based, utilizing the Healthy Families America model of home visiting. Home Visitation is strengths-based, and family centered. The program offers support for pregnant or parenting families of children birth to age 5 who may struggle with significant life stressors such as poverty, exposure to violence or substance abuse, teen parenting, or military families with one or both parents in service.

Post-CFS Case Closure Services

Bridge to Independence (B2i): Nebraska's extension of foster care program that supports young adults who recently exited foster care in "transitioning to adulthood, becoming self-sufficient, and creating permanent relationships." The program provides three broad types of services to all enrolled: medical care, housing, and case management. Participants receive monthly stipends and are assigned to an independence coordinator who helps them develop and modify their transition proposal and connects them to available resources. To be eligible for the program, a young person must be pursuing a degree or otherwise enrolled in educational activities, employed at least 80 hours a month, participating in programs or activities to enhance employment opportunities, or unable to complete the activities due to documented medical conditions.

Connected Youth Initiative (CYI): supports transition-aged youth and young adults, ages 14 to 26 who are living without the support of family and have life experiences that can make transitioning to adulthood feel overwhelming. CYI is a statewide system change network to improve outcomes for unconnected youth and young adults in Nebraska. At the population level, this is achieved through a collective impact approach that brings together policymakers, community leaders, providers, and young people that co-create an environment that values, prioritizes, and actively supports intervention and prevention. At the individual level, Connected Youth Initiative also includes evidence-supported services and best practices aimed to increase youth and young adults' protective and promotive factors so that they have the relationships, resources, and equitable opportunities for themselves and their child(ren) to thrive.

Post Guardianship/Adoption Supports: post-adoption and guardianship services for those who have adopted or are providing guardianship to a child(ren) through a contract with the Nebraska Children's Home Society. This service is called Families Forever. 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 adoptee and family. This service is available to any of those families, no matter where they have adopted a child.