

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 25th, 2025

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 2026 Annual Progress and Services Review Report. 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,

Alyssa 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
2026 Annual Progress and Services Review Reports

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

DATE: July 16, 2025

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The approved version of Nebraska's 2026 Annual Progress and Services Review Reports can be found at the following website:

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

The current state contact for questions regarding Nebraska's 2026 Annual Progress and Services Review Report is Beth Buhr, Central Office Protection and Safety Administrator II. Beth can be reached at Elizabeth.Buhr@nebraska.gov or by phone at 402-326-5736.

ACRONYMS & TERMS

ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
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
B2i	Bridge to Independence
BH	Division of Behavioral Health
BI	Business Intelligence
BID	Best Interest Determination
BoS	Balance of State
BSW	Bachelor of Social Work
CAC	Child Advocacy Center
CAFAS	Child and Adolescent Functional Assessment Scale
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
Case Manager	CFS Child & Family Services Specialist (CFSS)
CCDF	Child Care and Development Fund
CCFL	University of Nebraska Center on Children, Families, and the Law
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
CI	Critical Incident
CIP	Court Improvement Project
CJA	Children's Justice Act
CJAE	Children's Justice Attorney Education
CMRD	Contract Monitoring Resource Development
CoC	Continuum of Care
COS-P	Circle of Security-Parenting
CPA	Child Placing Agency
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel

CSA	Central Service Area
CSS	Community Support Specialists
CWB	Community Well-Being
CWP	Child Welfare Protocol
CY	Calendar Year
CYI	Connected Youth Initiative
DD	Developmental Disability
DHHS	Nebraska Department of Health and Human Services
DPH	Division of Public Health
EBP	Evidence-Based Practice
ELT	Expanded Leadership Team
ESA	Eastern Service Area
ETV	Education and Training Vouchers
FCR	Family Resource Center
FCRD	Foster Care Resource Development
FCRO	Foster Care Review Office
FCT	Family Centered Treatment
FFPSA	Family First Prevention Services Act
FFTA	Foster Family Treatment Association
FFY	Federal Fiscal Year
FY	Fiscal Year
FYI	Foster Youth Towards Independence
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
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IFP	Intensive Family Preservation
IFR	Intensive Family Reunification
JDAI	Juvenile Detention Alternatives Initiatives
LB	Legislative Bill
L&D	Learning and Development
LEAP	Learn and Earn to Achieve Potential
LFS	Lutheran Family Services
MCC	Metropolitan Community College
MCO	Managed Care Organization

MDT	Multidisciplinary Team
MI	Motivational Interviewing
MLTC	Division of Medicaid and Long-Term Care
MSW	Master of Social Work
NAAA	Nebraska Adoption Agency Association
NCANDS	National Child Abuse and Neglect Data System
NCCF	Nebraska Children and Families Foundation
NCHS	Nebraska Children's Home Society
NCJFCJ	National Council of Juvenile and Family Court Judges
NDE	Nebraska Department of Education
NEICE	National Electronic Interstate Compact Enterprise
NFAPA	Nebraska Foster and Adoptive Parent Association
N-FOCUS	Nebraska Family Online Client User System
NICWC	Nebraska Indian Child Welfare Coalition
NRPVYC	Nebraska Resource Project for Vulnerable Young Children
NSA	Northern Service Area
NSC	Nebraska Supreme Court
NTDC	National Training and Development Curriculum
NWT	New Worker Training
NYTD	National Youth in Transition Database
OEA	Office of Economic Assistance
Ops	Operations
OSAS	Office of Student Advocacy and Support
OSR	Opioid Settlement Remediation
PAT	Parents As Teachers
PCAN	Prevent Child Abuse Nebraska
PCIT	Parent-Child Interaction Therapy
PH	Division of Public Health
PIP	Performance Improvement Plan
POSC	Plan of Safe Care
PSSF	Promoting Safe and Stable Families
QA	Quality Assurance
RAP	Registered Apprenticeship Program
R-HOPE	Restoring Hope Cultural Ambassador
RSO	Registered Student Organization
SAFE	Safe Assessment and Family Evaluation
SDM®	Structured Decision Making
SESA	Southeast Service Area

SOP	Safety Organized Practice
STAR	Safe, Timely, Accelerated Reunification
TANF	Temporary Assistance for Needy Families
TEOC	Through the Eyes of the Child
TIPS-MAPP	Trauma-Informed Partnering for Safety and Permanence
TPR	Termination of Parental Rights
UNL	University of Nebraska–Lincoln
UNO	University of Nebraska Omaha
WIP	Work In Progress
WSA	Western Service Area
YAB	Youth Advisory Board
YAC	Youth Adolescent and Children
YHDP	Youth Homeless Demonstration Program
YRTC	Youth Rehabilitation and Treatment Centers

Section I: Update to Vision and Collaboration

In the 2026 APSR:

- Provide an update on how the state agency has engaged in substantial, ongoing and meaningful consultation and collaboration with families, children, youth, tribes, and other system partners in the implementation of the 2025-2029 CFSP (45 CFR 1357.16(a)), including:
 - Assessing agency performance (see Section B2 "Update to the Assessment of Current Performance in Improving Outcomes"); and
 - Reviewing and updating Goals, Objectives, and Interventions (see Section B3 "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes").
- Provide an update 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 CIP, in the development and implementation of the CFSP/ APSR and, if applicable, any active state CFSR PIP or title IV-E PIP (section 422(b)(13) of the Act).

Nebraska's 2026 Annual Progress and Services Report (APSR) Collaboration section provides information on progress, innovation, and programmatic examples from the past year and planning for subsequent years. Our collaborative foundation is built on a culture of intentional engagement across all Department of Health and Human Services (DHHS) Divisions and the inclusion of communities, stakeholders, and those with lived experience. Nebraska is committed to aligning the Child and Family Services Plan (CFSP) goals with programmatic strategic planning, stakeholder goals, lived experience input, Program Improvement Plan 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 support needed to prevent system involvement.

The *Child and Family Services Review (CFSR) Round 4 Statewide Assessment (Section F: Agency Responsiveness to the Community Pages 133 - 143 and Item 32: Coordination of CFSP Services with Other Federal Programs Pages 144 - 150)* discusses the valuable collaboration and coordination efforts made by Children and Family Services (CFS) with other federal or federally assisted programs, as well as local and national stakeholders. These efforts support the engagement of families, youth, tribes, courts, and other partners in implementing goals, monitoring progress, and reporting outcomes.

The following are additional collaborative efforts in which CFS engages.

Assessment Models

In 2024, CFS collaborated with Action for the Protection of Children to implement the Safe Assessment and Family Evaluation (SAFE) Model. At this time, the implementation of the SAFE Model is on hold. CFS will continue to utilize the Structured Decision Making (SDM®) tools to conduct assessments.

CarePortal

Since 2017, Nebraska has partnered with CarePortal, which connects faith-based communities with families needing support. CFS staff can post family need requests into the online portal, and churches respond when they can meet the needs. The partnership with CarePortal has created a link 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.

Since its implementation in Nebraska, CarePortal has met the needs of 4,432 children and has had a \$1.8 million economic impact on families. CFS is currently working with CarePortal to assess usage and capacity for possible expansion in current areas and additional counties.

Child Care

The child care subsidy and quality support team collaborate 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, administered by the DHHS Office of Economic Assistance (OEA), for various statewide activities related to early childhood through school-age education, commonly called birth to five. Activities include support for the Early Childhood Training Center and early childhood coordinators, professional development for providers, including required coursework, Nebraska's Child Care Resource and Referral System, and Step Up to Quality, Nebraska's Quality Rating Improvement System.

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 program, Sixpence, and Beyond School Bells. OEA collaborates with the following agencies to implement these initiatives: The Nebraska State Patrol, Cedars Youth Services, Head Start, Region VI Behavioral Health (BH) Care, Nebraska Children and Families Foundation (NCFE), Blue Valley Community Action Partnership, and the Board of Regents of the University of Nebraska.

CFS utilizes local and statewide childcare resources to ensure that families involved in CFS have access to these supports. CFS staff can assist families in navigating the childcare subsidy process and locating childcare options. Access to quality, affordable child care is critical to ensuring parents can work or go to school and providing educational resources to both the child and the parents.

Children's Justice Act (CJA)

Nebraska has an active 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. The meetings allow representatives of state agencies, advocates, and community organizations to network and share information.

Nebraska is still working on a plan for the current CJA funds.

Community-Based Child Abuse Prevention

For over 20 years, the NCFE has been designated as the lead agency to receive funds through the Community-Based Child Abuse Prevention Grant Program. CFS, NCFE, community partners, youth, young adults, and families collaborate to support families in communities across the state through 23 Community Collaboratives, covering all but a few counties in Nebraska. NCFE and the Community Collaboratives partner with their respective communities to identify needs, supports, solutions, and outcomes. The network of collaborators and the related work are called Bring Up Nebraska. 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.

The local Community Collaboratives and CFS team for the area coordinate efforts to provide services to families to mitigate crisis, address needs, and ensure that the family has a local provider to connect with should a need arise after successful CFS case closure. Depending on the size of the collaborative, some participants participate in local 1184 team meetings and/or local case staffing with DHHS to provide recommendations of providers and services that a family can utilize to prevent unnecessary removal of the children from the home. 1184 meetings refer to the treatment and investigative team meetings defined in Nebraska Revised Statute §28-728.

Connect the Dots is a bi-weekly meeting with CFS, NCFE, and other Bring Up Nebraska partners from various disciplines to share updates and coordinate state-level collaborative efforts.

In 2024, CFS began contracting directly with the 23 community collaboratives. The \$3M in funds is spread across the 23 collaboratives, focusing on increasing capacity for coaching, central navigation, and concrete community support. NCFE and the 23 community collaboratives began using the FindHelp platform in 2024 as a centralized data collection and outcome management tool.

DHHS previously participated in the Communications and Connectivity Taskforce, which was created as an emergency response to COVID-19 and evolved into a place to share Nebraska resources. This task force is no longer active, and most participants are now part of the Bring Up Nebraska Statewide Partners.

Compensation for People with Lived Experience

Nebraska continues to use its Standard Work Instruction to compensate individuals with lived experience, which has been utilized 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. In 2024, NCFE launched a new statewide group, Engaging Lived Expertise, focused on statewide engagement and compensation for people with lived expertise; CFS sits on this committee.

Court Improvement Project (CIP)

See *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Items 22-24*, and *Section VI: Consultation and Coordination Between States and Tribes*, for information on how CFS has demonstrated substantial, meaningful, and ongoing collaboration with the CIP.

Family First Prevention Services Act (FFPSA)

Nebraska continues its FFPSA Evidence-Based Practice (EBP) expansion and full-state implementation. It has submitted its proposed 2025-2029 FFPSA Plan to the Administration for Children and Families (ACF) for review and approval. The plan includes revisions to the FFPSA candidacy definition and framework for a community pathway. Additional information can be found in Nebraska's subsequent FFPSA Plan.

Marriage and Fatherhood

One of Temporary Assistance for Needy Families (TANF) priorities is to support marriage and fatherhood initiatives. Many CFS-involved families are referred to these programs. Lutheran Family Services (LFS) of Nebraska Inc. provides services for fatherhood initiatives in the state. The Healthy Marriage and Responsible Fatherhood Initiative program aims 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 Christian Heritage for their Beyond Prison Program to provide in-prison programming in the Nebraska State Penitentiary, Omaha Community Corrections, and Lancaster Community Corrections. Previously, LFS subcontracted this to the RISE organization.

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

CFS offers case staffing consultations for children with complex physical health, mental health, developmental disabilities, and behavioral health needs. The case staffing consultation includes the case management team, the central office, the DHHS Medical Services Director, the Managed Care Organization (MCO), and others as deemed appropriate. Through these meetings, suggested services and placements are made to the case management team.

CFS developed a Clinical Support Team to provide additional consultative services and became operational in September 2024. This team's work includes completing the Child and Adolescent Functional Assessment Scale (CAFAS) for high-acuity youth. The information from the CAFAS helps to determine the services needed.

LB1173 Reimagining Well-being in Nebraska

This initiative passed in 2022 and has now ended. During 2024, CFS continued to review the recommendations and practice model supports within CFS and by stakeholder groups. Here is a summary of some of the recommendations implemented:

- Improved IV-E claiming by implementing an updated Standard Operating Procedure to provide more precise definitions so IV-E funds can be drawn down on qualifying cases.
- Updated guidance around Random Moments in Time Surveys to improve staff completion.

- Moved training from a contractor to in-house.

Thriving Families; Safer Children

The work done under Thriving Families; Safer Children is now part of the Bring Up Nebraska project.

Regional-Specific Collaboration Efforts

Central Service Area (CSA)

- Hall County continues work on the Juvenile Detention Alternatives Initiative (JDAI) site with a coordinator to focus on community-based services and a common referral source, such as UniteUSNebraska. UniteUSNebraska is a closed-loop referral system that connects individuals to resources and support.
- Hall County has developed a team and partnered with the National Council of Juvenile and Family Court Judges (NCJFCJ) to improve the juvenile court process through 3a cases to better serve families. This team meets every month to work as a cohesive unit to improve their overall processes while better engaging families from the front end through the life of the case. CSA will be joining the monthly meetings throughout the year to aid in the transition and provide alternative ideas for continuing to implement new strategies to meet the needs of families. Hall County also has ongoing tobacco-free and prevention projects and the Continuum of Care (CoC).
- Buffalo County Well-Being Collaborative is a collection of community partners representing cross-sector participation, including those with lived experience who share interests, resources, time, and expertise to achieve a larger impact or common purpose. Building collective impact around shared agendas, shared visions, and shared measurements. Grounded in collective impact and results-based accountability models. Buffalo County continues to work on Positive Pressure, Opioid Task Force, and Well-being Collaborative, and we have a great collaboration with many initiatives with Buffalo County Court Appointed Special Advocates (CASA).
- The Youth Adolescent and Children (YAC) Work Group is focused on creating a resource center for families with one central location; it has been added to the Buffalo County Through the Eyes with subcommittee meetings. The Youth Advisory Board (YAB) brings the youth's voice into the community to best serve them (photo voice, etc.).
- The CSA area also received Opioid Settlement Remediation (OSR) dollars and is working on a plan for OSR dollars.
- The Bring Up Nebraska collaboration in Hastings is the Community Impact Network and Prenatal Plans of Safe Care (POSC). This collaboration offers the Bridging program, which helps families prepare for the workforce.
- CSA continues with POSC meetings in Hastings and the Howard County Substance Abuse Prevention Coalition.
- Updates and Initiatives: Continuing to bring up Healthy Families America (HFA) in many counties in CSA and Family Centered Treatment (FCT). CSA has worked hard over the last several months to continue to engage, provide services to, and place with fathers when appropriate.

Eastern Service Area (ESA)

- The Douglas County Collaborative has completed a gap analysis to identify areas where families lack resources. This analysis included service providers as well as families currently receiving services. The collaborative will soon begin to identify the key priorities for strategic planning purposes.
- Both the Douglas and Sarpy County Through the Eyes of a Child (TEOC) collaboratives continue to meet monthly and remain active. The meetings provide opportunities for key stakeholders to update trends in our communities.
- The ESA JDAI has remained active this year. The number of youth detained has increased in Douglas and Sarpy counties, as has the severity of the crimes committed by youth.

Northern Service Area (NSA)

- Three communities have Full-Service Community Schools that work closely with coordinators through Bring Up Nebraska.
- Collaboration with CASA, Child Advocacy Centers (CAC), probation, and local law enforcement on community events.
- The Fremont Family Coalition partners with DHHS on prevention-specific activities to support a cross-systems team that builds trust, shares training, and supports families before they enter the child welfare system.
- Work with TEOC meetings and many local collaboratives on prevention.
- HFA and FCT services are now available for families in NSA.

Southeast Service Area (SESA)

- The Lancaster County Collaborative continues to pivot its focus on the prevention of families involved with the child welfare system. The collaborative's mission is to support families through a prevention network of connected community resources to ensure all families have the opportunity to raise healthy and thriving children.
- The Gage County Collaborative has also shifted its focus to prevention efforts. Over the next year, it intends to use the Upstream Model, a deep-dive model, to identify gaps in the community.

Western Service Area (WSA)

- The Lincoln County Community Collaborative, DHHS, regional providers, and other service providers continue with the POSC meetings and the Binder Model.
- HFA was launched in the Panhandle, North Platte, and Lexington as a prevention service for families with young children. CFS works in partnership with providers to refer the right families and ensure service provision goes as smoothly as possible, even if CFS doesn't stay involved.
- TEOC meetings continue in Lincoln, Red Willow, Scottsbluff, Cheyenne, Dawson, and Dawes counties. Given the community's needs, each team has a different priority.
- WSA CFS conducted six virtual "Basic Trainings" where staff were retrained on engagement, documentation, and CFSR-related items. Topics included:
 - SDM® Households & POSC
 - Safety Assessments throughout the life of the case
 - Required Contacts & Parent Efforts

- Placements/Nebraska Caregiver Responsibility/Legal Status
- Case Plans
- Family Team Meetings

Section II: Update to the Assessment of Current Performance in Improving Outcomes

In the 2026 APSR the state must review and update the data and information provided in their 2025-2029 CFSP. The state must identify strengths and concerns related to performance on each outcome and systemic factor. States are encouraged to include an analysis of data regarding significant areas of concern, with particular focus on those areas that may impact current goals, objectives, interventions and target populations. For each CFSR 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.

Safety Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- *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?*

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. (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?*
- *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?*

Nebraska has assessed the state's performance for Safety Outcomes 1 and 2 to be below the federal standard of 95% for substantial conformity. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to strengthen performance for these outcomes.

Activities Completed in Current Report Year (*activities are ongoing):

- Case Managers and supervisors utilize reports to ensure that contacts with youth and families are made in a timely manner and that safety and risk assessments are completed to ensure the safety of the child. Daily case management due date reports include contact due dates and other relevant information to manage contacts, safety, and risk assessment completion. *
- Ongoing case staffing and utilization of Safety Organized Practice (SOP) tools, such as case mapping, were utilized for ongoing coaching and peer-to-peer learning to address safety, permanency, and well-being needs. *
 - SOP is an approach to day-to-day child welfare casework designed to help all the key stakeholders involved with a child, including the parents,

extended family, Case Managers, supervisors, lawyers, judges, and even the child, stay focused on assessing and enhancing child safety at all points in the case process by creating a safety network of support for the family.

- Implemented strategies in the service areas to address identified barriers. Some examples include:
 - TEOC collaboratives continue to meet monthly and remain active. These meetings provide opportunities for key stakeholders to provide updates on trends in the community. *
 - Community Collaborations occur regularly throughout the NSA. Three communities have Full-Service Community Schools that work closely with those coordinators. There are collaborative efforts with CASA, CAC, youth probation, and local law enforcement on community events. The Fremont Family Coalition is partnering with DHHS on prevention-specific activities to support a cross-systems team to build trust, share training, and support families before any entry into the child welfare system. *
 - CSA continues with POSC meetings in Hastings and the Howard County Substance Abuse Prevention Coalition.
 - The Lancaster County Collaborative continues to pivot its focus on the prevention of families involved with the child welfare system. The collaborative's mission is to support families through a prevention network of connected community resources to ensure all families have the opportunity to raise healthy and thriving children.
 - The Gage County Collaborative has also shifted its focus to prevention efforts. Over the next year, it intends to use the Upstream Model, a deep-dive model, to identify gaps in the community.
- Ongoing meetings with Tribal directors, supervisors, and Case Managers every other month for Tribal Continuous Quality Improvement (CQI) and operations meetings to address strengths and areas needing improvement with safety, permanency, and well-being outcomes.

Planned Activities

- Streamline assessments to track progress toward reunification or case closure. In 2024, CFS collaborated with Action for the Protection of Children to initiate the implementation of the SAFE Model. At this time, the implementation of the SAFE Model is on hold.
- Improve front-line worker training and engagement strategies. To address the evolving dynamics and needs of the child welfare workforce, a new "Learn by Doing" training model is being implemented. The new model prioritizes experiential learning and enables new team members to gain on-the-job experience.
- Reduce barriers to provide more time to focus on families. Work In Progress (WIP) Processes were implemented statewide to examine and support daily case movement and eliminate bottlenecks in case management. The process includes utilizing WIP boards, team huddles, supervision protocols, and other resources to address various case management processes, such as parent engagement strategies and the intake assignment process.

- Enhance team members' rewards and recognition for excellent performance. Monthly and quarterly awards have been implemented to recognize outstanding performance.

Permanency Outcomes

Permanency Outcome 1: Children have permanency and stability in their living situations. (Items 4 - 6)

- *Item 4: Is the child in foster care in a stable placement, and were any changes in the child's placement in the child's best interests and consistent with achieving the child's permanency goal(s)?*
- *Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?*
- *Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?*

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. (Items 7 – 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?*
- *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?*
- *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?*
- *Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?*
- *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?*

Nebraska has assessed the state's performance for Permanency Outcomes 1 and 2 to be below the federal standard of 95% for substantial conformity. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to strengthen performance for these outcomes.

Activities Completed in Current Report Year (*activities are ongoing)

- Partnered with the CIP to implement strategies to address barriers to permanency. *
- Implemented strategies to increase the Case Manager's understanding of concurrent planning and Termination of Parental Rights (TPR) requirements. Strategies included additional training and ongoing supervisor coaching during case staffing and utilizing reports to identify youth requiring a review/staffing to address concurrent planning at nine months and TPR close to 15 months in out-of-home care.

- Implemented Strategies in the service areas to address identified barriers. Some examples include:
 - Hall County continues the work on the JDAI site with a coordinator focusing on community-based services and a common referral source, such as UniteUSNebraska. UniteUSNebraska is a closed-loop referral system that connects individuals to resources and support. *
 - Hall County has developed a team and partnered with the NCJFCJ to improve the juvenile court process through 3a cases to better serve families. This team meets every month to work as a cohesive unit to improve their overall processes while better engaging families from the front end through the life of the case. Hall County also has the Tobacco Free and Prevention projects that are ongoing, as well as the CoC. *
 - WSA conducted several "Boot Camps" for staff focused on engagement, documentation, and other CFSR-related items. *
 - The Douglas County Collaborative has completed a gap analysis to identify areas where families lack resources. This analysis included service providers as well as families who are currently receiving services. The collaborative will soon begin to identify the key priorities for strategic planning purposes. *
 - The ESA JDAI has remained active this year. The number of youths detained has increased in Douglas and Sarpy counties, as has the severity of the crimes committed by youth. *

Planned Activities

- Strengthen case planning procedures to include front-loading services, articulating the plan's appropriate intensity, type, timing, and sequencing.
- Implementation of Safe, Timely, Accelerated Reunification (STAR) reviews statewide. This initiative includes a targeted review of youth in out-of-home care to identify and address barriers to permanency. Reviews include completion of Conditions of Return reviews, detailed case mapping, and collaboration with other providers such as behavioral health, economic assistance, developmental disabilities, courts, and legal parties to address barriers to permanency.
- Streamline assessments to track progress toward reunification or case closure. In 2024, CFS collaborated with Action for the Protection of Children to initiate the implementation of the SAFE Model. At this time, the implementation of the SAFE Model is on hold.
- Improve front-line worker training and engagement strategies. To address the evolving dynamics and needs of the child welfare workforce, a new "Learn by Doing" training model is being implemented. The new model prioritizes experiential learning and enables new team members to gain on-the-job experience.
- Reduce barriers to provide more time to focus on families. WIP Processes were implemented statewide to examine and support daily case movement and eliminate bottlenecks in case management. The process includes utilizing WIP boards, team huddles, supervision protocols, and other resources to address various case management activities and processes. The following is an example of an enhancement in the past year as a result of the WIP process:

- A thorough review of hotline data, policy, and practice expectations resulted in CFS updating hotline policy requirements on intakes involving children ages 0-5, and the reporter was a medical professional. The implemented changes allowed CFS hotline staff to make a decision about each intake using the intake assessment tool rather than accepting all intakes that met the above criteria. The changes allowed CFS to devote more time serving families who met the criteria for investigations and/or who needed services, rather than spending time completing the assessment processes on youth and families simply because the caller was a medical professional and the child was between the ages 0-5.
- Enhance team members' rewards and recognition for excellent performance. Monthly and quarterly awards have been implemented to recognize outstanding performance.

Well-Being Outcomes

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. (Items 12 – 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?*
- *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?*
- *Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*
- *Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

- *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?*

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- *Item 17: Did the agency address the physical health needs of children, including dental health needs?*
- *Item 18: Did the agency address the mental/behavioral health needs of children?*

Nebraska has assessed the state's performance for Well-Being Outcomes 1, 2, and 3 to be below the federal standard of 95% for substantial conformity. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to strengthen performance for these outcomes.

Activities Completed in Current Report Year (*activities are ongoing)

- Continued utilization of SOP. One of the goals of SOP is to provide tools to improve engagement and build stronger relationships between the case manager, the child, the child's parents, and other stakeholders involved with the child. Case Managers utilize SOP tools and strategies to improve engagement and quality contacts with youth throughout the state. *
- The Health Care Oversight (HCO) Committee continued to review aggregate data from various sources, within and outside of DHHS, to identify health trends, concerns, and priority areas to address through strategies. *
- The Contract Monitoring Development Team ensured the licensed Child Placing Agencies (CPAs) provide monthly reports to the case manager on all placements. This reporting communication ensures that all physical health, behavioral health, mental health, and educational information is communicated to the case manager. *
- Implemented Strategies in the service areas to address identified barriers. Some examples include:
 - Buffalo County Well-Being Collaborative is a collection of community partners representing cross-sector participation, including those with lived experience who share interests, resources, time, and expertise to achieve a larger impact or common purpose. The Collaborative builds collective impact around shared agendas, visions, and measurements and is grounded in collective impact and results-based accountability models. Buffalo County continues to work on the Positive Pressure, Opioid Task Force, and Well-Being Collaborative. CFS collaborates with many initiatives with Buffalo County CASA.
 - The YAC Work Group is focused on creating a resource center for families with one central location; it has been added to the Buffalo County Through the Eyes with subcommittee meetings. The YAB brings the youth's voice into the community to best serve them.
 - The Lincoln County Community Collaborative, DHHS, region providers, and other service providers continue with the POSC meetings and the Binder Model. HFA has been brought up in the Panhandle, North Platte, and Lexington. TEOC meetings continue in Lincoln, Red Willow, Scottsbluff, Cheyenne, Dawson, and Dawes Counties. Each team has a different priority, given the community's needs.
 - The Bring Up Nebraska collaboration in Hastings is the Community Impact Network and Prenatal POSC. This collaboration offers the Bridging program, which helps families prepare for the workforce.
 - Key Initiatives for CSA include bringing up HFA in many counties in CSA and FCT. CSA worked hard over the last several months to continue to engage, provide services to, and place with fathers when appropriate.

Planned Activities

- Strengthen case planning procedures to include front-loading services, articulating the plan's appropriate intensity, type, timing, and sequencing.
- Evaluate the Alternative Response (AR) program to identify opportunities to strengthen prevention and reduce unnecessary system entry for families.

- Strengthen contract oversight to ensure the availability and accessibility of family-driven services.
- Ongoing efforts to address service gaps and waiting lists for services such as dental and mental health services.

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?

Nebraska's most recent statewide assessment demonstrates that this item is a strength and is in substantial conformity with regard to the Statewide Information System. The Statewide Information System is functioning well in Nebraska 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 has been) in foster care within the immediately preceding 12 months.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

While the Statewide Information System remains an area of strength, Nebraska continuously evaluates the current systems and improves the process 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 the Nebraska Family Online Client User System (N-FOCUS). Real-time data dashboards will allow staff to access, review, and update the case information more easily. *
- Case Managers have up-to-date access to case management reports, which are generated daily with youth details and various case activities and due dates. These reports allow the case manager to review up-to-date information for each youth, including demographics, case plan goals, placement, legal status, and much more. The case management due date reports are updated daily, allowing CFS staff to view real-time case information for the youth and address any deficiencies. *
- An additional report was created to highlight any youth who have been in foster care for nine or more months with no concurrent permanency goal entered into N-FOCUS. This report is utilized by CFS staff to identify cases that warrant a review and staffing with supervisors to determine if a concurrent permanency goal should be added to the case plan. *
- The Quality Assurance (QA) team ensures that field staff have sufficient knowledge and understanding of N-FOCUS to capture, store, and retrieve accurate client information. The team provides users with a summary of pre-release N-FOCUS instructions and detailed instructions for all N-FOCUS changes to ensure proper system usage and understanding of data definitions. *
- Demographic information continues to be reviewed in various ways. The QA 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. Additionally, a report was created to identify youth whose race or ethnicity

is not entered or left blank on N-FOCUS. Case Managers make the necessary corrections in N-FOCUS. *

- CFS continues to improve collaboration between the Information System Business Analysts, CFS Data Analysts, and internal and external data users. The CFS Business and Data Analysts continue to work with CFS program administrators, supervisors, Case Managers, and other users to solicit input for system enhancements. Additionally, the CFS CQI and Data Analysis staff continue to solicit feedback from internal and external stakeholders regarding system functioning, data, and report availability and accuracy. *
- The CFS CQI team conducts data verification reviews to ensure the accuracy of specific information documented in N-FOCUS. The review team conducts data verification reviews at least once per quarter on a select number of youth involved in the system. The number of cases reviewed varies each quarter. Reviewers utilize other case information documented in N-FOCUS and information gathered from interviews conducted with the case manager and other case participants (parents, youth, foster parents) to verify the accuracy of case information. *

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?

Nebraska has assessed the state's performance for Item 20: Written Case Plan as an area needing improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue strengthening performance in this item.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

- CFS utilizes a standardized case staffing model. *
- Statewide CQI information continues to be shared and discussed with the protection and safety team. *
- SOP guidance and tools continue to be used statewide to engage children and families throughout the life of the case. *
- Nebraska is exploring additional strategies to implement for the upcoming year.

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 has assessed the state's performance for Item 21: Periodic Review as a strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue strengthening performance in this item.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

- CFS uses Transitional Living Plans for children 14 years and older. *

- CFS generates a monthly report on appeals cases following a TPR to determine if a review hearing has been held within six months. *
- CIP continues to educate and engage stakeholders focused on youth court participation as an avenue to improve outcomes for youth in foster care. *
- Nebraska is also exploring additional strategies to implement for the upcoming year.

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?

Nebraska has assessed the state's performance for Item 22: Permanency Hearings to be an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue strengthening performance in this item.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

- CFS has continued collaborating with CIP to support timely progress in cases involving children and families. CIP plays a key role in educating courts and attorneys on the importance of conducting review hearings at least every six months and throughout the TPR appeal process. *
- CFS Administrators and Supervisors are provided a monthly report on youth who have been in out-of-home care for 15 out of 22 months without the court granting an exception to file TPR. This prompts the CFS Supervisor to review the case situation to address it and determine the next steps. These reviews include identifying and addressing any barriers to achieving permanency. *
- CFS utilizes the Foster Care Review Office's (FCRO) quarterly and annual reporting data to conduct targeted case reviews and evaluate progress. CFS also reviews case-specific recommendations provided by the FCRO. *
- Nebraska is exploring additional strategies to implement for the upcoming year, but specific strategies have not yet been identified.

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?

Nebraska has assessed the state's performance for Item 23: TPR as an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue strengthening performance in this item.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

- CFS has and will continue collaborating with the CIP to promote timely progress in cases involving children and families. *
- CFS maintains two local agreements with Lancaster and Douglas counties that provide additional funding to support the hiring of legal staff in each county, helping to advance cases involving termination of parental rights. *

- Nebraska is also exploring additional strategies to implement for the upcoming year.

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 has assessed the state's performance for Item 24: Notice of Hearings and Reviews to Caregivers as an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue strengthening performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- CFS has continued conducting monthly in-home visits with foster parents, consistently addressing upcoming court hearings during these visits. *
- Following each court hearing, the assigned CFS worker generates a notice of the next scheduled hearing, which is then sent to the foster parents. *
- The CQI team continues to collect and analyze data to ensure foster parents remain actively engaged in their foster children's cases. *
- In partnership with CFS, the CIP is working to strengthen and streamline the process for notifying foster parents of upcoming hearings. *

Planned Activities

- CFS will create an N-FOCUS enhancement so that court hearing notices will be automatically sent to foster parents with the hearing date and time.
- The Foster Parent Questionnaire will be modified to ensure adequate data is collected, and surveys will be completed routinely.

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?

Nebraska's assessment demonstrates this item is a strength and that Nebraska continues to be in substantial conformity with the QA Systemic Factor.

The State's QA/CQI System is functioning well statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 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 state's CFSR Round 4 Statewide Assessment contains data and supporting evidence. Below is a summary of the key activities completed in the past year and planned activities in the coming year to strengthen performance for these outcomes.

Activities Completed in Current Report Year (*activities are ongoing)

- CFS meets all criteria for state-led CFSR reviews as outlined in the Child and Family Services Review Technical Bulletin #12 and received approval from the Children's Bureau to conduct a state-led review in Round 4 of the CFSR.
- CFS completed the Round 4 CFSR Statewide Assessment and began utilizing information to identify barriers and develop strategies for improvement. Case reviews began in May 2025 and will continue through August 2025. *
- CFS implemented a new CQI process that includes monthly data review, root cause analysis, and development of strategies with CFS Administrators from the entire state during the Expanded Leadership Team (ELT) meetings. In addition to the monthly ELT meetings with Administrators, CFS conducts CQI meetings/discussions within each of the five Service Areas throughout the state. The Service Area CQI discussion takes place quarterly. It includes reviewing service area data, discussing root causes for areas needing improvement, and brainstorming and developing strategies for improvement. *
- Additional current and completed activities can be found in the States *CFSR Round 4 Statewide Assessment: Item 25 (pages 80 – 93)*.

Planned Activities:

- CFS began implementing strategies to increase the CQI team's utilization of Power Business Intelligence (BI) Software to strengthen reporting capabilities. These efforts allow the CFS data and CQI team to integrate data across programs and services. Using Power BI will enable CFS to automate more reports and create user-friendly scorecards and dashboards for CFS staff. Efforts are ongoing and will remain a priority.
- CFS continues to explore effective ways to engage parents, families, youth, foster parents, and system partners in CQI discussions. In the past 12 months, CFS engaged parents, youth, and other system partners in focus groups as part of the statewide assessment process. CFS started a CFSR Advisory committee with individuals representing various stakeholders, youth, and families.

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?

Nebraska has assessed the state's performance for Item 26: Initial Staff Training to be a Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

Significant changes occurred in the Initial Staff Training program during this reporting year.

- As of December 2024, DHHS concluded its contract with the University of Nebraska–Lincoln's Center on Children, Families, and the Law (UNL-CCFL).
- DHHS established an internal CFS Learning and Development (L&D) Team tasked with implementing a new "Learn by Doing" training model. *
 - This innovative model emphasizes individualized, hands-on learning to support skill development over a comprehensive 12-week training period. The approach is designed to deliver training tailored to the specific needs of each trainee, ensuring a more practical and effective learning experience. See *Section VIII: Updates to Targeted Plans – Training Plan* for additional details.

Planned Activities

- In alignment with the new model, the CFS L&D Team will actively seek ongoing feedback from trainees, trained teammates, leadership, and external stakeholders to ensure continuous improvements to the program. A structured evaluation and curriculum review process has been embedded within the training program to ensure responsiveness to the evolving needs of the workforce.

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?

Nebraska has assessed the state's performance for Item 27: Ongoing Staff Training to be an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- The CFS L&D Team has continued to support opportunities for ongoing learning and professional growth.
- In response to findings from the recent Statewide Assessment, the team has also initiated the development of a plan to ensure accurate and consistent documentation of training hours across all staff. *
- The introduction of the SAFE Model was a key training initiative launched during this period. Initial training efforts focused on administration and supervisory staff; however, full implementation has been paused. See *2025-2029 CFSP, Section VIII: Updates to Targeted Plans - Training Plan* for additional details.

Planned Activities

- The CFS L&D Team is actively working to enhance professional development efforts for all CFS Specialists, Supervisors, and Administrators statewide. To support this, quarterly updates will be shared with Supervisors and Administrators to promote engagement and improve training hour documentation.
- A new internal CFS L&D website was launched. The website features a professional development calendar with internal and external training opportunities and a library of self-paced training that can be accessed at any time.

- The formation of the CFS L&D Team has expanded the capacity to develop ad hoc trainings based on staff needs. Currently, 15 trainings are in development, covering a wide range of topics including:
 - Central Registry
 - Bridge to Independence (B2i) & Older Youth
 - Tough Conversations (Youth, Caregivers, Professionals)
 - Alternative Permanency
 - Mandatory Reporting
 - Social Security for Child Welfare
 - Developmental Disabilities (DD)
 - Information Sharing
 - Domestic Violence (Survivor & Abuser perspectives)
 - De-escalation
 - Immigration
 - Safety Planning
 - Safe Sleep
 - Additionally, DHHS has mandated the completion of QPR (Question, Persuade, and Refer) Suicide Prevention and Customer Service training for all CFS staff.
- Professional development hours are also available for participating in "Bites with Bish," monthly sessions led by the CFS Director focused on key topics within CFS.

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?*

Nebraska has assessed the state's performance for Item 28: Foster Parents, Adoptive Parents, and Staff Training to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- CFS continued to partner with Creating a Family, a national adoption and foster care education and support nonprofit organization that offers foster and adoptive parents convenient online training courses with relevant topics that are expert-based and trauma-informed. *
- CFS ensures foster parent pre-service training occurs statewide by utilizing the DHHS-approved options: Trauma-Informed Partnering for Safety and Permanency (TIPS-MAPP) and Deciding Together.

- CFS has approved and implemented the National Training and Development Curriculum (NTDC), which is offered at no cost to prospective foster parents. All NTDC pre-training courses are offered virtually or in person and are led by a facilitator. This flexibility has helped foster parents complete the required 21 hours of pre-service training in a timely manner for their foster care license. NTDC also offers online "Right Time" trainings on demand that can be accessed towards the required 12 hours of annual ongoing training. *
- CFS notifies agencies via email when training is available for foster parents. *
- Our CMRD team does quarterly reviews for all contracted providers to ensure that the required trainings are completed for all new employees and that trainings are completed biannually for every employee per the contract. *

Planned Activities

- CFS will implement surveys following each module that is trained for NTDC. The plan is to start the surveys with the first trained module. These surveys will be used to assess what prospective foster parents are learning and retaining from training.
- After completing all NTDC training, foster parents will receive an additional survey to assess overall knowledge, willingness, and ability to begin taking placements.
 - CFS is in the process of updating our system to be able to pull data on how many homes have completed training through NTDC.

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 has assessed the state's performance for Item 29: Service Array Systemic Factor to be an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment.

Information regarding the following services can be found in Nebraska's 2025-2029 CFSP, DHHS-Child and Family Service Array Continuum (pages 114- 125):

- B2i
- Careportal
- Connected Youth Initiative (CYI)
- Drug Testing Specimen Collection and Sweat Patch Lab Confirmation
- Parenting Time/Supervised Visitation
- Post Guardianship/Adoption Supports
- Psychiatric Residential Treatment Facility
- Telehealth
- Youth Intensive Outpatient Program

Information regarding the following services can be found in the *2025-2029 CFSP, DHHS-Child and Family Service Array Continuum (pages 114- 125)*, and the *CFSR Round 4 Statewide Assessment (pages 122 – 127)*:

- Agency-Supported Foster Care
- Agency-Supported Respite Care
- AR
- Boys Town In-Home Family Services
- CAC
- Emergency Shelter
- Family Finding
- Family Support
- In-Home Safety Service
- Mommy and Me Program
- Multi-Systemic Therapy
- National Suicide Prevention Lifeline 988
- Nebraska Family Helpline
- Nebraska's System of Care
- Professional Partner Program
- Reporting Center
- Therapeutic Family Care
- Tiered Foster Care
- Transitional Living and Training Independent Skills
- Youth Mobile Crisis Response

Information regarding the following services can be found in this plan as indicated below.

- Chafee Services and Supports - See *Section V: Update on Service Descriptions - John H. Chafee Foster Care Program* section.
- Community Collaborative Evidence-Informed Strategies for Parents & Central Navigation & FindHelp – See *Section V: Update on Service Descriptions - MaryLee Allen Promoting Safe and Stable Families (PSSF)*.
- Kinship Navigation- See *Section V: Update on Service Descriptions - Kinship Navigator*.

Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item. Additionally, information is provided on services below that are not included in Nebraska's CFSP or Statewide Assessment.

Family Centered Treatment (FCT)

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.

FCT practitioners aim to help families identify their core emotional issues during treatment. FCT continues to be provided in all of CFS's five service areas with five agency providers, and CFS makes 100% of the referrals to FCT. Current data reflect that 74% of FCT cases are for families with children at risk of removal. FCT can be provided by a master's- or bachelor's-level practitioner, helping expand capacity. Therefore, more children have remained safely in their homes. FCT can also help stabilize children in out-of-home placement to achieve permanency. CFS continues to monitor the capacity of FCT to determine if an additional cohort of agencies is needed.

Additional information about FCT can be found in Nebraska's submission of the *2025-2029 FFPSA Plan*.

Parents As Teachers (PAT)

PAT is a national home visiting program that provides parents and caregivers with trained professionals to support their parenting skills and promote early childhood development. The program's goals include increasing parent knowledge, improving parenting practices, and ensuring children's school readiness.

In 2024, CFS awarded contracts to eight PAT sites across the Eastern, Central, and Western service areas. The service is available to CFS-involved families who meet the eligibility criteria. Since July 1, 2024, CFS has referred 14 families.

Additional information about PAT can be found in Nebraska's submission of the 2025-2029 FFPSA Plan.

Healthy Families America (HFA): Child Welfare Protocol (CWP)

HFA-CWP expands the referral age of the child for the HFA program to age 24 months for those involved in a child welfare case.

CFS has continued to provide the HFA-CWP in partnership with the Division of Public Health (DPH). Since 2023, six additional HFA sites have been established. One additional site will be added in 2025-2026 to serve Red Willow and Keith Counties. From October 2020 through December 2024, 540 HFA-CWP families participated in one of thirteen Local Implementing Agencies across the state. A key highlight of the most recent data reports (October 1, 2022 – December 31, 2024) for child-welfare-involved families reflects an increase in families enrolling in the HFA-CWP:

Families that have participated in the HFA-CWP						
Total Households	Continuing*	Q1	Q2	Q3	Q4	Total**
Oct 2020-Sept 2021	27	14	33	45	52	171
Oct 2021-Sept 2022	66	15	34	48	54	217
Oct 2022-Sept 2023	85	14	27	35	43	204
Oct 2023-Sept 2024	88	18	25	20	19	170
Oct 2024- Dec 2024	82	17	-	-	-	99
Total						540

**Families that continued services from a prior fiscal year.*
***Total number of families served for any amount of time throughout the year.*

CFS families have the opportunity to continue receiving the HFA service on a Prevention Track after their CFS case has closed. The table below reflects the number of families on a Prevention Track from October 2022 to September 2024.

HFA Services Provided to Families on Prevention Track	
Period	Number of Households
Oct 2022-Sept 2023	113
Oct 2023-Sept 2024	157
Total	270

Additional information about HFA can be found in Nebraska's submission of the *2025-2029 FFPSA Plan*.

Motivational Interviewing (MI)

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.

CFS is currently in the process of contracting with an MI-certified trainer to provide training to approximately 100 CFS partners. Additional information about MI can be found in Nebraska's submission of the *2025-2029 FFPSA Plan*.

Soberlink

Soberlink is a handheld alcohol breathalyzer device that enables individuals to submit to alcohol monitoring tests to determine the presence or absence (positive or negative) of alcohol.

Individuals 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 arranged.

Soberlink is provided in limited sections of the state to assess and determine if it meets the needs of youth and families. CFS continually monitors and to determine if expansion is needed. Through ongoing assessment, CFS will continue to monitor the service to determine the need and evaluate its effectiveness in promoting youth safety and supporting permanency in the least restrictive, most appropriate setting.

Restoring Hope Cultural Ambassador (R-HOPE)

R-HOPE is a family-centered, community-based array of programming designed to support and stabilize vulnerable children and their families by assessing high-risk needs and developing specific strategies and techniques to promote a safe, healthy, and nurturing home environment. R-HOPE provides advocacy to any child or family in need, a CoC coordination, and family success services focused on improving families' overall health and well-being by strengthening the parent/child bond to prevent, reduce, or eliminate neglect, abuse, or exploitation of children and improve healthy child outcomes. Each staff member provides care coordination and in-home parenting services, serving as the main point of contact for each child/family to co-create a trauma-informed, individualized service plan while having in-house access to the agency's comprehensive array of services.

Heartland Family Service has provided R-HOPE in limited sections of the state but has decided not to continue offering this program. Starting July 2025, Family Empowerment Service will be providing R-HOPE.

Options Education

Options Education is available statewide and provides face-to-face or virtual education to explain the concept of relinquishment, explore alternatives along with the pros and cons of the options, and discuss the potential outcomes of such a decision while informing parents about legal permanency options. The purpose of this process is to allow parents to make an informed

decision regarding whether to relinquish their parental rights. Parents may choose to maintain parental rights with the understanding that the court may disagree and terminate parental rights.

Semi-Supervised Independent Living

Semi-Supervised Independent Living Service is defined as the provision of safe housing for youth living in a Semi-Supervised Independent Living environment for 90-120 days with 24/7 staff support available through on-call. Youth are provided with basic room furnishings (such as a bed, lighting, and space for clothing) and access to equipment to provide instruction and skill demonstration for self-sufficiency (such as a washer/dryer, food preparation, and an alarm clock). Programming is flexible to meet a wide variety of needs and skill levels of youth.

Semi-Supervised Independent Living is provided in limited sections of the state to assess and determine if it meets the needs of the youth and families. CFS continually monitors and evaluates this service to determine if expansion is needed. Through this ongoing assessment, CFS is considering expanding this service based on need and if the service has shown to be effective in assisting with ensuring safety for youth and moving kids towards permanency in a manner that allows for the best possible, least restrictive setting to meet their needs.

Intensive Family Preservation (IFP)

IFP is a CFS-contracted service that provides intensive therapeutic and skill-building interventions to families who have an identified safety threat and/or risk factors and whose children are at risk of initial out-of-home placement, or families whose children have been removed within the last 90 calendar days, and the plan is reunification. Intensive Family Preservation aims to keep children at home in a safe, stable, and nurturing family environment, improve parenting capacity and family functioning, improve children's well-being, and prevent unnecessary placement and/or safely facilitate the reunification of children with their families. This service is designed to create rapid, sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and/or reduce the risk of child maltreatment.

IFP is available statewide but is subject to provider availability. Due to staffing shortages across the state, the number of families the providers can work with at any given time varies. Providers have identified the lack of master's-level clinicians as a barrier to serving more youth and families.

Intensive Family Reunification (IFR)

IFR provides intensive therapeutic and skill-building interventions to families whose children have been removed and placed out of home for at least 90 days, where at least one parent is willing to reunify; the permanency plan is reunification with the parent who is willing to reunify. A plan to safely maintain a child in the home is necessary. Interventions are designed to address the safety threats that led to a child's removal and continued out-of-home placement. Additionally, this service improves parenting capacity and children's well-being, and families are safely reunified because of their change in behavior. This service creates rapid, sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and/or reduce the risk of child maltreatment.

IFR is available statewide but is subject to provider availability. Due to staffing shortages across the state, the number of families the providers can work with at any given time varies. Providers have identified the lack of master's-level clinicians as a barrier to serving more youth and families.

Family Peer Support

Family Peer Support assists individuals and families in initiating and maintaining the recovery process to improve quality of life, increase resiliency, and promote health and wellness.

In data received since the CFSP and CFSR Round 4 Needs Assessment submission, an average of 49 CFS families were served each month between November 2023 through October 2024. During that time, 88.4% of CFS families met 2+ goals, 97.7% increased parenting skills, 100% were offered concrete supports, and 90.7% increased informal supports.

Foster Care Review Office (FCRO)

The March 2025 Quarterly Report by the FCRO provided information regarding a Special Study conducted by the Nebraska Resource Project for Vulnerable Young Children (NRPVYC) in partnership with the FCRO. The purpose of this study was to evaluate mental health needs and access for children in Nebraska's foster care system. The following data were reported:

- 51% of Nebraska children in out-of-home care were identified as having a mental health need.
 - 48% of all the children in Foster Care between the ages of 0-5 were reported to be receiving mental health services.
 - 81% of all the children in Foster Care between the ages of 6-18 were reported to be receiving mental health services.

Family Resource Center (FRC)

FRCs are community-based locations where individuals and families can access informal and formal support and obtain referrals for necessary programs. FRCs come in all shapes and sizes throughout Nebraska. Community Collaboratives operating across the state and of sufficient size and funding have started to open FRCs.

Examples of different FRCs include:

The Bridge (Omaha, NE) operates a location focused on youth and young adults through its Project Everlast program. The collaborative also provides central navigation at their FRC for individuals who walk in and request assistance.

SquareOne (Lincoln, NE) offers a combination of mental health crisis response and community resource navigation. The mental health crisis services are currently provided through CenterPoint but will be housed outside the SquareOne physical location once construction is finished.

Molina Health Care (Midtown Omaha, NE) contracted MCOs through Nebraska's Heritage Health program and opened its one-stop resource center in 2024. The location offers information on Medicaid and other state benefits applications, computers, meeting rooms to utilize as needed, and resources through the Molina health plan.

Plans of Safe Care (POSC)

In addition to the information in the *2025-2029 CFSP, Section I: Vision and Collaboration* (page 22), *Nebraska's DHHS-Child and Family Service Array Continuum Attachment II to the 2025-2029 CFSP* (page 118), and *the State's CFSR Round 4 Statewide Assessment* (page 141), the Community Collaboratives across the state have an invested interest and provide additional support to the work being done throughout the state for the POSC. Dakota County is in the process of participating in the binder program for pregnant/soon-to-deliver mothers. Community Collaboratives throughout the state are involved in the binder program. For example, in Hastings, the central navigator for the Community Impact Network Community Collaborative coordinates the community binder planning meetings and works with the mothers involved in the program, providing guidance, connecting with resources, and ensuring the medical providers are educated on the program.

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?

Nebraska has assessed the state's performance for Item 30: Individualizing Services as an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this area.

Activities Completed in Current Report Year (*activities are ongoing)

- Through the new Home and Community-Based Services waiver and Family Support Waiver developed by the Division of DD, 890 children from birth to 21 years old have begun to be served.
- The elimination of the DD Registry began in 2024 and continues to be an ongoing process that will allow DD to provide a full CoC that adapts to each individual's specific and changing needs as they age. *
- CFS responded to 52 Accommodation Services questionnaires from January 1, 2024, to December 31, 2024.
 - DHHS provides an Accommodation Services questionnaire for Nebraskans who may require accommodation while seeking DHHS services. The questionnaire directs the individual to the DHHS division that can best meet their most urgent need.

Planned Activities

- In the past, stakeholders described the lack of multilingual and culturally competent services and the inadequacy of language translation services by phone as a barrier to timely service provision. The 2025-2027 Labor Contract allows CFS staff to be eligible for multilingual pay. CFS believes this will enhance retention potential for current employees and improve CFS's ability to meet the needs of families served.

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?

Nebraska has assessed the state's performance for Item 31: State Engagement and Consultation with Stakeholders to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- In August 2024, Nebraska created the CFSR Advisory Committee to provide input on developing and implementing the CFSR, Statewide Assessment, and Program Improvement Plan (PIP). The committee completed data reviews, discussions of systems strengths and areas needing improvement, feedback regarding CFSR-related plans and activities, and a review of the draft statewide assessment.
- In October and November 2024, Nebraska held collaborative sessions and focus groups with internal and external stakeholders representing various groups involved in the system. Stakeholders participated in sessions where they answered questions, reviewed data, and provided input regarding strengths and barriers.
- In 2024, CFS worked with the NDE to develop a standardized Best Interest Determination (BID) form. This form provides all school districts, the student, family, educational rights holder, and CFS documentation of the agreement for the student's education plan and which party is responsible for the provision of each service. *

Planned Activities

- CFS will work with NDE to distribute the BID form statewide. CFS will house the completed forms in the youth's N-FOCUS case, and NDE will store them in their records system (*see Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 32*).
- The First Annual Together for Indigenous Families Child Welfare Conference took place June 3-4, 2025. The conference is hosted by DHHS in partnership with tribal partners as presenters, vendors, and attendees. Historically, each tribe has worked within its community when families are involved with the Tribal Court system. This conference opens lines of communication between tribes, community partners, the State of Nebraska, and CFS. The goal of the conference is to strengthen relationships among stakeholders within state and tribal systems and improve the safety and well-being of Native American children and families.

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?

Nebraska has assessed the state's performance for Item 32: Coordination of Services with other Federal Programs to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- Throughout 2024, Nebraska continued engagement opportunities with programs such as the Citizen Review Panels (CRP), Connected Youth Initiative, CIP, and Probation. *
- CFS continued to partner with DHHS divisions and federal and state partners. Collaboration with programs like TNAF, the Medicaid MCOs, the NDE, and the Nebraska Coalition to End Sexual and Domestic Violence assisted CFS in blending funding models and providing a comprehensive system of care for children and families across the state. *
- Throughout 2024, CFS partnered with the DPH to license 12 new CPAs and execute contracts with them for agency-supported foster care. The agencies were providing the service of Shared Living Providers for the Division of DD for DD-eligible youth. CFS worked with the DPH to license the agencies and the Shared Living Providers as foster homes, giving CFS access to more specialized homes for high-needs youth.
- Education is a key determinant of long-term success for youth, and youth in the foster care system experience disruptions and additional barriers when placed out of home. Legislative Bill (LB) 296 was introduced in Nebraska's 2025 Legislative Session and signed into law by Governor Pillen in March 2025. The new law will require the NDE to create a centralized education records system, employ registrars relating to students under the juvenile court's jurisdiction, and change the graduation requirements provisions. CFS testified in support of this bill.

Planned Activities

- CFS will work with NDE and their partners as this records system is developed to ensure it meets the needs of youth who are state wards.

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?

Nebraska has assessed the state's performance for Item 33: Licensing and Approval of Foster and Adoptive Homes to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- CFS continued to attend monthly meetings for the Foster Family Treatment Association (FFTA), representing 19 contracted CPAs. CFS provides information and updates for agency providers. *

- Foster Care Resource Development (FCRD) collaborates with CPAs for recruitment events and provides quarterly placement and licensing foster care recruitment information. *
- CFS works with the Nebraska Foster and Adoptive Parent Association (NFAPA) to explain foster home licensure requirements and ensure that potential foster families understand the time commitment involved. CFS receives a quarterly list of all persons statewide who reached out to NFAPA for information on how to become foster and adoptive parents. *

Planned Activities

- CFS, Contract Monitoring Resource Development (CMRD), FCRD, and Income Maintenance Foster Care (IMFC) will track data to identify barriers to the timeliness of initial home studies.
- CFS will be revising the Foster Home Licensure/Approval Checklist to define what is required for all foster homes.

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?

Nebraska has assessed the state's performance for Item 34: Requirements for Criminal Background Checks to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year & Planned Activities (*activities are ongoing)

- CFS has and will continue to use the background check portal that was implemented in 2023 to ensure that all caregivers providing foster care services have approved background checks. *
- CFS has and will continue to ensure that all caregivers have a national criminal history check completed through the Nebraska State Patrol. The Nebraska DHHS central office background check team processes national criminal history background checks, meeting the federal requirement for all foster and adoptive parents to complete one. *
- CFS has been and will continue to collaborate with the DPH to ensure all Residential Child Caring Agencies have national criminal history records checks using the NSP fingerprinting system. *

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?

Nebraska has assessed the state's performance for Item 35: Diligent Recruitment and Retention of Foster and Adoptive Homes to be an Area of Strength. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- In 2025, CMRD continued to compile individual agency and statewide recruitment and retention plans. This information is shared quarterly with CFS staff and the CPA. *
- CFS has a dedicated Program Specialist with foster care expertise who is now attending quarterly meetings with CPAs to enhance their recruitment and retention plans. *
- CMRD works with FCRD to assess placement disruptions or any other contracted issues within foster homes. FCRD and CMRD collaborate with the CPAs to determine factors that may have contributed to the disruption and develop necessary action steps and support. *

Planned Activities

- CFS will be implementing a contract on July 1, 2025, with CPAs that will require them to recruit and license homes in a ratio similar to the demographics (age, sibling group, behavioral health needs, location) of the youth in CFS care.

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?

Nebraska has assessed the state's performance for Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements as an Area Needing Improvement. Data and supporting evidence can be found in the State's CFSR Round 4 Statewide Assessment. Below is a summary of the key activities completed in the past year and planned activities in the coming year to continue to strengthen performance in this item.

Activities Completed in Current Report Year (*activities are ongoing)

- Out-of-state background checks have been a significant barrier to completing Interstate Compact on the Placement of Children (ICPC) home studies in a timely manner. The Nebraska ICPC Team has initiated conversations and meetings with other states and internal DHHS Team Members to streamline processes for receiving out-of-state background checks in a timely manner. *
- The Nebraska ICPC Team has created a tracking system in addition to using the National Electronic Interstate Compact Enterprise (NEICE) notifications to ensure ICPC Home Studies are completed in a timely manner.
- Nebraska contracts with CPAs to complete ICPC home studies. FCRD staff also complete home studies.
- Nebraska's Title IV-E Plan amendment to adopt separate licensing standards for relative and kinship foster family homes was approved on April 1st, 2024. CFS has been holding meetings and working collaboratively with other states to determine how to implement

Nebraska's approved Title IV-E plan to adopt separate licensing standards for relative and kinship foster homes. *

- CFS has been holding STAR reviews, which include children placed through ICPC, to ensure timely permanency and case closure. *
- Nebraska is an integral partner with the American Public Human Services Association, the American Public Human Services Association's Association of Administrators of Interstate Compact on Placement of Children (APHSA-AAICPC), and the NEICE user group. Nebraska Central Office ICPC program staff continue to participate in nationwide meetings with the agencies mentioned above to continue improving the ICPC process and discuss strategies to ensure youth have safe and suitable placements. *

Planned Activities

- CFS plans to expand the number of contracts with CPAs to complete ICPC home studies. This increase is in addition to the current CFS Resource Development Staff who complete home studies.

Section III: Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes
In the 2025-2029 CFSP, states were asked to identify their "Plan for Enacting the State's Vision" over the next five years. This section is to provide the update to that plan and the progress toward achieving those outcomes.

Review and Update, Goals, Objectives, and Interventions

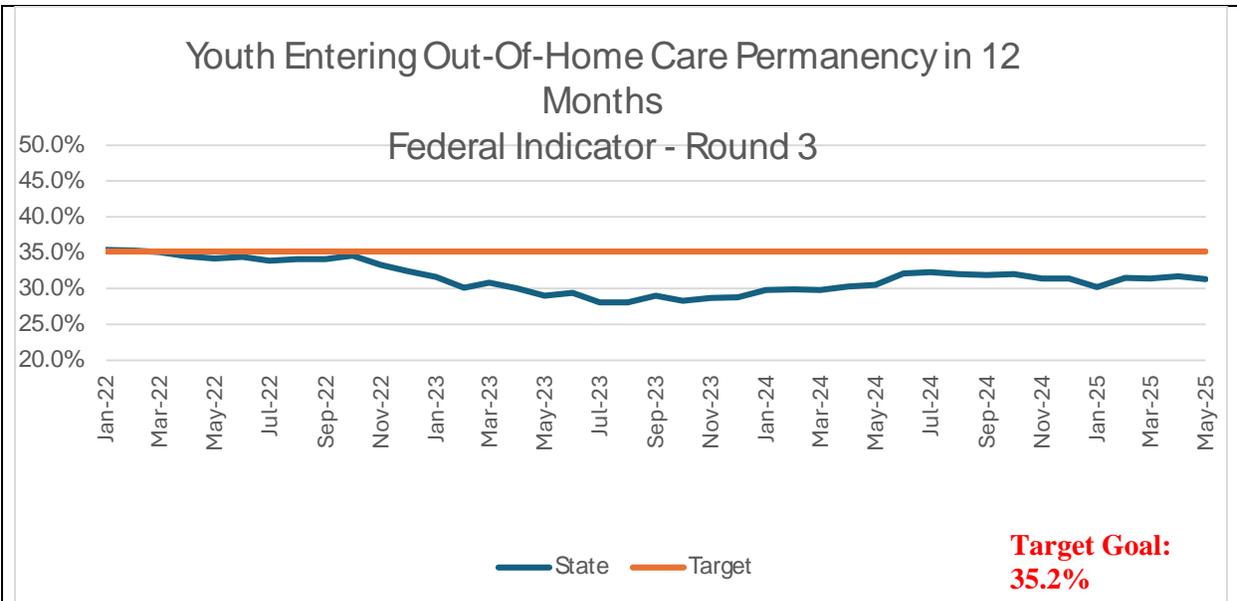
The state must review, update and revise, as necessary, the goals, objectives, and interventions identified in the 2025-2029 CFSP to ensure that they are consistent with their CFSR PIP or to sustain improvements for successfully completed PIPs. States must also incorporate any additional areas needing improvement that were identified in a title IV-E, AFCARS, NYTD, or other program improvement plan or in the "Update on Assessment of Current Performance," Section B2 identified above (45 CFR 1357.16(a)(2)). States should include information on how the state QA/CQI system was utilized to identify and inform revisions needed to the goals, objectives, and interventions.

If the state's 2025-2029 CFSP did not have a goal, objective, or intervention that addresses key areas needing improvement as identified through the "Update on Assessment of Current Performance" and in joint planning with CB, the associated goal, objective, intervention and measures of progress must be revised or added to the 2026 APSR.

Nebraska's Title IV-E Foster Care Program was found to be in substantial compliance with federal eligibility requirements for the period under review, October 1, 2023, to March 31, 2024. Nebraska recently submitted its Statewide Assessment to the Children's Bureau in March 2025 and does not have an active Program Improvement Plan.

Nebraska identified the goals below for the 2025-2029 CFSP. See the *Updates* section for each *Objective* below.

Goal #1: Build Family Driven Services
<p>Rationale</p> <p>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 allow 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.</p> <p>Achieving timely permanency for the child (CFSR Item 6) continues to be an area of need for all service areas and the tribes. See <i>Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 6</i> 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.</p> <p>Case planning for the child (CFSR Item 20) is an area of need for Nebraska. See <i>Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 20</i> for additional information. CFS is working on a plan to integrate the assessments used for case planning. Currently, CFS uses the Family Plan for AR 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.</p>
<p>Measures of Progress</p> <ul style="list-style-type: none">a. Decreased rate of entry into foster careb. Improved time to permanencyc. Decreased re-entry into care
<p>Updates to Measures of Progress</p> <p><i>Decreased rate of entry into foster care</i></p> <p>From 2023 to 2024, CFS saw an increase in the number of youth entering foster care from 1,670 children in 2023 to 1,835 children in 2024.</p>



A special report is prepared weekly, indicating the total population of youth, the number and percentage of youth in foster care, and the number and percentage of youth in home for each service area and statewide. CFS leadership monitors this data weekly.

Improve time to Permanency

Nebraska is fortunate to have been able to generate simulated CFSR data indicator scores based on federal calculations. While the primary calculations for the internal measures are consistent with federal calculations, Nebraska’s measures do not account for risk adjustments, so the results are not exact to the federal results published by the Children’s Bureau. With this information, Nebraska is able to continually monitor indicator outcome results. The charts below illustrate statewide federal indicator scores over time. The statewide data and the data broken down by Service Area and Judicial Districts are reviewed and utilized by CFS monthly.

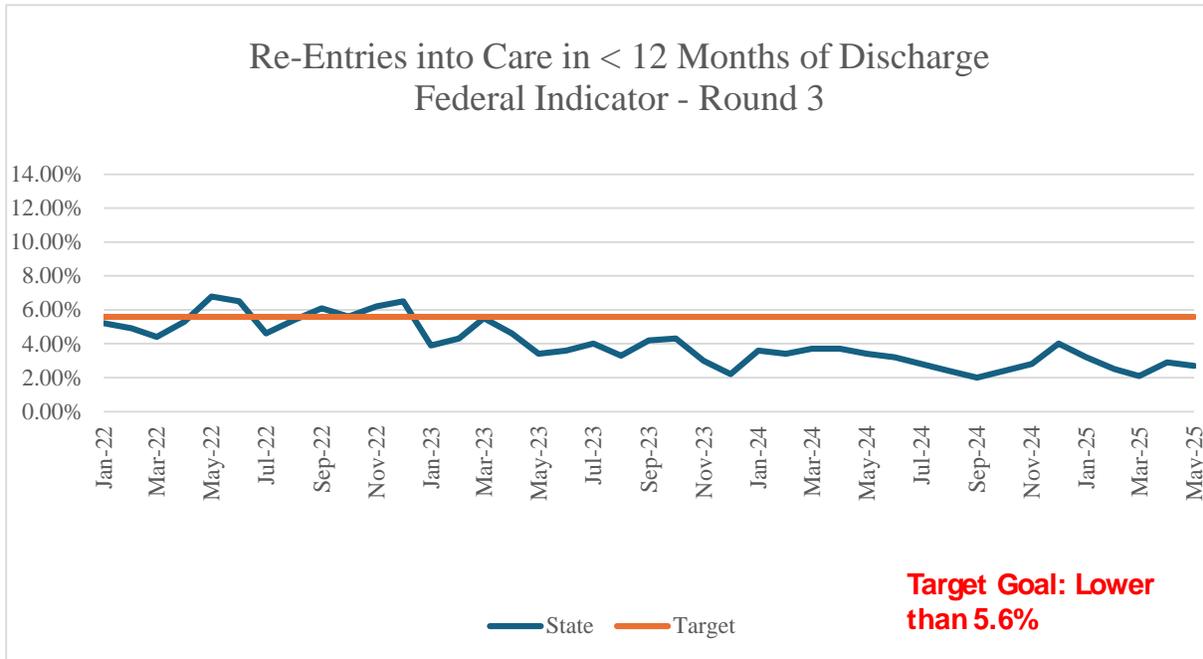
Achieving timely permanency for the child continues to be an area of need for the state. According to the state's Round 3 Federal Indicators below, the state is not meeting the target goal for achieving permanency for youth entering foster care within 12 months. Data shows that Nebraska has performed around 30% for this measure since the last CFSP submission.

This is a Federal Measure that reports on a rolling 36 months of data. Data Source: N-FOCUS Round 3 Federal Measures. Of all children entering care 2 years prior, who remained care for 8 days or longer, and who were discharged to reunification or guardianship as defined in the 'Youth Entering Out-of-Home Care Permanency in 12 Months measure, the percent who re-enter care within 12 months of discharge. Target was adjusted in April 2023 to match the National Performance (NP) in the February 2023 CFSR 4 data Profile report.

Decrease Re-Entry into Care

The charts below illustrate federal indicator scores over time statewide. The statewide data and the data broken down by Service Area and Judicial Districts are reviewed and utilized by CFS monthly.

The CFSR Round 3 performance indicators 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 May 2025, the state's re-entry rate was 2.7%. Observed performance shows the state has had a rate of re-entry below 5% since January 2023 and below 3% for most months since the last CFSP submission.



This is a Federal Measure that reports on a rolling 36 months of data. Data Source: N-FOCUS Round 3 Federal Measures. Of all children entering care 2 years prior, who remained care for 8 days or longer, and who were discharged to reunification or guardianship as defined in the 'Youth Entering Out-of-Home Care Permanency in 12 Months measure, the percent who re-enter care within 12 months of discharge. Target was adjusted in April 2023 to match the National Performance (NP) in the February 2023 CFSR 4 data Profile report.

<p>Objective Strengthen prevention and reduce unnecessary system entry for families</p>	<p>Action Items Year 1-2: Research and determine the feasibility of a warm line. Completed Year 1-2: Full statewide implementation of FFPSA, including statewide access to all EBPs in Nebraska's plan. In Progress Years 1-5: Expand capacity through funding of community collaboratives, FRCs, and community-based organizations. Completed & Ongoing Years 3-5: Implementation of a warm line and community pathway.</p>
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Updates to Action Items

One goal of moving to the SAFE model was to streamline the case management assessment process for decision-making. With the SAFE model, CFS will have a singular case plan for all cases. However, implementation of the SAFE model is on hold at this time.

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

Nebraska offers a continuum of universal prevention services, targeted community-based services, child welfare services, and prevention initiatives for children and families within child welfare and outside of child welfare, but not through a centralized hub. Referrals to community resources are contingent on knowledge of the resources/services; there is a limitation on thorough education of community resources due to there not being a centralized hub for families to contact to request resources/services in their local communities.

In 2024, Nebraska initiated a Request for Information to garner interest from potential vendors in the feasibility of implementing a warmline. As a result of the responses, Nebraska intends to post a Request for Proposal to select a third-party vendor to implement the warmline.

Year 1-2: Full statewide implementation of FFPSA, including statewide access to all EBPs in Nebraska's plan

Each county in Nebraska has at least one evidence-based program, including the Kinship Navigator program. Nebraska continues to collaborate with the DPH to build the capacity of the HFA program. DPH intends to implement at least one additional HFA site in 2025. The capacity of CFTC expanded in 2024 to cover 95% of the counties in Nebraska. CFS continues to monitor the need for continued expansion. CFS entered into contracts with seven PAT providers in nine counties in 2024. CFS continues to monitor the need for continued expansion. CFS is considering the provision of MI training in 2025 to community partners that support child welfare prevention.

Years 1-5: Expand capacity through funding of community collaboratives, Family Resource Centers (FRC), and community-based organizations

CFS completed individual contracts with each of the 23 community collaboratives in 2024 for a total of \$3 million. CFS will continue funding \$3 million in contracts for the 2025/2026 year to support the work of the community collaboratives. Training has been added as an optional service in the contract, in addition to the central navigation, coaching, and stabilization funding.

CFS also supports the work of the Community Collaboratives through additional contracts as opportunities arise. For example, a pilot program in the Fremont area between CFS and the Community Collaborative provides for the central navigator to attend case mappings with the local CFS office to offer community resources and supports to assist families prior to further entry into the formal system. In the rural western part of the state, the local CFS offices were short-staffed on family support provider resources. The Community Collaborative had the ability and staffing to provide this additional service. The contract will address the service gap.

For information on community collaboratives, see *Section I: Update to Vision and Collaboration—Community-Based Child Abuse Prevention* and *Section V: Update on Service*

Descriptions—MaryLee Allen, and for information on FRCs, see Section I: Update to Vision and Collaboration—Family Resource Centers.

<p>Objective Streamline family assessment to track progress toward reunification and case closure</p>	<p>Action Items Year 1: Contract with Action for the Protection of Children to implement the Safe Model. Completed Year 2: Evaluate the implementation and review the sustainability of the Safe Model.</p>
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Updates to Action Items

Year 1: Contract with Action for the Protection of Children to implement the Safe Model
CFS issued a contract to Action for the Protection of Children for the Safe Model.

Goal #2: Create and Maintain a Skilled and Supported Workforce

Rationale
The recent CFSR listed the CFS training program (Item 26) as a strength and continued evaluation shows 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. *See Section II: Update to the Assessment of Current Performance in Improving Outcomes - Items 26 and 27 and the Training Plan (submitted separately)* for additional information about Nebraska’s training programs.

Measures of Progress

- a. Reduced front-line staff turnover rates
- b. Increased caseload size compliance

Updates to Measures of Progress

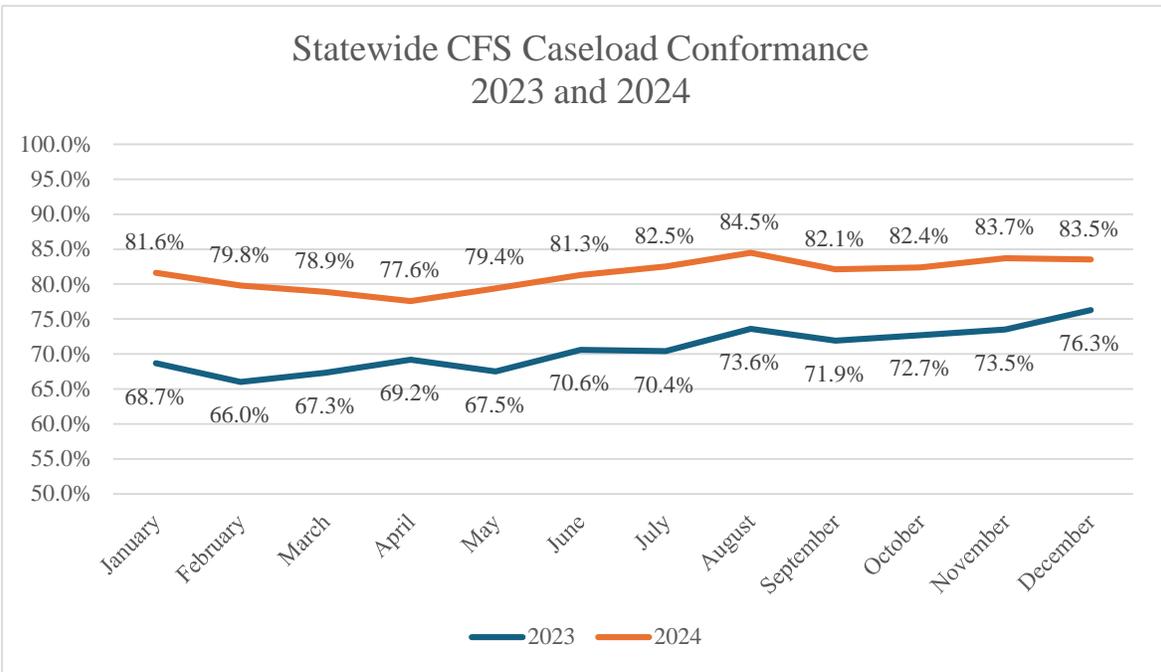
Reduced front-line staff turnover rates
CFS did see a slight decrease in Case Manager turnover from 2023 to 2024.

Case Manager Monthly Turnover Rate 2023 and 2024						
Month	Count of Case Manager at End of Month		Case Manager Separating Position During the Month		Case Manager Monthly Turnover	
	2023	2024	2023	2024	2023	2024
January	510	549	11	17	2.20%	3.10%
February	510	556	13	10	2.50%	1.80%
March	515	568	13	15	2.50%	2.60%

April	513	562	16	12	3.10%	2.10%
May	524	524	13	13	2.50%	2.50%
June	550	586	16	14	2.90%	2.40%
July	537	590	13	14	2.40%	2.40%
August	537	579	20	17	3.70%	2.90%
September	550	578	16	11	2.90%	1.90%
October	558	570	12	16	2.20%	2.80%
November	551	583	13	8	2.40%	1.40%
December	546	573	11	17	2.00%	3.00%
Monthly Average					2.60%	2.40%

Increased caseload size compliance

CFS has made great progress in caseload compliance from 2023 to 2024.



Objective

Improve frontline worker and supervisor training and engagement strategies

Action Items

Year 1: Enhance the internal training team to fully evaluate and support training.

Completed

Years 2-5: Research and integrate a robust coaching model.

Updates to Action Items

Year 1: Enhance the internal training team to fully evaluate and support training
 CFS significantly expanded its internal training capacity, transitioning from an external training contract supported by two internal staff to a dedicated team of 35 CFS L&D professionals. This strengthened internal team launched a robust 12-week New Worker

Training (NWT) program centered on a “Learn by Doing” model. Beyond onboarding, the expanded internal team supports ongoing staff development through flexible in-service training options designed to meet evolving practice demands and promote long-term professional growth. For more information, see the *NWT Training Descriptions (Attachment I)*.

<p>Objective Streamline policy and practice and enhance critical thinking in staff</p>	<p>Action Items Year 1: Implement PolicyTech, a new platform for policies and procedures. Review and update all policies and procedures. Completed Years 2-5: Evaluate gaps in policy/procedures. Implement a review cycle for all policies and procedures to be evaluated routinely. In Progress</p>
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Updates to Action Items

Year 1: Implement PolicyTech, a new platform for policies and procedures. Review and update all policies and procedures.
CFS implemented PolicyTech in a phased approach beginning in July 2024, with full implementation in October 2024.

Years 2-5: Evaluate gaps in policy/procedures. Implement a review cycle for all policies and procedures to be evaluated routinely
The CFS Policy Team tracks feedback on updates or gaps in policy provided by others, such as Central Office program staff and field staff/leadership. CFS has identified initial gaps in policy/procedures and is drafting policy for some of the identified areas. CFS has established a review cycle for all policies and procedures in which feedback will be incorporated as applicable. CFS is also working on an implementation plan for a comprehensive policy system that ensures compliance with regulatory bodies, provides guidance for field staff, and enhances service quality for families.

Goal #3: Improve the Safety, Permanency, and Well-being for Children and Youth

Rationale
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 assess the CFSR outcomes and systemic factors sufficiently. Addressing the identified data limitations will improve CFS’s ability to assess the CFSR outcomes and systemic factors further 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 implement strategies to enhance data collection and measurement for these items. 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.

Measures 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	Action Items Year 1: Conduct activities to complete a comprehensive review of the child welfare system. Completed Year 2: Utilize the results from the Statewide Assessment to inform the improvement plan.
Updates to Action Items <i>Year 1: Conduct activities to complete a comprehensive review of the child welfare system</i> Nebraska submitted its Statewide Assessment to the Children’s Bureau in March 2025.	
Objective Successfully conduct a State-Led CFSR	Action Items Year 1: Conduct activities to complete a quality CFSR. In Progress Year 2: Review the results of the CFSR and create an improvement plan. Years 3-5: Complete strategies in the improvement plan.
Updates to Action Items <i>Year 1: Conduct activities to complete a quality CFSR</i> CFS met all criteria for state-led CFSR reviews and received approval from the Children’s Bureau to conduct a state-led review in Round 4 of the CFSR. CFS completed the Round 4 CFSR Statewide Assessment and began utilizing information to identify barriers and develop strategies for improvement. Case reviews began in May 2025 and will continue through August 2025.	

Measure Progress

The state must report on the amount of progress made since the 2025-2029 CFSP submission to improve outcomes for children and families and to provide a more comprehensive, coordinated and effective child and family services continuum (45 CFR 1357.16(a)(1)).

States must cite relevant state and local data supporting the state’s assessment of the progress toward meeting each goal and objective of the 2025-2029 CFSP. States should include information on how the state’s QA/CQI system was utilized in determining and measuring progress (see Section B4).

Measures of progress may be stated in terms of improved performance on the CFSR statewide data indicators for safety and permanency, case review items, or other available data, and may reference data provided in the “Update on Assessment of Current Performance,” Section B2 of the 2026 APSR.

States using the CFSR Online Monitoring System (OMS) for case reviews are asked to describe the extent to which they use the range of reports available to assist in analysis of case review

results to understand case practice strengths and areas needing improvement, factors contributing to performance, and to monitor progress of improvement plans.

For information on progress made in improving child and family outcomes, *see Section II: Update to the Assessment of Current Performance in Improving Outcomes - Items 1-36 and Section IV: Quality Assurance System.*

Implementation & Program Supports

- Describe the state’s training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/CFSR goals and objectives since the submission of the 2025-2029 CFSP. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year (see 45 CFR 1357.16(a)(5)).
- Provide information on activities carried out since submission of the CFSP/APSR or planned for the upcoming fiscal year in the areas of research, evaluation, or management information systems in support of the goals and objectives in the CFSP. (See 45 CFR 1357.16(a)(5).)

To support the CFSP goals, Nebraska was involved in several training, technical assistance, capacity building, evaluation, and research activities. This information can be found throughout the APSR in *Section I: Update to Vision and Collaboration; Section II: Update to the Assessment of Current Performance in Improving Outcomes - Items 1-36; Section IV: Quality Assurance System; Section VI: Consultation and Coordination with Tribes; and Section VII: CAPTA State Plan Requirements and Updates.* The list below highlights some of the activities.

- CFS is working with the internal Procurement team to contract for a clear and comprehensive evaluation of Family Centered Treatment in compliance with the FFPSA. Once a contract has been executed and the vendor provides the Evaluation Plan, it will be submitted to the Children’s Bureau as part of the FFPSA 5-year plan submitted in early 2025.
- NEICE launched a new State and National Analytics Dashboard in May 2025. This dashboard is designed to provide access to comprehensive and up-to-date data from the ICPC, giving users tools for data analysis, visualization, and reporting. The goal is to enhance decision-making and foster greater transparency. States that are testing the dashboard are greatly enhancing this process. Nebraska participates in quarterly meetings designed to discuss how states feel the NEICE platform is working. These meetings are where enhancements are discussed and how changes can be initiated.

Section IV: Quality Assurance System

Building on information provided in the 2025-2029 CFSP, address the following in the 2026 APSR:

- Assess the progress in making planned enhancements in capacity to the state's current QA/CQI system.

- Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support QA/CQI and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing QA/CQI 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 OMS 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 QA/CQI processes. (Please see Appendix A of Technical Bulletin 12 for more information.)

In addition:

- If not already described in “Collaboration” in Section B1, describe how the QA/CQI process is being used to provide information to parents, families, youth, young adults, tribes, and other system partners to assist the state in system improvement efforts.
- If not already addressed in the “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in Section B3, describe how the QA/CQI system was used to review, update, and revise goals, objectives, and interventions.
- If not already addressed in “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in Section B3, describe how information generated or acquired as part the QA/CQI system or for specific projects was used to measure progress on achieving goals, objectives, and interventions.

CFS has a fully functional CQI system supporting the CFS Operations team. The CFS CQI system utilizes a team approach to improve performance, leading to better outcomes for children and families. The CQI system operates statewide in all jurisdictions where the services included in the CFSP are provided. The CQI system enables qualitative and quantitative data review processes, providing maximum insight and support to continually assess and improve case management practices and outcomes for children and families.

Current and Planned Enhancements

While CFS has a robust CQI system, there is always room for improvement. The CFS team continually assesses the state's CQI system's capacity and implements strategies for improvement. Below are current and planned strategies to enhance the state's CQI System.

Statewide Service Area CQI Process Enhancements

In 2024, CFS evaluated the ChildStat CQI model piloted in some of the Service areas and decided to try a different approach to CQI data reviews and discussions. The current CQI process includes monthly data review, root cause analysis, and development of strategies with CFS Administrators from the entire state during the ELT meetings. In addition to the monthly ELT meetings with Administrators, CFS also conducts CQI meetings/discussions within each of the five Service Areas throughout the State. The Service Area CQI discussion takes place quarterly. It includes a review of service area data, a discussion of root causes for areas needing improvement, and brainstorming and developing strategies for improvement.

Data Reporting and Utilization Enhancements

See *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 25* for information on Power BI.

Feedback Loop Enhancements

CFS believes feedback is one of the most important aspects of a successful CQI system. CFS continues to evaluate the utilization of feedback loops as part of the QA/CQI 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 helpful in assisting the state in system improvement efforts.

CFS continues to explore effective ways to engage parents, families, youth, foster parents, and system partners in CQI discussions. In the past 12 months, CFS engaged parents, youth, and other system partners in focus groups as part of the statewide assessment process. CFS started a CFSR Advisory committee with individuals representing various stakeholders, youth, and families.

Current Case Review Instrument

CFS conducts ongoing case reviews using the federal CFSR Onsite Review Instrument and the federal Online Monitoring System.

CFSR Case Review Capabilities to Conduct State-led CFSR Review

See *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 25* for details.

The *State's CFSR Round 4 Statewide Assessment Item C (pages 80-93)* provides additional details regarding Nebraska's CQI system, feedback loops, and utilization of the QA/CQI System to revise goals, objectives, and interventions.

Section V: Update on Service Descriptions

In the following section, states must provide an update on the services provided to support the vision, goals, and interventions identified in the 2025-2029 CFSP and how the services will continue to assist in achieving program goals.

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

- Briefly describe the services provided since the submission of the 2025-2029 CFSP, highlighting any changes or additions in services or program design for FY 2026 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)).

Report for each service: 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 in the CFS-101 form (Attachment B).

CFS has and will continue to utilize the Stephanie Tubbs Jones funding to ensure family support services and parenting time/supervised visitation are 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 to the 2025-2029 CFSP (pages 113 – 125)* for the service definitions. Approximately 2,700 individuals/families across the state received these services with the provided funding.

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

- Describe updates since the submission of the 2025-2029 CFSP on activities the state has undertaken or plans to take to support the families of children adopted from other countries, including provision of adoption and post-adoption supports (section 422(b)(11) of the Act).
- Report the number of children who were adopted from other countries and who entered into state custody in FY 2024 as a result of the disruption of a placement for adoption or the dissolution of an adoption. Also include information on the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution (section 422(b)(12) of the Act.)

CFS is not involved with families adopting internationally before the 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 AR services.

CFS continues to contract with the Nebraska Children's Home Society - Families Forever for post-adoption and guardianship support services. Families Forever serves international adoptive families when the family, CFS, or a community stakeholder refers them for support or training. 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. Families Forever assisted one family that adopted internationally in the 2024 calendar year; however, the child(ren) were not placed in state custody.

In October 2024, Families Forever held a Permanency Conference called Full Circle. CFS staff, CPAs, stakeholders, and adoptive/guardianship families could attend. The keynote and presentation included:

- Morning Keynote: Beneath the Mask: The Search for Identity
- Individualized Education Programs: What You Need to Know
- Understanding & Supporting Transracial Adoptees & Fosterers
- Nebraska Permanency Resource Responsibility Tool & Assistance
- Discovering My Identity
- Building an Adoptive Identity: Navigating the Journey to Self-Discovery
- Eternal Curiosity: Seeing Trauma Beyond the Behavior – Introduction to Trust-Based Relational Intervention
- Adoptee Panel
- Closing the Full Circle

CFS participates in the Nebraska Adoption Agency Association (NAAA), which includes members from Nebraska's licensed child-placing agencies that provide adoption services to domestic and international adoptive families. CFS shares NAAA events and resources with the CFS contracted child-placing agencies for foster and adoption care when appropriate. The NAAA provides training opportunities that CFS staff attend, covering all types of adoptions, including international. The NAAA is currently working on staff training specifically about kinship placement and adoptions for 2025.

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

- Describe activities the state has taken since submission of the 2025-2029 CFSP to reduce the length of time children under the age of five are in foster care without a permanent family.
- Describe the state's efforts in the past year to address the developmental needs of all vulnerable children under age five, including children in foster care and children served in a home- or community-based setting.

CFS plans to build upon the following successful approaches from the 2025-2029 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)

Information can be found in *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 29*, and in Nebraska's submission of the *2025-2029 FFPSA Plan*.

Mommy and Me Program

Information can be found in the *2025-2029 CFSP, Section IV: Services -Services for Children Under the Age of Five (page 71)* and *CF SR Round 4 Statewide Assessment (pages 124 & 139)*.

Early Development Network

The *2025-2029 CFSP, Section IV: Services -Services for Children Under the Age of Five (page 71)* and *CF SR Round 4 Statewide Assessment (page 149)* provide information.

Nebraska Resource Project for Vulnerable Young Children (NRPVYC)

NRPVC has been instrumental in providing training to clinicians, CFS staff, and the courts to better educate them about the needs of children ages 0-5. When they began in 2015, they had 317 individuals attend trainings and/or webinars. As of 2024, their outreach has expanded to a total of 21,273 (4,236 being in 2024).

Since 2015, NRPVYC has expanded its infant and early childhood mental health clinical training programs from one modality to five modalities as of 2024. These modalities are:

- Child-Parent Psychotherapy (FFPSA-approved evidence-based program)
- Integration of Working Models of Attachment into Parent-Child Interaction Therapy (PCIT) International (FFPSA-approved evidence-based program)

- Eye Movement Desensitization and Reprocessing (FFPSA-approved evidence-based program)
- DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Clinical Training

According to the NRPVYC 2024 Annual Report, in 2024, NRPVYC also created the Infant and Early Childhood Mental Health Community of Practice library to provide resources to IECHM clinicians.

Parent-Child Interaction Therapy

Information can be found in the *2025-2029 CFSP, Section IV: Services -Services for Children Under the Age of Five (page 72)* and *Nebraska's DHHS-Child and Family Service Array Continuum Attachment II to the 2025-2029 CFSP (Pages 123-124)*.

Child-Parent Psychotherapy

Information can be found in the *2025-2029 CFSP, Section IV: Services -Services for Children Under the Age of Five (page 72)* and *Nebraska's DHHS-Child and Family Service Array Continuum Attachment II to the 2025-2029 CFSP (Page 123)*.

Parents As Teachers

Information can be found in *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 29* and in Nebraska's submission of the *2025-2029 FFPSA Plan*.

Services for Pregnant and Parenting Teens

CFS entered into an agreement with Cedars Youth Services in early 2025 to develop a program that supports low-income youth under 20 years old who are pregnant and/or parenting and unable to live in their home of origin.

The program:

- At intake, the participant's competencies and skills will be assessed, and goals will be established based on the participant's identified needs.
- Provides trauma-informed services through a family partner.
- Engages and supports the development of skills necessary for self-sufficiency by helping participants establish the knowledge and abilities to access resources throughout their community while strengthening parenting skills and building a strong foundation for their families.
- Supports participants by identifying and connecting them with other positive supports to enhance social and emotional stability for successful independent living.

The program provides the following services:

- Supportive services that meet the participant's specific needs to support pregnant and/or parenting teens with income below 200% of the Federal Poverty Level.
- Concrete support for childcare services and parental support to maintain children within their homes. This includes support for providing goods and services such as cribs, car seats, maternity, and baby clothes (non-recurrent, short-term benefits). These supports,

goods, and services may only be approved/provided for up to 4 months within a 12-month timeframe.

- Parenting education, mentoring to the participants, and activities that strengthen families and provide healthy relationships and education for two and co-parenting families.
- Information and counseling regarding pregnancy, fetal development, childbirth, childcare, parenting, and adoption (initial appointments).

Services provided focus on the following topics:

- Financial literacy and budgeting
- Health and nutrition
- Employment readiness skills
- Child screening and assessment tools
- Childcare strategies and planning
- Parenting skills and child development
- Parenting curricula to improve parent and child outcomes
- Household management (including, but not limited to, meal planning, nutrition, laundry, household upkeep, and daily scheduling)
- Applying for Medicaid and/or other health insurance coverage
- Transportation needs and establishing a plan to meet those transportation needs

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

In the 2026 APSR:

- Provide an update on steps the state has taken to compile and report complete and accurate information on child maltreatment deaths to the National Child and Abuse and Neglect Data System (NCANDS), including gathering information on 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 APSR 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.
- Provide an update on steps 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, and the courts. Provide a copy or link to the state's plan, if available.

The State of Nebraska uses available resources to gather data for the National Child Abuse and Neglect Data System (NCANDS). Child deaths that may be attributed to abuse or neglect of the child 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 CAC
- Office of the Inspector General for Child Welfare
- Vital Statistics
- 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, reports from Vital Statistics, or reports compiled by the state's CDRT. Nebraska reports child fatalities to NCANDS in both the Child File and the Agency File. Nebraska 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 from what was initially reported due to the CDRT final report.

Nebraska Child Death Review Team (CDRT):

- State-level review team is comprised of 15 members who meet quarterly
- Retrospective process
- Purpose is prevention
 - Findings have influenced policy changes:
 - Graduated drivers licensing
 - 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
- Information is screened and organized by cause of death into eight discrete categories, with one overlapping category related to caretaker abuse or neglect
- Requests are made to hospitals, county attorneys, and other sources for records concerning the deaths of children
- Cause-specific workgroups review the deaths
 - The full CDRT reviews selected cases as needed
 - Complicated medical cases;
 - Child abuse and neglect; and
 - Any other cases that might benefit from a broader review.
- Reports are posted to the Nebraska CMDRT website <https://dhhs.ne.gov/Pages/Public-Health-Reports.aspx> under Public Health Reports:
 - Annual report based on unreviewed Vital Statistics data from death certificates
 - Comprehensive report based on CDRT reviews of deaths is produced approximately every two years

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 about the fatality resulting from maltreatment. CFS program staff review data from the N-FOCUS and compare it to Critical Incident (CI) reports and reports from Vital Statistics to ensure accurate information is reported to NCANDS.

Nebraska continues to explore ways to improve the tracking and reporting of deaths resulting from child maltreatment.

In March 2024, Nebraska DHHS instituted an expanded CI reporting protocol for the CFS CPS, the DPH Licensure Unit, and the Office of Juvenile Services, Youth Rehabilitation and Treatment Centers (YRTC). The updated CI Reporting form is comprehensive and standardized for all team members who are required to report CIs that fall within current policy criteria.

Nebraska CFS also partners with and participates in the CRP for severe injury and death/near-death incidents. Teams of internal and external members conduct systemic reviews of categories of injuries/near-death/death incidents to consider trends, reporting gaps, and recommendations for system improvement.

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

The MaryLee Allen Promoting Safe and Stable Families (PSSF) program provides flexible funding for community-based family support, family preservation, family reunification and adoption promotion and support services.

States are required to spend a significant portion (defined as approximately 20 percent) of their title IV-B, subpart 2 PSSF grant on each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services (section 432(a)(4) of the Act).

- Briefly describe the services provided since the submission of the 2025-2029 CFSP. Highlight any changes or additions in services or program design for FY 2026 and how the services have assisted or will assist in achieving program goals. Provide an update on 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 (45 CFR 1357.16(a)(4)).
- 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).
- If the state plans to spend less than 20 percent of its FY 2026 award in any of the four categories, provide the rationale in the 2026 APSR. In addition, if the state's expenditure of FY 2023 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2023; and 2) the rationale for the disproportion in the actual expenditure of FY 2023 grant funds.

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. The percentages below outline how CFS has allocated the PSSF funds:

Allocation of PSSF Funds	
Family Preservation Services	25%
Family Support Services	25%
Family Reunification Services	20%
Adoption Promotion and Support Services	20%
Administrative Costs	10%

As reported in Nebraska’s 2025 APSR, allocations for family preservation and support services had been increased in an effort to increase the number of families who can receive support and strengthen their families through Community Response, Central Navigation, and Support Services.

Family Preservation

CFS continues to provide a sub-award to NCFE 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.

Number of Participants Served through Community Response		
	2023-2024	2022-2023
Number of Participants Served Directly	14,280	13,228
Number of Children Served Directly	11,815	9,711
Number of Participating Staff	170	44
Number of Participating Organizations	260	154
Number of Communities in Statewide Evaluation	25	18

Source: Community Collaboratives Annual Report 2023-2024

Overall Summary of Participants Served Through Central Navigation		
	2023-2024	2022-2023
Number of Participants Served Directly	5,542	4,019
Number of Children Served Directly	9,913	5,856
Gender		
Male	1,866 (33.7%)	831 (21.6%)
Female	3,572 (64.5%)	2,962 (76.9%)
Other/Prefer not to say	104 (1.9%)	58 (1.5%)
Age		
Participants under 14 years	1,013 (18.3%)	-
Participants ages 14-18	754 (13.6%)	434 (11.2%)
Participants ages 19-26	1,260 (22.7%)	1,263 (32.6%)
Participants ages 27-40	1,399 (25.2%)	1,397 (36.1%)
Participants ages 41-60	870 (15.7%)	678 (17.5%)
Participants 61+	240 (4.3%)	101 (2.6%)
Not Reported/Missing	27 (<1%)	-

Disabilities		
Number of Participants with Disabilities Served	702 (12.7%)	637 (15.8%)
Number of Children with Disabilities Served	331 (8.3%)	467 (7.9%)
Number of Participants that Qualify for Public Assistance	2,346 (42.3%)	2,748 (68.4%)
Number of Participating Staff	170	44
Number of Participating Organizations	260	154

Source: Community Collaboratives Annual Report 2023-2024

Some of those engaging in Central Navigation may also choose to participate in coaching. According to the 2023-2024 Community Collaboratives Annual Report, 1,417 participants completed a pre-survey, and 293 completed the post-coaching survey to help evaluate the efficacy of coaching. Participants reported an increase in social connections, concrete support, resilience, and hope after participating in coaching. A satisfaction survey was also provided, with 94% of participants reporting they felt respected and valued.

Family Support Services

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

On July 1, 2024, NCFE led the implementation of transitioning the Community Collaboratives to a unified statewide platform called Find Help. This platform strengthens care coordination and collaboration across the state and streamlines processes related to the Family Support Services provided through NCFE, such as intake, assessment, referrals, goal setting, and distribution of support service funds.

Support Services

According to the NCFE Systemwide Efforts to Advance Community Well-Being (CWB) Report, over 3,276 requests for support service funds were approved. Over 75% of the requests focused on housing or utilities.

Support Service Funds Distributed from July to December 2024				
Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Housing	265	\$228,259.49	55.9%	\$861.36
Utilities	272	\$91,758.22	22.5%	\$337.35
Transportation	132	\$39,616.12	9.7%	\$300.12
Daily Living	61	\$14,716	3.6%	\$241.25
Mental Health	55	\$14,958.72	3.7%	\$271.98
Parenting	37	\$9,703.18	2.4%	\$262.25
Education	22	\$7,112.09	1.7%	\$323.28
Physical/Dental Health	4	\$1,177.72	0.3%	\$294.43

Employment	4	\$1,125.40	0.3%	\$281.35
Total	852	\$408,426.94	--	\$479.37

Item of note: *Participants and SSF reflected here include those served by all funding sources braided together to support the local prevention systems. This means public and private sources from NCFE, public funds directly from DHHS-CFS and other partners, and public and private funds raised by local prevention systems.*

Source: Community Collaboratives Progress Report July-December 2024

Support Service Funds Distributed in Prior Years				
Prior Years	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
2023-2024 Total	3,276	\$1,296,245.90	--	\$395.68
2022-2023 Total	4,466	\$2,087,819.97	--	\$467.49

Item of note: *Participants and SSF reflected here include those served by all funding sources braided together to support the local prevention systems. This means public and private sources from NCFE, public funds directly from DHHS-CFS and other partners, and public and private funds raised by local prevention systems.*

Source: Community Collaboratives Progress Report July-December 2024

Family Engagement

Central Navigation services focus on improving parent-child relationships/interactions, reducing parental stress, and increasing parental efficacy. PSSF funds continue to be used for the Circle of Security-Parenting (COS-P), PCIT, and Parents Interacting with Infants engagement programs.

Overall Summary of Participants Served Through COS-P		
	2023-2024	2022-2023
Number of Participants Served Directly	494	367
Number of Children Served Directly	1200	935
Gender		
Male	112 (22.7%)	92 (24.9%)
Female	330 (66.8%)	273 (74.0%)
Missing/ Not Reported	52 (10.5%)	4 (<1%)

Source: Community Collaboratives Annual Report 2023-2024

Family Reunification

CFS has utilized the PSSF to supplement the Kinship Navigator program across Nebraska. Additional information regarding the Kinship Navigator program can be found in *Section V: Update on Service Descriptions - Kinship Navigator*.

Adoption Promotion and Support Services

CFS continues to utilize the PSSF-Adoption funds to help support the NFAPA for the following activities:

- Management of the statewide foster parent inquiry phone line
- Distribution of packets to those who inquire about becoming a foster or adoptive parent
- Social media outreach

- Production and statewide distribution of a bi-monthly newsletter for foster and adoptive parents
- Training in all service areas for foster and adoptive parents
- Mentoring services for foster and adoptive parents in all service areas
- Training for foster parents who are planning to adopt
- Provision of feedback surveys from training and mentoring services

NFAPA also includes information on which CFS-contracted CPAs offer services in specific areas of the state. Throughout 2024, NFAPA provided support groups for foster and adoptive parents.

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

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.

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

In the 2025-2029 CFSP, states were required to 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. In the APSR, provide an update.

State-Level Data

The chart below is updated to include removal reasons for calendar years 2022, 2023, and 2024. Children enter care for many reasons; however, neglect remains the most common reason for children entering out-of-home care in Nebraska. Substantiation rates tend to be lower for neglect, as it tends to be more difficult to substantiate. Law Enforcement tends to be the largest percentage of removals in the Nebraska system, so our substantiation and removal rates do differ. The data is similar for both children served in-home and in the community in that more are receiving services for neglect than abuse/other categories. The top reasons have remained steady over the last five years; however, fluctuation in percentages has resulted in the reasons moving up or down from their current spots. Neglect remains the highest reason by far.

Removal Reasons			
Reasons/Conditions	CY 2022	CY 2023	CY 2024
Neglect (alleged/reported)	56.15%	50.03%	54.92%
Drug Abuse (Parent/Caretaker)	19.87%	18.37%	17.41%
Physical Abuse (alleged/reported)	15.53%	13.08%	12.38%
Child's Behavior Problem	9.03%	10.05%	8.89%
Domestic Violence	9.08%	9.31%	8.85%

Alcohol Abuse (Parent/Caretaker)	9.03%	5.76%	5.74%
Incarceration of Parent(s)/Caretaker(s)	8.74%	5.55%	6.40%
Inadequate Housing	9.72%	4.34%	4.42%
Abandonment	4.15%	5.13%	4.00%
Sexual Abuse (alleged/reported)	5.86%	3.04%	3.53%
Homelessness	2.88%	3.30%	2.16%
Education Neglect	1.42%	2.83%	2.07%
Medical Neglect	1.86%	1.99%	2.26%
Prenatal Drug Exposure	1.90%	1.73%	1.46%
Mentally Ill and Dangerous (child)	1.42%	1.47%	1.13%

*Source: N-FOCUS database

In 2024, CFS began directly contracting with the 23 Community Collaboratives that make up the Bring Up Nebraska network and feed into the Community Well-being model and data reporting. These contracts intend to increase capacity across the state to provide access to families and communities before there is a need for CFS intervention, focusing on factors related to neglect, navigation, and coaching.

Please see the *2025 APSR, Section IV. Final Update/Report on Service Description - Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act) (pages 115 – 118)* and the *2025-2029 CFSP, Section IV: Services -Populations at Greatest Risk of Maltreatment (section 432(a) (10) of the Act) (pages 78-79)* for active strategies and programs focused on the top reasons for removal.

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

State Wards aged 0-5 with a Parent who was a Nebraska State Ward 1998 - December 2024		
Service Area	0-5 Wards Parent was a Ward	Percent of Total Wards
Central	87	53.05%
Eastern	211	41.29%
Northern	77	39.29%
Southeast	128	54.94%
Western	63	42.57%
Grand Total	566	45.21%

*Point-in-time data from N-FOCUS

Community Level Data

The 2024 CWB Report outlines specific community-level data and resources supporting targeted communities and identifies gaps. Through the CWB networks and Bring Up Nebraska Collaboratives, the NCFE dispersed over \$1 million in Support Service Funds across the state. Support Service Funds include a combination of PSSF, private dollars, and CFS sub-awards with NCFE. Housing and utilities continue to be the highest requested support needs.

The following table details how the Support Services Funds were spent through the Bring Up Nebraska collaborative efforts. This data gives insight into populations at risk and gaps that the funds help to fill. As noted in the footnote, the amounts are much lower this year, given the reduction and ending of federal CARES Act funds.

Support Service Funds Distributed in 2023-2024				
Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Daily Living	279	\$43,702.67	3.40%	\$156.64
Education	47	\$15,392.37	1.20%	\$327.50
Employment	31	\$2,546.44	0.20%	\$82.14
Housing	1,313	\$751,669.28	58.00%	\$619.68
Mental Health	229	\$62,725.16	4.8%	\$273.91
Parenting	124	\$40,316.05	3.10%	\$325.13
Physical/Dental/Health	22	\$5,900.28	0.50%	\$268.19
Transportation	421	\$107,265.44	8.30%	\$254.79
Utilities	839	\$246,040.86	19.00%	\$293.25
Other	71	\$20,687.35	1.60%	\$291.37
2023-2024 Total	3,276	\$1,296,245.90	-	\$395.68
2022-2023 Total	4,466	\$2,087,819.97	-	\$467.49
2021-2022 Total	4,395	\$2,100,325.65	-	\$477.89
2020-2021 Total	5,006	\$2,585,460.72**	-	\$413.44
<i>** This amount includes federal CARES Act funding that was distributed to communities in 2020- 2021. Caution is required when comparing these funds to prior years.</i>				

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

In the 2026 APSR provide an update on:

- How the kinship navigator program is being implemented (directly or under contract to a third party).
- How the state has used FY 2024 title IV-B, subpart 2 funds to implement or evaluate its kinship navigator program.
- How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website); and
- If available, an estimate of families served through the state’s kinship navigator program in the past year.
- Information on the state’s plans for participating in the title IV-E kinship navigator program.

Nebraska continues to expand capacity and seek additional funding sources to ensure statewide access to the Kinship Navigator program through its two sub-awardees, LFS and Nebraska Children's Home Society (NCHS). Nebraska provides Kinship Navigator to non-child welfare involved families and kin caregivers. The PSSF has been an instrumental funding source for the program's sustainability. In November 2024, ACF awarded CFS Title IV-E funds to utilize for the program's service costs.

During the July 2024 - September 2024 quarter, LFS reported that they and NCHS collaborated on programmatic obstacles, accomplishments, and the overall implementation of the Kinship model. There was a discussion of continuing quarterly meetings to help each agency meet its needs.

LFS reported during quarter 1 of the 2024-2025 FFY that the centralized referral email address is proving to be successful in streamlining referrals and providing a smooth transition to a Kinship Navigator. Kinship caregivers are made aware of the program and resources through various schools, organizations, and agency events in their communities.

NCHS reported that during quarter 1 of the 2024-2025 FFY, they continued their partnership with community collaboratives across Nebraska and other community meetings that shared resources and networked for families' benefit. Outreach is provided through various means and has helped increase connections that have yielded referrals to the program, resources for families, and connections to other resources/agencies.

During Quarters 2, 3, and 4 of the 2023-2024 FFY, 37 families completed the intake process and began receiving formal case management services with LFS. During those same quarters, a total of 151 families were served. During the first quarter of the 2024-2025 FFY, 7 families completed the intake process and began receiving formal case management services with LFS. A total of 43 unduplicated families were served during Quarter 1.

During the 2023-2024 FFY, NCHS served 304 adults and 130 children through the Kinship Navigator Program. During the first two quarters of the 2024-2025 FFY, 27 new families were served, and 75 adults and 107 children were receiving Kinship Navigator services.

Monthly Caseworker Visit Formula Grants

In the 2026 APSR, report on:

- How the Monthly Caseworker Visit Grant has been used in the past year to improve the quality of caseworker visits; and
- Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.

In 2024, the Monthly Caseworker Visit Formula Grants were utilized to improve the quality of caseworker visits through funding staff training opportunities, educational and recreational

supplies used by CFSS, staff retention items, and the purchase of items such as car seats and pack-n-plays to assist CFSS and families.

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 Standard Operating Procedure that outlines the frequency, topics to be covered, and documentation of CFSS visits for children placed in foster care. CFS also uses data reports and implementation of SOPs as strategies to address the frequency and quality of visits.

Progress Reporting for other Grants and Requirements Coordinated through the *2025 APSR, Section IV: Final Update/Report on Service Description (pages 120-121)* and the *2025-2029 CFSP, Section IV: Services - Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits (page 80)*

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

In the 2026 APSR, describe:

- How the state used Adoption and Legal Guardianship Incentive Payment funds in the past year;
- Services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2026.
- Any changes, issues, or challenges the state has encountered to the plan outlined in the 2025-2029 CFSP for timely expenditure of the funds.

CFS continues to utilize the Adoption and Legal Guardianship Incentive Payment funds to provide resources and supports similar to past years. Thus far, funds spent for FY24 include the following:

- Purchasing national criminal history background checks for fingerprinting foster and adoptive parents.
 - Membership dues allow active participation in the APHSA-AAICPC, which includes development and training opportunities through national conference attendance.
- Active membership on Ancestry.com to assist adoptees in locating and connecting with birth families.
- Membership dues for all active participation in the NAAA.
- Financial assistance to adoptive homes to provide for the needs of their adoptive children.
- Assistance for staff to attend specific permanency-focused trainings like the Family Rising Conference.

CFS intends to utilize Adoption and Legal Guardianship Incentive Payment funds to continue funding the aforementioned activities. In addition, CFS doesn't expect any changes or issues with the timely expenditure of the funds.

Adoption Savings

In the 2026 APSR:

- Provide an update on services the state provided to children and families using Adoption Savings since the submission of the 2025-2029 CFSP.
- Describe services the state expects to provide to children and families using Adoption Savings over the next year.
- Provide an estimated timetable for spending any unused savings calculated for previous years.
- Discuss any challenges the state agency has experienced in accessing and spending the funds and how the state is addressing these challenges.
- All title IV-E agencies previously notified CB of the methodology they are using to calculate Adoption Savings. If the state wishes to make changes in its Adoption Savings methodology, complete and submit the Adoption Savings Methodology form at ACYF-CB-PI-19-02 Attachment E and return it with the 2026 APSR.

CFS uses the Adoption Savings funds to provide respite care services to adoptive families. CFS intends to continue to utilize the Adoption Savings funds in this manner over the next year.

CFS also utilizes this funding to provide post-adoption services via Permanency Support Specialists, who assist adoptive families in identifying informal or formal individuals who can provide respite care. Post-adoption services have a network of formal respite providers across the state, but some regions have limited formal respite care options available. Nebraska continues to work to identify individuals willing and able to provide respite care for adoptive families.

CFS has not had any unused savings in previous years and does not anticipate any challenges in the future. CFS does not wish to make any changes to the methodology for Adoption Savings funds, and CFS does not expect changes in the future.

Family First Prevention Services Act Transition Grants

In the 2026 APSR, each state must report the following information on its use of FFPSA Transition Grants for the final time:

- If applicable, how FFPSA Transition Grant funds have been used to implement each part of FFPSA, with a separate statement with respect to each such part;
- All programs, services, and operational costs for which the grant has been used;
- The characteristics of the families and children served;
- For states that previously operated a title IV-E waiver demonstration under the authority of section 1130 of the Act, the amounts, if any, the agency has used to continue activities previously funded under a waiver, and
 - the agency's plan to transition the activities so that needed activities can be provided under the agency's title IV-E plan; or,
 - if expenditures for the activities would not be eligible for payment under title IV-E the reason for it not being eligible and the funding sources the agency plans to use to cover the costs of needed activities.
- The plan to fully obligate funds by September 30, 2025.

Nebraska has not used the FFPSA Transition Grant to continue activities under the authority of section 1130 of the Act. CFS has utilized and/or obligated the Grant to further implementation of

the prevention and kinship navigator provisions in FFPSA. This is done in an effort to prevent children and families from entering the child welfare system and/or, if within a CFS child welfare case, from entering the foster care system:

- Start-up/initial training costs for providers intending to provide Parent-Child Interaction Therapy, PAT, and FTC to children defined as “candidates for foster care” as approved in Nebraska’s FFPSA Plan.
- Start-up costs for the expansion of the Kinship Navigator program.
- Technical assistance to selected contracted providers of FCT by the FCT Foundation, to ensure a successful start-up in the first year of FCT implementation.
- Technical assistance by Chapin Hall, including Gap/Needs Analysis, Readiness Assessment, and formal evaluation of FFPSA-approved EBPs in Nebraska’s Plan.
- Service delivery cost for contracted FFPSA EBPs approved in Nebraska’s FFPSA Plan.

Along with the above, CFS’s plan to fully obligate the FFPSA Transition Grant includes the following:

- Provide funding via amended service delivery contracts for concrete supports and goods for families involved in an EBP in Nebraska’s approved FFPSA Plan who are at risk of entering the child welfare system further or entering the child welfare system when no other payor source is available.
- Costs for formal evaluation of non- well-supported EBPs in Nebraska’s subsequent FFPSA Plan. CFS is currently in the process of procuring a vendor to conduct the evaluation.
- Motivational Interviewing training for up to 100 community partners.

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

In the 2026 APSR, each state receiving a Funding Certainty Grant must report on:

- If applicable, how Funding Certainty Grant funds have been used to implement each part of FFPSA, with a separate statement with respect to each such part;
- All programs, services, and operational costs for which the grant has been used;
- The characteristics of the families and children served;
- The amounts, if any, the agency has used to continue activities previously funded under a waiver and
 - the agency’s plan to transition the activities so that needed activities can be provided under the agency’s title IV-E plan; or,
 - if expenditures for the activities would not be eligible for payment under title IV-E the reason for it not being eligible and the funding sources the agency plans to use to cover the costs of needed activities.
- The plan to fully obligate funds by September 30, 2025.

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

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

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program), provides flexible funding for services and supports to:

- Youth/ young adults in foster care, ages 14 and older;
- Young people who have aged out of foster care and not attained 21 years of age (or 23 years of age in jurisdictions that have exercised that option);
- Youth who left foster care through adoption or guardianship at age 16 or older; and
- Youth likely to remain in foster care until age 18 by ensuring opportunities to participate in age or developmentally-appropriate activities.

In the 2026 APSR:

Description of Program Design and Delivery (section 477(b)(2)(A) of the Act)

- Briefly describe the services provided since the submission of the 2025-2029 CFSP, highlighting any changes or additions in services or program design for FY 2026. Describe how the services have assisted or will assist in achieving program goals (45 CFR1357.16(a)(4)).3
- Provide an update on how the state has involved youth/young adults in the implementation of the Chafee plan and services.
- Describe how the state, in consultation with youth/young adults and other community partners, is sharing and using data from the National Youth in Transition Database (NYTD) to improve service delivery. (See data collection requirements at section 477(f) of the Act.)

CFS administers the Chafee Foster Care Independence Program (CFCIP). CFS is responsible for transitional planning for youth ages 14-19 in the custody of DHHS and out-of-home care, ensuring youth have the support they need as they transition into adulthood. The B2i Program is intended for young adults ages 19-21. However, tribal youth can enter B2i at the age of 18 if their tribal code ends juvenile jurisdiction at the age of 18. B2i is required by state law to provide foster care services and support to young adults who are aging out of foster care or leaving foster care through independent living, guardianship, or adoption. The state statute allows for extending guardianship and adoption assistance.

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

CFS contracts with NCFE to achieve program goals and deliver Chafee-related services to young people across Nebraska. Together with NCFE, private donors, and DHHS, Nebraska has created a statewide CYI, an overarching older youth and young adult system that provides services and supports to youth and young adults between the ages of 14-26. The partnership focuses on

quality youth and young adult services, highlighting prevention and enhancing a young person's transition into adulthood.

Nebraska has continued to involve youth/young adults in the implementation of the Chafee plan and services in the following ways:

Youth Leadership

Since 2014, seven youth councils across Nebraska have been established in partnership with NCFE and CFS. These councils bring young people together to encourage leadership and advocacy for system change. Young adult leadership and engagement aim to provide young people with opportunities to build social connections, develop leadership skills and competencies, and advocate for system change.

In 2024, 177 youth and young adults accessed youth leadership opportunities, with over three-quarters of young adults accessing opportunities through their local chapter. Additionally, 126 different young leadership activities were offered in the past year, with the vast majority occurring at the local chapter level. Every month, NCFE sends notifications to young people about youth voice opportunities.

Drivers Education Funding

In the last twelve months, 105 applications for driver's education funding were approved for youth actively participating in Chafee coaching and other Chafee-eligible youth across Nebraska who are not involved in coaching.

For more detailed information, please refer to the *Chafee Semi-Annual Report 2025 (Attachment III)*, the *CYI EOY Report 2023-2024 (Attachment IV)*, and the *2025-2029 CFSP, Section IV: Services - Description of Program Design and Delivery (pages 81-86)*.

Youth and Young Adult Involvement in Chafee Planning

CFS values the collaborative efforts of youth with lived experience and recognizes young adults (later referred to collectively as young people) as experts who can inform the Chafee system and service improvements. CYI chapters enable community stakeholders to learn from young people and encourage them to find their place in their community through networking and connections. Youth voice opportunities have been increased to 19 forums, providing valuable feedback regarding lived experience, policy, and legislative change recommendations. Forums include committees focusing on important issues facing young people, including homelessness, healthcare, juvenile justice issues, pregnancy and parenting, court improvements, racial inequalities, and Indian Child Welfare. The following forums provide direct feedback from young people to CFS.

- NCFE Local YAB: CFS attends meetings frequently to discuss current policy needs and topics that youth and young adults want to bring to CFS's awareness.
- Project Everlast CRP: The CRP provides an annual report that includes recommendations on how to strengthen Chafee's services. The *Young Adults CRP Report FY 23-24 (Attachment IV)* provides complete details of the recommendations.
- B2i Advisory Committee: This is a statewide advisory committee for the Nebraska Extension of Foster Care Program.

- Strengthening Families Act Committee: The statewide committee focuses on the provisions of the Strengthening Families Act.

In 2024, the following opportunities have allowed young people to provide feedback and share their voices about Chafee and older youth programming beyond the local level. Detailed information about each can be found in the attached *Chafee Semi-Annual Report 2025 (Attachment III)* and the *CYI EOY Report 2023-2024 (Attachment IV)*.

- LEAP Fellow Alumni Network
- Jim Casey Fellow
- Nebraska Appleseed Child Welfare Youth Fellow
- AECF Narrative Change Initiative
- Legislative Days 2024

Sharing National Youth in Transition Data

The National Youth in Transition Database (NYTD) data is utilized to enhance practices and improve programmatic services for older youth and young adults preparing to transition into adulthood or who have already done so.

CFS accesses the NYTD reports and utilizes the data to ensure young adults are also connected with community support and service coordination. CFS values NYTD data as a crucial resource for enhancing service delivery, refining program objectives, and collaborating with system partners and stakeholders.

The following chart outlines NYTD responses from the last two 21-year-old cohorts (2021 and 2024) by those enrolled in B2i and those not participating in B2i.

NYTD Survey Questions 2021 and 2024 Cohorts of 21-year-olds Comparisons				
	Enrolled in B2i 2021 (n=59)	Not Enrolled in B2i 2021 (n=53)	Enrolled in B2i 2024 (n=51)	Not Enrolled in B2i 2024 (n=60)
Employed Full-Time?	49%	23%	47%	33%
Employed Part-Time?	36%	26%	37%	25%
In the past year, completed an internship or on-the-job training?	15%	23%	22%	13%
Currently disabled?	12%	62%	2%	70%
Using a scholarship, voucher, or student loan for educational expenses?	24%	11%	22%	2%
Currently receiving significant financial resources or support from another source?	22%	17%	41%	17%
Graduated from High School or GED?	85%	68%	78%	65%
Enrolled in or attending GED, college, or vocational training?	31%	23%	24%	12%

At least one adult in your life to whom you go for advice?	95%	100%	96%	95%
In the past 2 years, have you been homeless?	12%	25%	16%	27%
In the past 2 years, have you been referred to alcohol or drug abuse treatment?	8%	13%	4%	7%
In the past 2 years, have you been confined to jail?	14%	25%	8%	32%
In the past 2 years, have you had children?	24%	23%	14%	25%
Currently on Medicaid?	93%	75%	92%	72%
Have other health insurance?	5%	11%	8%	13%
Currently receiving public food assistance?	20%	32%	29%	4%
Receive housing assistance?	20%	17%	14%	2%

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.

The *2025-2029 CFSP, Section IV: Services - Description of Program Design and Delivery (pages 84-86)* provides additional information about NYTD in Nebraska.

Serving Youth/Young Adults Across the State (section 477(b)(2)(B) of the Act)

- Provide an update on 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.
- 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).

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. The *2025-2029 CFSP, Section IV: Services - Description of Program Design and Delivery (page 85)* provides more information.

CFS works directly with federally recognized tribes, which will be described in more detail in *Section VI: Consultation between States and Tribes*. Refer to the *2024 Collaborative Report (Attachment VII)*.

Young people currently in foster care, extended foster care, or who have exited care from other states and live in or move to Nebraska may be referred to or self-refer to Chafee services in Nebraska, including Education and Training Vouchers (ETV). The CFS Independent Living Program Specialist contacts 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. More

information can be found in the 2025-2029 CFSP, Section IV: Services -Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act) (Page 91).

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

- Provide an update on how youth/young adults of various ages and at various stages of achieving independence are to be served.

For youth and young adults referred to CYI, the following CYI core services will continue to be offered: Complete details of core services can be located in the *Chafee Design and Delivery* later in this section.

- Central Navigation
- Financial Well-Being
- Coaching
- Youth and Young Adult Leadership
- Youth Support Services Funding
- Drivers Education Funding

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

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

- Provide a short update on how the state involves the public and private sectors in helping youth in foster care achieve independence.

Housing Supports

CFS and NCFE work closely with several CoC providers, including Lincoln, Omaha Metro, and the Balance of State (BoS), which is rural Nebraska. The most significant barrier young people face is the availability and affordability of housing and landlords willing to accept U.S. Department of Housing and Urban Development (HUD) vouchers. Coordinated efforts and collaborative partnerships at the state level include the Department of Education, Office of Probation, the Nebraska Commission on Housing and Homelessness, Nebraska Housing Authorities, Homeless Shelters, and Transitional Living Programs.

In 2024, \$8.5 million was awarded to the Omaha area for YDHP for the next three years, with the first year being a planning phase year.

Nebraska is fortunate to have the entire state funded through the YHDP grant, ensuring that young adults under the age of 24 who are homeless, couch surfing, fleeing violence, or at imminent risk of homelessness receive essential housing supports. The following charts demonstrate the need for housing support and achievements across Lincoln and rural Nebraska.

**Youth Homeless Demonstration Grant
October 2023- September 2024**

Program	Number of Chafee Young People Served
Balance of State	299
Lincoln, Nebraska	148

Youth Homeless Demonstration Program Coaching	
	Outcomes
Reported having personal and community supports	100%
Reported employment while participating	48%
Reported being edenrolled in an educational setting	57%
Reported an increase in their income from entry to exit of YHDP	54%
Reported having one or more sources of health insurance	78%

In 2022, the Legislative session passed LB 1014, which included the American Rescue Plan 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, two programs, located in Blair and Lincoln, were awarded funding through December 31, 2024.

- This transitional program was no longer sustainable after December 31, 2024, and is no longer available. During the program implementation, Cedars served nine young adults. Throughout programming, young adults saved money and participated in workshops, including resume writing, wellness, RentWise, and employment interview skills.

In 2023, CFS established a new child welfare contract with Cedars Youth Services to provide a semi-supervised independent living setting. Due to the program's success, Cedars opened a newly constructed building, the Carriage House, in 2024, increasing capacity from two to eight youth, two full-time case managers, and one education specialist for transitional support.

In June 2024, HUD awarded Nebraska \$1.3 million for the Youth Homeless System Improvement Grant. This grant aims to fund projects that enhance systems serving unhoused young adults by increasing coordination and ensuring greater representation of youth with lived experience. The twenty partnerships involved have identified the following desired outcomes:

- An active and empowered Youth Action Board for every region in Nebraska.
- A statewide Youth Action Board.
- Quarterly system-wide parent meetings and newsletters.
- An annual Youth Homeless System Improvement Conference.
- A Youth Homeless Annual Report.
- A needs assessment and equity analysis for all CoCs and tribal communities.
- A resource manual.
- Improved housing outcomes for youth experiencing homelessness.

The Foster Youth Towards Independence (FYI) Voucher Program is a program initiated by the 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 a Memoranda of Understanding with NCFE, 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. Please refer to the *Chafee Semi-Annual Report 2025 (Attachment III)*.

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

- Describe any change since the submission of the 2025-2029 CFSP, in the states' objective criteria for determining eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients.

A legislative bill, effective January 1, 2025, expanded the B2i program to serve young adults involved with the Office of Probation Administration (Probation). For youth served through Probation 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 criteria:

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

CFS is working collaboratively with Probation to coordinate and seamlessly transfer the new population into B2i. Since the expansion of the B2i program to Probation youth, five youth have chosen to participate. Modifications to N-FOCUS will be able to differentiate between CFS and Probation youth in B2i to ensure that B2i can provide more targeted support to each group, helping them achieve their goals.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

States are required to consult with each Indian tribe located in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. The required information is outlined in the following section B6, "Consultation and Coordination Between States and Tribes."

CFS continues to hold quarterly meetings with all three federally recognized tribes, the Winnebago, Santee, and Omaha, focused on enhancing Chafee programming and utilizing B2i. The meetings provide an opportunity for the B2i Program Specialist and the Indian Child Welfare Act (ICWA) Program Specialist to collaborate with Tribal CFS staff on transitional planning, which has proven to be valuable in discussing Chafee funding, CYI services and support, housing opportunities, and B2i. This information can be found in the 2025 – 2029 CFSP, *Section V: Consultation and Coordination Between States and Tribes (page 103)*.

CFS currently serves children from the Ponca Tribe of Nebraska through ICWA cases managed by CFS Case Managers who receive staffing with the B2i Program Specialist and B2i team at 18 1/2. Additionally, they also have the opportunity to request special staffing from the Central Office if necessary due to the child's unique circumstances, the need for placement, or services to meet the child's needs. Therefore, they are not included in the quarterly meetings with the other 3 tribes.

ETV Program

In the 2026 APSR, states must:

- Briefly describe the services provided since the submission of the 2025-2029 CFSP, highlighting any changes or additions in services or program design for FY 2026. Describe how the services have assisted or will assist in establishing, expanding, or strengthening program goals (45 CFR 1357.16(a)(4)).
- If applicable, explain any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.
- Use Attachment C of this PI to provide information on the number of youth/young adults (unduplicated count) who received ETV awards from July 1, 2023 through June 30, 2024 (the 2023-2024 school year) and July 1, 2024 through June 30, 2025 (the 2024-2025 school year). States may estimate a total if they do not have the total number for the 2024-2025 school year.

Nebraska continues to administer the ETV program through a statewide sub-award with NCCF, which directly contracts with Central Plains for service delivery. Central Plains provides coaching across the state, which allows a seamless process and admission into ETV as coaches become aware of young people who may want to continue their education. Central Plains uses a Client Trax database to document and track the unduplicated number of young people involved with ETV.

Please refer to the *2025-2029 CFSP, Section IV: Services - Education and Training Vouchers (ETV) Program (section 477(i) of the Act) (pages 96-98)* for more detailed information regarding the collaborative relationship between CFS, NCCF, and Central Plains for the provision of ETV. No significant changes have occurred in how the ETV program is administered. Additional services or programs available to young adults in Nebraska include the following:

The Registered Apprenticeship Program (RAP)

This program continues at three community colleges in Nebraska. RAP follows the “earn while you learn” model, which provides apprentices the opportunity to further their education and skills development while supporting themselves through employment. Upon graduating with an Associate of Applied Science degree, the apprentices commit to working for their respective companies for two years. This multi-network registered apprenticeship coalition will serve 59 counties, or half of the state’s population. Apprenticeship programs such as RAP are ideal for many ETV participants by offering them the opportunity to gain career skills while simultaneously earning income and advancing their education, which is often a necessity for ETV students.

UNL's Office of Student Advocacy and Support (OSAS)

Central Plains coaches have reached out to establish connections with the new Director of Student Advocacy and Support at UNL to learn more about how our students could utilize these services. OSAS's focus is to collaborate with campus and community partners to support the safety, health, and well-being of students experiencing personal hardships and/or health-related concerns or emergencies. OSAS is a helpful resource, as many students often face hardships that can create challenges with their academics.

Southeast Community College Academic Outreach Coach

This is a resource created for marginalized students. This new role has been beneficial to our ETV staff and students in supporting prospective and current students. The Academic Outreach Coach works one-on-one with students to get them connected with the admissions process, campus tours, financial aid, scholarships, course selection, and tutoring. They provide meaningful academic support and connect students to the various resources on campus while also working hard to establish relationships off campus to widen the resources available for students.

University of Nebraska – Omaha (UNO) Office of Hardship and Resilience

This office has been eager to continue to partner with the CYI and the Central Plains Center for Services. The mission of this new office is to provide support and empowerment using trauma-informed practices for students who have experienced foster care or juvenile justice, have incarcerated parents, or are pregnant/parenting. This partnership is a remarkable benefit in mutual problem solving and shared responsibility for safety and permanence, and can strengthen the capacity to serve UNO students better. This is a positive step towards a shared vision and community commitment to helping youth with foster care experience.

Vice-Chancellor for Student Affairs and Risk Management with the Nebraska State College System

This relationship with Central Plains is vital to increasing the number of ETV students who consider and attend one of Nebraska's state colleges (Wayne State College, Peru State College, and Chadron State College) and building on the services and supports for ETV students attending state colleges. Establishing a strong partnership with Nebraska state colleges is essential for ETV students who reside in parts of the nearly 76,000 square miles of rural Nebraska. State colleges offer a very affordable education, along with a large variety of majors and degrees, while offering smaller class sizes and more individual attention than public universities.

Registered Student Organization (RSO) at UNL

The RSO provides opportunities for students and other members of the college or university to explore their academic, professional, political, social, recreational, artistic, cultural, spiritual, or community service interests. The newly created RSO at UNL, Fostering Success, has been initiated by ETV students under the direction of Nebraska's ETV contractor, Central Plains Center for Services. The program is for students with foster care experience or who are unconnected from positive adult supports. This RSO is a youth-led initiative to create space, visibility, and support for these students. The focus is to develop community leadership,

advocacy, and scholarships for those involved, resulting in higher rates of connection, involvement, and student success.

Coordination with Education, Training, and other College Success Programs

Central Plains is collaborating with the Nebraska College Preparatory Academy to identify and co-support eligible students. This growing partnership has been and will be mutually beneficial.

The Metropolitan Community College (MCC) Digital Express Center is a community space where students can come together to access technology via MCC. It is located at the Fort Omaha Campus and offers a wide range of services to college students, including ETV students. Over the last few months, ETV students have accessed the following services through the Digital Express Center: Technology checkout and support, low-cost technology repair, meeting rooms, family rooms, printing, faxing, and scanning. The Digital Express Center is an ideal space for students to connect and where ETV Scholarship Coordinators and Central Plains Coaches can meet with students and/or MCC staff.

Coordination Between ETV and Community-Based College Success Programs

Education Quest: The ETV Program has historically worked very closely with Education Quest, a free college planning organization that covers the entire state of Nebraska. Education Quest is a nonprofit organization with a mission to improve access to higher education in Nebraska. It fulfills its mission through free college planning services, outreach services, need-based scholarship programs, and college access grants.

Learn and Earn to Achieve Potential (LEAP): The Annie E Casey Foundation, along with other generous funders, has partnered with NCFE to bring the LEAP program to Nebraska. In turn, the NCFE has subcontracted with Nebraska's ETV contractor, Central Plains Center for Services, to provide this critical service.

The Nebraska ETV Program draws on best practices of the Youth and Families Thrive™ Framework and Trauma-Informed Care to support healthy youth development and well-being, to reduce the impact of negative life experiences. This is accomplished by implementing an older youth educational coaching model that includes personal, emotional, and academic supports based on the Back on Track™ framework. This framework is used across the state by ETV Scholarship Coordinators and Coaches to ensure students across the state get consistent support related to their individual education and career pathways. These key components include:

- Provide a post-secondary bridging framework for youth that includes programs and strategies to ensure youth receive appropriate developmental courses, post-secondary success strategies, supported first experiences in post-secondary education or training, support dual enrollment, personalized guidance, and career coaching.
- Provide post-secondary first-year supports framework for youth to earn first-year post-secondary credits that are predictive of completion. This framework may include strategies to monitor youth success, connect youth to campus resources and networks, provide plans, help youth increase independence, and help youth build attachment to post-secondary education.
- Facilitate connections, integration, and support from Nebraska School Districts and Post-Secondary Institutions in Nebraska.

- Host student peer connection opportunities and facilitate youth connections to social networks and groups.
- Ensure youth have access to and are referred to financial education and money management techniques through a streamlined referral system with the Central Plains Center for Services and Family Housing Advisory Services Opportunity Passport programs.
- Provide connections for funds for youth that will help remove barriers to education and employment.

Back on Track first-year support includes:

- Streamlined academic advising on college campuses and a common core of instructors
- Regular contact with youth during 1st year of post-secondary courses
- Cohort meetings, study halls, and social events
- Support in all life domains
- Referrals to other support services as needed

See *Annual Reporting of Education and Training Vouchers Awarded (Attachment C)* for information on the number of youth/young adults who received ETV awards.

Chafee Training

In the 2025-2029 CFSP, states provided information on specific training planned for FYs 2025-2029 in support of the goals and objectives of the Chafee plan.

If applicable, provide an update on the training the state is providing in support of the goals and objectives of the states' Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand their opportunity to promote and assist youth in the transition to adulthood, consistent with section 477(b)(3)(D) of the Act. Please note that such training should be incorporated into the title IV-E/IV-B training plan (see Section D), but identified as pertaining to Chafee, with costs allocated appropriately.

CFS, through partnership with NCFE and Central Plains, has provided the following trainings to support the goals and objectives of the states' Chafee plan and assist youth in the transition to adulthood.

Nebraska Children and Families Foundation (NCFE) Trainings

NCFE has been a strong influence in promoting positive youth development strategies and training across the state. NCFE continues to offer 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.

Central Plains Training

- Building on the Strengths of Youth and Teens Who Have Endured Hardship with Dr. Ginsberg
 - Reaching Teens is considered the best practice for coaching. Reaching Teens is a trauma-informed toolkit that aims to reduce additional trauma to youth and their families while reframing adolescence from a time to “get through” to a time of opportunity, growth, and connection with caring adults. Reaching Teens is a large 95-chapter narrative used to help coaches further understand how to focus and build on youth's strengths to increase relationships and to help youth successfully transition to adulthood.
- The Anatomy of Trust by Dr. Brené Brown
 - An overview of the seven elements of trust: Boundaries, Reliability, Accountability, Vault, Integrity, Nonjudgment, and Generosity. The acronym BRAVING serves as a helpful checklist when dealing with trust issues with the people who have the youth's lives.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

States are required to consult with each Indian tribe located in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. The required information is outlined in the following section B6, “Consultation and Coordination Between States and Tribes.”

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. The Indian tribes have the opportunity to operate and fund their own Chafee or ETV by obtaining funding directly from 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 NCFE, which partners with Central Plains for service delivery across the state, including for tribal youth living on and off the reservation. 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.

Section VI: Consultation and Coordination Between States and Tribes

As referenced throughout this PI, states are required to consult, collaborate and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2025-2029 CFSP and subsequent APSRs. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and

coordinate with tribes. States must then report on the outcomes of these discussions. Issues that states must address in the CFSP/APSR include state compliance with the Indian Child Welfare Act (ICWA);⁴ the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally recognized tribes within their borders should still consult with tribal representatives and document such consultations.

In the 2026 APSR, states must update the following:

- Describe the process used to gather input from tribes since the submission 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)).

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

CFS has a designated CFS Tribal Program Manager who works with the Nebraska tribes and a CFS Program Specialist who works more specifically with ICWA cases. Contact information for these positions can be found on the DHHS Indian Child Welfare webpage. All email correspondence contains signature lines with current contact information.

Contact with each tribe varies in frequency depending on each tribe's needs and requests. Contact ranges from email, phone, and in-person for training and meetings on and off the reservation. CFS maintains weekly phone or in-person contact with each of the four headquartered tribes, monthly ICWA consultation with the Oglala Sioux and Yankton Sioux, and annual in-person visits with the Oglala Sioux and Rosebud Sioux. CFS contact with the Iowa Tribe and the Sac and Fox Nation primarily consists of phone and email contact. Communication with tribal representatives focuses on consultation and coordination regarding policy changes, new initiatives, ICWA compliance, permanency planning, and provision of culturally appropriate services to older youth through the Chafee and B2i programs. All tribes detailed above have been invited to participate as stakeholders in the Together for Indigenous Families grant (see below for more information).

See *Tribal Contacts (Attachment VIII)* for the Tribal representatives CFS has consulted.

- Provide a description of the state's plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the CFSP/APSR. 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)).

Tribal Operations Meetings

CFS facilitates quarterly Tribal Operations (Ops) meetings with the four headquartered Nebraska Tribes to build relationships and discuss success and concerns relating to the tribal child welfare programs. CFS program staff, tribal administrative staff, and tribal ICWA staff from all four headquartered tribes attend these meetings. CFS is flexible in working with the Tribes to identify the frequency, format, and content that makes the meetings most valuable. Ops meetings allow Tribal CFS staff to receive additional training on topics pertinent to their work. Ops meetings also address joint planning considerations such as the CFSP and shared areas of interest such as Disaster Plans, the HCO Committee, the FFPSA, and services specific to the needs of older youth.

Together for Indigenous Families

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

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

The project team includes a representative from each of the partner agencies and is responsible for the day-to-day implementation of the grant objectives. Together for Indigenous Families also has a stakeholder advisory group consisting of representatives from the Santee Sioux Nation, the Nebraska Indian Child Welfare Coalition (NICWC), Nebraska Tribes Addressing Violence, and a variety of other community organizations that serve the Native American population in Nebraska.

- Describe any updates since the submission of the 2025-2029 CFSP, on 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).)

Child Welfare Agreements

CFS continues to provide funding, training, and technical assistance through child welfare agreements for the Omaha Tribe, Winnebago Tribe, and Santee Sioux Nation to provide case management and service provision for the children they serve under Tribal jurisdiction. Personnel, operations, and indirect costs are included in this funding. Title IV-E funding for eligible tribal wards in eligible placements is paid directly to the placement resource by CFS. No Title IV-E funds are passed directly to the Tribes. CFS currently serves children from the Ponca Tribe of Nebraska through ICWA cases.

Through these agreements, CFS has committed to providing tribal wards access to the state's service array by including provisions relating to tribal wards in the service contracts and allowing Tribes the ability to create service referrals through the N-FOCUS system. CFS is also committed to supporting Tribes in capacity-building related to the programmatic areas outlined in the tribal/state agreements, including SDM®, data entry and reporting, CQI, and system navigation.

The three Tribes with child welfare agreements utilize the CFS data management system, N-FOCUS, to document, track, and report their work with children and families. The Omaha, Santee Sioux, and Winnebago Tribes report that the primary populations served are children who are wards of the tribal court, followed by non-court-involved cases. All Tribes provide services for children at risk of entering foster care; however, services available have historically been limited primarily due to funding and staffing constraints.

Foster Care Prevention

CFS works with the Tribes to identify the unique needs and strategies for leveraging FFPSA-related services. The Tribes expressed the need for drug and alcohol counseling for both adults and youth, more options for the placement of children with special needs (including shelters, group homes, and treatment centers), and increased parenting support. Tribal CFS staff noted that access to culturally appropriate services is limited and that efforts to include Native American behavioral and mental health practitioners are in the conversations about FFPSA-supported evidence-based practices.

CFS has included Family Spirit, rated a Promising practice on the Title IV-E Prevention Services Clearinghouse, as one of the home visiting services outlined in the FFPSA Plan. The Public Health Administration at the Winnebago Tribe has home visitors trained in the Family Spirit model and is working with CFS to develop a contract. CFS has included the Motherhood and Fatherhood is Sacred models of parenting class in the FFPSA plan, as tribal CFS staff frequently refer families in their care to those services.

Foster Home Training and Licensing

CFS supports and prioritizes its partnership with Nebraska Tribes, which continues to progress on its goal to increase the number of tribally licensed foster care homes. Nebraska DHHS is the Title IV-E agency, and while the state allows flexibility for Nebraska Tribes to license according to tribally developed licensing standards, those standards must meet all requirements for Title IV-E in addition to the standards outlined in the Native American Children's Safety Act (2016),

while also considering the importance of each Tribe's specific Tribal codes and traditions for the homes to be considered for IV-E eligible funding.

CFS provides technical assistance for the tribal foster care home licensing process, which includes individualized meetings for tribal licensing and support specialist staff. When a tribal foster home meets the IV-E licensing requirements, this provides the Tribes access to federal foster care program funding. The Tribes continue to stress the importance of foster parent training and have provided their foster homes with convenient and supported options for accessibility to complete training.

Permanency Achievement

Tribal-State agreements for child welfare outline that CFS will take concurrent jurisdiction on cases through tribal court for purposes of guardianship and adoption, allowing for guardianship and adoption subsidies to be provided through state or federal funds. Clearing the backlog of cases ready to achieve permanency is a goal identified by the Omaha, Winnebago, and Santee Sioux. During this reporting period, a total of 42 children have achieved permanency through guardianship, with an additional 27 pending finalization. One barrier to achieving permanency through adoption is that Nebraska statute requires the TPR for an adoption to occur. Nebraska tribes do not support or recognize the TPR in their courts and continue to advocate for a permanency objective of Tribal Customary Adoption in the Nebraska statute.

- 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.).

ICWA Compliance Reviews

Throughout this reporting period, the Together for Indigenous Families project has completed in-depth case reviews on fifty percent of all ICWA cases in the state. This review, developed in collaboration with the tribes and the Together for Indigenous Families stakeholder advisory group, contains 75 items relating to compliance with the state and federal ICWAs. Preliminary data is being compiled and will be presented to Together for Indigenous Families stakeholders, Tribes, and state service areas. CFS will work with these partners to develop a comprehensive ICWA compliance improvement plan when this data is prepared.

ICWA Training

CFS contracts with NICWC as subject matter experts to train the ICWA portion of NWT. Initial training on ICWA is a four-hour web-based training that provides a brief history of the ICWA and an overview of its key components. This training is provided monthly as part of NWT; staff can also sign up for an additional session post-NWT as a refresher.

CFS continues to contract with NICWC for advanced annual ICWA training. This training is an optional in-service training that consists of three webinars – Why ICWA? Historical Trauma and Resulting Social Issues, Contemporary Issues for Native American Children and Families, and Digging Deeper into CFS ICWA Policies – and a two-day in-person training held on one of the Nebraska reservations that provides an opportunity for case managers to experience the daily life of Tribal CFS staff. CFS also partnered with the Nebraska CIP and NICWC to develop ICWA

learning modules for the legal community. These modules are available on the Nebraska CIP website and YouTube; the modules are eligible for continuing legal education hours.

ICWA Staffing Calls

The CFS Tribal Program Team continues to hold monthly phone calls for ICWA case staffing with the ICWA specialists at the Omaha Tribe, Ponca Tribe, Winnebago Tribe, and Oglala Sioux Tribe. ICWA staffing calls are beneficial to the Tribes in monitoring court and non-court-involved cases. Calls provide a dedicated time for CFS to receive feedback from the Tribe on cases managed by CFS and allow tribal staff to assist in determining tribal eligibility and identifying additional active efforts that can be taken. CFS will continue discussions with the Rosebud Sioux Tribe and the Yankton Sioux Tribe on the benefits of these calls in hopes of scheduling calls with these Tribes as well. Staff turnover and high caseloads have been a continual barrier to consistent communication with the Tribes in South Dakota.

- 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.
 - Describe the efforts to coordinate the programs with such tribes.
 - 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.
 - Describe the Chafee benefits and services currently available and provided for Indian children and youth.
 - 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.

CFS maintains contracts with the Omaha Tribe, Winnebago Tribe, and Ponca Tribe to administer the CFCIP for the 2026 fiscal year. Santee continues to receive CFCIP funding directly through the ACF. For more information on how CFS and Tribes coordinate the Chafee program, see the *2025 APSR, Section V: Consultation and Coordination Between States and Tribes (pages 146 -148)* and *2025-2029 CFSP, Section V: Consultation and Coordination Between States and Tribes (pages 103 - 105)*.

- State agencies and tribes must also exchange copies of their APSRs (45 CFR 1357.15(v) and 1357.16(d)). Describe in detail how the state will meet this requirement for the 2026 APSR.

CFS posts annual APSRs on the public DHHS website, accessible to Tribes. Following APSR approval, CFS will also distribute paper copies of the approved 2026 APSR to Nebraska-headquartered tribes at the Tribal Operations meeting.

Section VII: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

In the state's Annual CAPTA Report Update:

- Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)
- Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA (see section 106(b)(1)(C)(ii) of CAPTA).
- Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2024 (see section 108(e) of CAPTA).
- Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system (see section 106(c)(6) of CAPTA).
- Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) - (iii) of CAPTA), including information on:
 - Any updates to the state's policies and procedures for addressing the needs of these infants.
 - How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants and affected family or caregivers. This may include information on the entities responsible for developing the plans of safe care with the pregnant woman or caregiver; protocols for monitoring plans of safe care; trainings for child welfare and community partners, and prevention strategies used prior to the birth event.
 - Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority; hospitals; health care professionals; home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).

- Include information on the roles and responsibilities of key partners involved and examples of training or cross-trainings for child welfare staff and
- The state’s process for plans of safe care, including how local entities are providing referrals and services for substance-exposed infants and affected family members and caregivers.
 - Any challenges identified in implementing the provisions and lessons from implementation. Describe technical assistance the state would find helpful to support effective implementation of these provisions.

Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state’s website.

States must include all required information indicated above in their annual CAPTA Report Update as part of the 2026 APSR. Missing or incomplete information will result in the withholding of CAPTA funds until such time as approval can be granted by CB. Please note that compliance with the eligibility requirements for a CAPTA State Grant program is a prerequisite for eligibility to receive funding under the Children’s Justice Act State Grant Program, authorized by section 107(a) of CAPTA.

Over the past year, no substantive changes to state law or regulations have affected the state's eligibility for the CAPTA State Grant, and there are no significant changes in how the state proposes to use CAPTA funds.

CFS continues to use CAPTA State Grant funds to support three CRPs: the Prevent Child Abuse Nebraska (PCAN) Coordination, Circle of Security, the Strengthening Families grant, the CASA grant, and POSC implementation and prevention services.

CAPTA funds are used via a sub-award with the NCFE for PCAN Coordination. NCFE connects and informs the locally implemented community collaborations, strategies, and public awareness activities with regional, state, and national initiatives and resources focused on improving practices and preventing child abuse and neglect.

CAPTA funds are braided with state funds to support the Strengthening Families Act via a sub-award with NCFE. NCFE aims to strengthen community partnerships, enhance promotive and protective factors, support families and sibling connections, and expand evidence-informed services within Nebraska communities to support local and statewide prevention systems.

CAPTA funds have not been used, alone or in combination with other funds, to improve legal preparation and representation; Nebraska law requires other entities to fund and organize this.

CAPTA funds are braided with CJA Grants to support the Nebraska Commission for the Protection of Children CRP. In February 2025, the Commission submitted a Three-Year Assessment and Annual Report. Recommendations can be found in the *Children’s Justice Act*

CRP Three-Year Assessment and Annual Report 2025 (Attachment IX). CFS has not submitted a response to the recommendations at the time of this APSR submission.

Recommendations by the Family Caregiver CRP can be found in the *Family Caregiver CPR Report 2024 (Attachment X)*. CFS's written response is in the *Family Caregiver CRP Response 2024 (Attachment XI)*.

Recommendations by the Young Adult CRP can be found in the *Young Adults CRP Report FY 23-24 (Attachment V)*. CFS's written response is in the *Young Adults CRP Response FY 23-24 (Attachment VI)*

For additional information regarding POSC, refer to the *2025-2029 CFSP, Section I: Vision and Collaborations (pages 22-23)*, *Nebraska's DHHS-Child and Family Service Array Continuum Attachment II to the 2025-2029 CFSP (page 118)*, *CFSP Round 4 Statewide Assessment (pages 122 & 141)*, and *Section II: Update to the Assessment of Current Performance in Improving Outcomes - Item 29*.

The CAPTA Coordinator is:

Camas Holder, Deputy Director of Community and Clinical Partnerships
Camas.Holder@nebraska.gov

Section VII: Statistical and Supporting Information

- CAPTA Annual State Data Report Items. Each state receiving the CAPTA State Grant must annually provide, to the maximum extent practicable, an Annual State Data Report. The complete list of data elements to be included in the report can be found in section 106(d) of CAPTA. Most information for this report is collected through state participation in the National Child Abuse and Neglect Data System (NCANDS). However, CB has determined that the following information is best captured in the state's CAPTA Report update, submitted as part of the APSR:
 - Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:
 - information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
 - data on the education, qualifications, and training of such personnel;
 - demographic information of the child protective service personnel; and
 - information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state is unable to provide all of the requested information relating to the child protective service workforce, please provide an explanation as to why that information is not currently available, and describe the steps the state is taking to be able to report the information in the future.

The CFS workforce directly impacts the DHHS mission of Helping People Live Better Lives by providing critical family services, supporting families as they build their future, and ensuring the safety and well-being of children.

The education requirements for a Child and Family Services Specialist (CFSS), also referred to as a Case Manager, and a CFS Supervisor include a bachelor’s degree in social work, psychology, sociology, counseling, human development, mental health care, education, criminal justice, or another closely related area. Additionally, a CFS Supervisor requires experience performing case management activities in counseling, protective services, alcohol/drug abuse, juvenile justice probation, and social services delivery. Additional qualifications can be found on the State of Nebraska Class Specifications website.

For the training requirements established by the state, please refer to the *2025 – 2029 Training Plan submitted with the 2025-2029 CFSP*. CFS workforce training is an ongoing activity and includes content from various disciplines relevant to child and family services policies, programs, and practices.

Education Qualification of CFSS as of 12-31-2024 (N=670)	
Type of Degree	Number
Associate’s	2
Bachelor’s	568
Master’s	95
Doctorate	5
Total	670

CFS uses the Workday platform to record staff training hours.

2024 Training Hours				
Job Code	Classification	Staff	Hours	Hours/Staff
C72311	Child/Family Services Specialist Trainee	63	1,459.20	23.20
C72312	Child/Family Services Specialist	509	44,397.70	87.20
C72313	Child/Family Services Specialist Lead Worker	26	1,609.90	61.90
V72314	Child/Family Services Specialist Supervisor	112	4,756.90	42.50
Total		710	52,223.80	73.60

The following tables include data on the demographic information of CFS personnel as of December 31, 2024.

Ethnicity Data					
Ethnicity	Trainee	CFSS (Case Manager)	Lead Worker	Supervisor	Total
African American/Black and White	2 (2%)	4 (1%)	0 (0%)	0 (0%)	6

American Indian/Alaska Native	0 (0%)	2 (0%)	0 (0%)	0 (0%)	2
American Indian/Alaska Native and African American	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
American Indian/Alaskan Native and White	0 (0%)	3 (1%)	0 (0%)	0 (0%)	3
Asian	0 (0%)	3 (1%)	2 (8%)	0 (0%)	5
Asian and White	1 (1%)	3 (1%)	0 (0%)	0 (0%)	4
Black or African American (Not Hispanic or Latino)	9 (11 %)	47 (9%)	1 (4%)	6 (5%)	63
Hispanic And African American/Black	0 (0%)	1 (0%)	0 (0%)	0 (0%)	1
Hispanic or Latino	9 (11%)	31 (6%)	2 (8%)	5 (4%)	47
Hispanic/Latino and Asian	0 (0%)	3 (1%)	0 (0%)	0 (0%)	3
Hispanic/Latino and White	3 (4%)	10 (2%)	0 (0%)	0 (0%)	13
Native Hawaiian or Other Pacific Islander	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Native Hawaiian or Other Pacific Islander and Asian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Native Hawaiian or Other Pacific Islander and White	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Prefer Not to Answer	2 (2%)	3 (1%)	0 (0%)	0 (0%)	5
Two or More Races	6 (7%)	18 (4%)	0 (0%)	1 (1%)	25
White (Not Hispanic or Latino)	50 (61%)	335 (68%)	21 (81%)	99 (88%)	505
Unspecified	0 (0%)	33 (7%)	0 (0%)	1 (1%)	34
Total	82	496	26	112	716

Gender Data					
Gender	Trainee	CFSS (Case Manager)	Lead Worker	Supervisor	Total
Female	62 (76%)	420 (85%)	22 (85%)	97 (87%)	601
Male	20 (24%)	76 (15%)	4 (15%)	15 (13%)	115
Unspecified	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Total	82	496	26	112	716

Caseload Requirements	
The operational definitions utilized for caseloads under Neb. Rev. Statute 68-1207 and the standards established by the Child Welfare League of America	
Case Type	Requirements
Initial Assessment Active, open child abuse or neglect	1:12 families (urban) 1:10 families (rural)

investigations conducted by the Initial Assessment Worker	This does not mean that the worker can be assigned 10 or 12 new cases each month unless all 10 or 12 cases from the previous month are closed. This is a rolling number. Cases assigned the previous month are carried over and counted toward the total number of 10 or 12.
Mixed: Initial Assessment and Ongoing Caseload	<p>One child = a case 1:7 Children out-of-home</p> <p>One family = a case 1:3 Families in the home 1:4 Families for Initial Assessment</p> <p>A total of 14 cases can be assigned. Cases include ongoing case management for in-home or out-of-home and non-court or court-involved.</p>
Ongoing (includes ICPC and Court Supervision): Children residing in-home and no children have been removed from the home due to DHHS involvement	<p>1:17 Families</p> <p>Open and active, voluntary, with children placed in the home. These children have never been removed and are not court-involved.</p>
Children residing in a planned, permanent home (parent, adoptive parent, legal guardian)*	<p>1:17 Families</p> <p>The open and active court-involved families with the child in a planned, permanent home. These are children who are still in the Department's custody and court-involved.</p>
Mixed; one or more wards in-home, one or more wards out of the home within the same family	<p>1:10 out-of-home wards 1:7 in-home families Total 1:17</p> <p>Open and active court-involved children. The court only wards and does not involve non-ward siblings.</p> <ul style="list-style-type: none"> • Ward = each ward out of the home count as one case each • Family = any number of wards in the home counts as one case
Children are out of the home	<p>1:16 Children</p> <p>These are court-involved cases where children are placed formally out of the parental/guardian home. Child = Each child placed outside the home is counted as one case</p>
<p>*A planned permanent placement will be defined as a home that will provide permanency for a child. This includes:</p> <ul style="list-style-type: none"> § The child returns from out-of-home care and resides with a parent § The child resides in a pre-adoptive placement with a signed adoptive placement agreement 	

§ The child’s permanency plan is guardianship, and the child lives with an identified guardian

Juvenile Justice Transfers:

- Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2024 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d)(14) of CAPTA.)

In Nebraska, the Juvenile Justice system (Juvenile Probation) is a separate division overseen by the Administrative Office of the Courts, also known as the Nebraska Supreme Court, which is part of the Judicial Branch of the Nebraska State Government. CFS is a separate division and part of the Executive Branch of the State Government. Probation has its own staff, computer system, and case management methodologies.

The Probation division uses a data administration system, and there is no unique indicator to match youth precisely in both systems. Additionally, in the interest of privacy, the youth’s case information stored in the Probation computer system is not accessible by CFS employees. CFS does not always know of youth served by Probation unless disclosed directly by the youth and their families. Over the last several years, CFS has worked collaboratively with Probation to identify and serve youth involved with both systems (dual system youth). CFS issued a policy to staff regarding the procedure for dual-system youth.

Nebraska has three YRTCs. The YRTC facilities are considered “locked” facilities administered by CFS for juvenile justice youth. While CFS oversees these facilities, most youth are placed at YRTC through a probation order. From January to December 2024, 25 youths served in the YRTC were involved in a CFS case before entering the YRTC. At the time of this report, the CFS cases have closed for nine of the 25 youths.

CFS implemented N-FOCUS enhancements as part of the new AFCARS 2.0 requirements, allowing for more accurate tracking and reporting of the youth who continue to be involved in the Juvenile Justice system. From January to December 2024, the N-FOCUS system showed that no youth transferred from out-of-home care with CFS to the Juvenile Justice system.

CFS continues to monitor the utilization of the new tracking requirements and provides additional guidance to case management staff to ensure accurate data collection. Staff utilization of the new tracking methods will help improve identification and promote ongoing collaboration between CFS and Juvenile Justice system partners to better support these youth.

Section VIII: Updates to Targeted Plans within the 2025-2029 CFSP

States were required to submit the following four plans with their 2025-2029 CFSP:

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

In the 2026 APSR, states must provide updates to the plans as described below. If there are changes to the plan, please submit that change as a separate document that can be considered an Attachment or Appendix to the original plan. States may also submit an updated plan, inclusive of any changes.

Foster and Adoptive Parent Diligent Recruitment Plan (section 422(b)(7) of the Act)

The Foster and Adoptive Parent Recruitment Plan submitted with the 2025-2029 CFSP reflected the activities to be conducted over the next five years to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

In the 2026 APSR:

- Describe the progress and accomplishments in implementing the state’s Foster and Adoptive Parent Diligent Recruitment Plan.
- Indicate in the 2026 APSR if the state has made changes or additions to the plan. If so, provide information on the change or update to the Foster and Adoptive Parent Diligent Recruitment Plan in a separate document.

In early 2024, CFS approved TIPS Foundations for about two months. Following a more in-depth review of the curriculum to ensure it met the training needs of foster parents, CFS declined further use of TIPS Foundations as pre-service training and instead approved and began implementing the NTDC. NTDC also offers a wide range of online and in-person continuing education training, easy access to foster care resources, and adoptive parent training.

CFS continues to approve TIPS-MAPP and Deciding Together as pre-service training options for foster parents. TIPPS-MAPP is a different program from the program that CFS was utilized for 2 months by the TIPS Foundations.

See *Section V: Update on Service Descriptions - Services for Children Adopted from Other Countries* for progress and accomplishments in the past year.

Below is the current data is the number of total homes by Service Area with active placements of youth ages twelve (12) to eighteen (18), and homes that have sibling groups of three or more

Current Placements of Youth 12-18 Years and Sibling Groups of 3 or More May 2025		
Service Area	# of Homes with Youth 12-18 Years	# of Homes with Sibling Groups 3 or more
Central	62	43
Eastern	460	213
Northern	60	32

Southeast	89	54
Western	30	20
Statewide Totals	701	381

CFS is in the process of evaluating each of the other targeted populations in the current Foster and Adoptive Parent Diligent Recruitment Plan to ensure they align with the current administration's goals and priorities. CFS does not have a current way to collect data for the identified target populations; CFS will explore whether the target populations will be updated or remain with an established way to gather statewide data.

Health Care Oversight and Coordination Plan

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care (Health Care Oversight and Coordination Plan) and the plan was due with the 2025-2029 CFSP. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

In the 2026 APSR:

- Describe the progress and accomplishments in implementing the state’s Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.
- Indicate in the 2026 APSR if there are any changes or additions needed to the plan. In a separate document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

No changes or additions to the Health Care Oversight and Coordination Plan submitted with Nebraska’s 2025-2029 CFSP are needed. Below are updates on the progress in implementing the Health Care Oversight and Coordination Plan as determined by the HCO Committee. Strategies will be revised and added as the reporting period progresses. CFS also anticipates using information gathered from the 2024 Statewide Assessment and the 2025 CFSR to determine if modifications are needed to the Health Care Oversight and Coordination Plan.

Item 1: A schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.

- CFS will continue to work with the MCOs to see if the youth’s claims data (such as medical appointment dates) may be shared with DHHS regularly. The HCO committee initially suggested the N-FOCUS interface with MCO claims data. However, N-FOCUS does not have this capability. Meetings between the MCOs, Medicaid and Long-Term Care (MLTC), and CFS occur every quarter, so more discussion about potentially obtaining claims data from the MCOs will be discussed. The benefit of this strategy would be that CFS staff could cross-reference information as checks and balances, including new or follow-up appointments, any recent hospitalizations, changes in medical providers, and medications.

Item 2: How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

- The CFS NWT redesign includes training about trauma with youth in foster care. The new CFS L&D team has also added ongoing professional development options for this topic. The Central Office will continue to encourage frontline staff to locate other resources to learn more about this topic.

Item 3: How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.

- CFS staff continue to request documentation from the foster homes/agencies on all doctors' appointments for foster youth. CFS Supervisors and Administrators continue to track this information and encourage staff to obtain regular documentation from medical providers after each appointment (either from the provider directly or the foster care provider). This information is also included in court reports and is updated in N-FOCUS prior to court reports being submitted.
- The investigation continues into whether CFS staff can obtain access to Nebraska's Health Information Exchange. Currently, Hotline staff document any health-related information made available at the time of intake.

Item 4: Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

- As outlined in the *2025-2029 Health Care Oversight and Coordination Plan*, CFS submitted an internal change request to update our Child Welfare Information System, N-FOCUS. However, the changes have not yet been completed.

Item 5: The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

- The L&D Team has continued to educate CFS staff on using the psychotropic medication checklist.
- Assigned MCOs prepare for the scheduled staffing by completing the Managed Care Organization Template for CFS Youth Staffing. The MOC provides information such as: primary care provider, diagnosis, last attended appointments, medical, behavioral, vision, and immunizations/vaccinations for the child. The MCO identifies the youth's medications and documents if the MCO completed a pharmacy review of the youth's medications over the last year and the results. The MCO also documents and discusses if they have any specific concerns regarding the youth's medications or other areas related to their overall health and wellness.

Item 6: How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

- The HCO Committee continues to review sources of aggregate data at HCO quarterly meetings, as available, to gain input on healthcare related to policy development for DHHS. This strategy was selected so that recommendations from the HCO Committee are data-driven and developed based on the needs of the data. Quarterly meetings were held between the Central Office and the MCOs in 2024 on February 8, May 9, August 8,

and December 12. Any pertinent updates were given to the Central Office at those meetings.

- CFS continues to utilize the Central Office to facilitate staffing between CFS, MLTC, the Divisions of DD and BH, as well as the assigned MCO and the CFS Medical Services Director (when appropriate) to discuss any concerns regarding a youth's care or access to proper care.

Item 7: The procedures and protocols the state has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities and placed in settings that are not foster family homes because of the inappropriate diagnoses.

- CFS continues to utilize the Central Office to facilitate staffing between CFS, MLTC, the Divisions of DD and BH, as well as the assigned MCO and the CFS Medical Services Director (when appropriate) to discuss any concerns regarding a youth's care or access to appropriate care.

Item 8: Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

- B2i staff includes information related to health insurance, healthcare power of attorney, and healthcare proxy in their opening program packets and discusses the items with the youth. This strategy is new and will continue to be monitored. Follow-up with B2i staff will be initiated to determine the effectiveness of this new strategy and if QA reports show improved outcomes.

CFS Central Office is assisting with youth transition by identifying youth nearing aging out of foster care. CFS has begun holding staffing for any youth 6 months from their 19th birthday to ensure that the case team understands what the youth needs prior to their discharge from the state's custody and once they age out of foster care.

In the coming year, the HCO Committee will continue to review, discuss progress, and evaluate the need for changes or updates to the planned strategies. Strategies may be eliminated as implementation has been completed, or new strategies can be added depending on the changing health needs of the children in the State of Nebraska.

Disaster Plan

Section 422(b)(16) of the Act requires that states have in place procedures explaining how the state programs assisted under title IV-B, subparts 1 and 2, and title IV-E, would respond to a disaster, in accordance with criteria established by the Secretary. A Disaster Plan was submitted as part of the 2025-2029 CFSP.

In the 2026 APSR:

- Specify whether the state was affected by a disaster since submission of the 2025-2029 CFSP, and, if so, describe how the Disaster Plan was used and assess its effectiveness.

- Indicate in the 2026 APSR if the state has made changes or additions to the plan, including any needed updates to maintain contact with families and ensure uninterrupted essential agency operations during an emergency. In a separate Word document, provide information on the change or update to the Disaster Plan, if any.

Nebraska has not been affected by a disaster since the submission of the 2025-2029 CFSP, which impacted CFS or required the activation of area-specific disaster plans.

CFS has changes to the 2025-2029 Disaster Plan. Below is a summary of the changes:

- The primary contact person for the SESA changed from Remonte Green to Lana Verbrigghe.
- Laura Opfer will also be removed from the Disaster Plan as the position has not been refilled.
- CFS will update Appendix A to reflect the new job titles and the person who will fill the position once one has been assigned.
- The contact chains between the Disaster response team, CFS Supervisors, and workers, and supervisors or workers and the families we serve remain the same as previously stated.

An updated Disaster Plan will be submitted separately from this report. Updates were made to APPENDIX A, APPENDIX B, and APPENDIX C.

Training Plan

The 2025-2029 CFSP included a staff development and training plan in support of the goals and objectives in the 2025-2029 CFSP that addresses programs authorized by title IV-B, subparts 1 and 2, as well as title IV-E programs, as required by 45 CFR 1356.60(b)(2) and 1357.15(t). Training must be an ongoing activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training content must also support the cross-system coordination and consultation basic to the development of the CFSP and CFSR PIP activities.

In the 2026 APSR:

- As needed, update the Training Plan. Any training activities to be paid for with title IV-E funds that were not included in the Training Plan must be included in an updated Training Plan. The Training Plan can be updated by submitting a separate document that will serve as an appendix to the 2025-2029 Training Plan.
- For any revised training or new training not previously described (e.g., training for individuals preparing for employment, initial in-service training, ongoing in-service training, foster/adoptive/guardianship provider training, and the additional categories of short-term training authorized in section 474(a)(3)(B) of the Act) provide the following information in its updated training plan:
 - a brief, one-paragraph syllabus of the training activity;
 - indication of the specifically allowable title IV-E administrative functions the training activity addresses;

- indication of the setting/venue for the training activity;
- indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time);
- indication of the proposed provider of the training activity;
- specification of the approximate number of days/hours of the training activity;
- indication of the audience to receive the training;
- description of estimated total cost; and
- cost allocation methodology.

Below are updates to Nebraska’s 2025-2029 Training Plan. Nebraska is submitting the following attachments that list new trainings to serve as an appendix to the 2025-2029 Training Plan:

NWT Training Descriptions (Attachment I)

Ongoing Training Description (Attachment II)

New Worker Training (NWT)

As of January 1, 2025, CFS has launched an enhanced NWT program built around a “Learn by Doing” model. This 12-week blended learning initiative integrates hands-on field experiences from day one, accelerating skill development, confidence, and readiness for new staff. The program combines self-paced online modules, instructor-led training, and practical, on-the-job learning, ensuring a dynamic and engaging path to becoming a CFSS. A list of training descriptions is available in the *NWT Training Descriptions Attachment*; CFS includes this attachment, which lists new trainings as an appendix to its approved 2025-2029 Training Plan.

The CFS NWT training program is also available to all tribal workers. CFS has collaborated with each tribe to adapt the training to meet tribal-specific requirements, ensuring consistency in foundational practice while respecting unique community needs.

Training is supported by a collaborative team of L&D Leads, Supervisors, and Field Teammates who work together to provide coaching, mentorship, and continuous feedback. The program emphasizes individualized learning through customized training plans, progress meetings, and real-time performance evaluations. With a strong focus on experiential learning and early field engagement, this updated framework is designed to build trauma-informed, evidence-based practices while fostering long-term professional growth. Additional details can be found in the *Trainee Manual (Attachment XII)*.

Ongoing In-Service Training

Following the successful completion of the NWT program, CFS staff continue their professional development through a variety of structured learning opportunities, including Small Bite training, monthly SOP sessions, and a wide selection of self-paced online modules. Ongoing training is facilitated primarily by the L&D team, with assistance from CFS Program Specialists for specialized content. All ongoing training resources and schedules are accessible through an internal L&D website.

Training needs are identified through staff and administrator requests, updates to policies or procedures, feedback from training evaluations, and stakeholder recommendations. Staff are

encouraged to complete a Professional Development Survey following any CFS training to help ensure ongoing training is both effective and relevant. This brief survey gathers input on whether the training enhanced job-related knowledge and skills and offers space for open-ended suggestions and feedback.

Throughout the year, staff have ample opportunities to meet the required 24 hours of annual training, including brief 15-minute refreshers to in-depth 4-hour workshops. The ongoing training structure is designed to be flexible, targeted, and responsive to the evolving needs of the CFS workforce. CFS has included the *Ongoing Training Description (Attachment II)*, which lists new trainings as an appendix to its approved 2025-2029 Training Plan.

Master of Social Work (MSW) and Bachelor of Social Work (BSW) Title IV-E Education Stipends

CFS currently awards MSW and BSW Title IV-E Education Stipends to students in an accredited Social Work Program. CFS uses this opportunity to attract future employees who are passionate about social work and already have foundational principles of social work through their education. In a new collaboration, CFS and Human Resources are working together to bring awareness of our program to social work students and faculty across Nebraska, supporting the next generation of professionals in the field. In 2025, DHHS plans to accept two BSW Students and two MSW Students.

Internships

CFS is currently in the process of updating all internship-related materials to align with the NWT program. This initiative is designed to ensure that the internship experience is comprehensive, structured, and aligned with established workforce competencies. By integrating the principles and expectations of NWT, CFS aims to create a well-rounded training experience that supports the professional development of interns and facilitates a more efficient transition into case management roles, should the intern become employed. The extent to which the intern can complete NWT will be based on the requirements of the educational institution in which they are enrolled.

Legal and Judicial Training

Children's Justice Attorney Program

DHHS will enter into an agreement in 2025 to provide Title IV-E funding for allowable training expenses with the Children's Justice Attorney Program. The unique design of the Children's Justice Attorney Education (CJAE) program is intended to help rural attorneys become better advocates and thus create better outcomes for the children and families they serve. Over eight months, CJAE Fellows participate in extensive training, expert case consultation, and reflective practice exercises that allow them to develop a deep understanding of the complex social and family dynamics often present in juvenile court cases.

This legal training was included in *Nebraska's 2025-2029 Training Plan* and will be reimbursed through the administrative cost allocation process at 75%.

Safe and Together Model Training

DHHS partnered with the CIP and provided the Safe and Together Institute Training to assist legal, judicial, DHHS staff, and external stakeholders who work with youth in care whose families are experiencing issues with Domestic Violence. The training was held April 1-4, 2025, with 38 attendees from 20 different agencies participating. All attendees were from central Nebraska and worked in collaboration with one another on child welfare cases.

This training offered a child-centered model with a multi-disciplined approach toward keeping families safe and together. The goal of the training is to increase the number of domestic violence-informed professionals who focus on the perpetrator's pattern and the multi-faceted effects of violence on the family, specifically the harm to a child.

Thirty-eight attendees participated in the CORE Safe and Together training. As part of the training evaluation, participants completed a pre-test, receiving an average score of 75%. Following the training, post-test results showed a significant increase, with an average score of 95%. Additionally, 97% of participants expressed enthusiasm about applying CORE skills and principles to their professional practice. All attendees indicated they would recommend this training to a colleague, highlighting its perceived value and effectiveness.

Safe and Together was included in *Nebraska's 2025-2029 Training Plan* and will be reimbursed 75% through the administrative cost allocation process.

Foster Parent Training

CFS continues to approve TIPS-MAPP and Deciding Together as pre-service training options for foster parents. In addition, CFS has added the NTDC for Foster and Adoptive Parents, developed through Spaulding for Children National Training and Development Center, as an approved pre-service training option in Nebraska. This curriculum is free and available virtually and in person, providing increased accessibility for prospective foster parents. CFS has reviewed and declined to use TIPS Foundations as part of the pre-service training offerings.

Additionally, CFS contracts with Creating a Family to provide ongoing evidence-based, trauma-informed resources and trainings.

No additional changes have been made to the Foster Parent Training Program.

Section IX: 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 APSR 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.

The state expended \$444,000 in Title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance during FY 2005.

- 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 APSR 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 were \$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 the *CFS-101, Part I, II, and III (Attachment B)*.

B. Title IV-B, Subpart 2

- States are required to spend a significant portion (defined as approximately 20 percent) 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.
- States must report the estimated expenditures for each service category on the CFS-101, Parts I and II (Attachment B of this PI). The amount to be spent on planning and service coordination is reported separately on the form.
- If a state plans to spend less than approximately 20 percent of the grant for a service category, it must provide a strong rationale for the decision in the narrative portion of the APSR.

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 the *CFS-101, Part I, II, and III (Attachment B)*.

- 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 the *CFS-101, Part I, II, and III (Attachment B)*.

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.

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

2. Reallotment of FY 2025 (Current Year) Funding

The CFS-101 Part I is a multi-use form used for reallotment requests in addition to future year funding requests. The form is formatted to provide a section specifically for adjustments to current year (i.e., FY 2025) grant amounts.

- For any reallotment request, using the latest set of CFS-101 forms provided with this PI, make a copy of the CFS-101, Part I as a separate worksheet and complete only Items 1-5, 12 and/or 13, and 14. Mark the submission type as “Reallotment” and save and name the file “state/Tribe name FY 2025 Reallotment.”
- If the state intends to release FY 2025 funds for reallotment for the title IV-B, subpart 1 or 2 programs, Monthly Caseworker Visits (MCV), Chafee or ETV, complete Item 12 of the CFS-101, Part I and indicate the amounts the state is releasing for the applicable

programs (see CFS-101 instructions for more detail). The submission type “Reallotment” must be checked on the Part I.

Nebraska does not intend to release any funds, nor does Nebraska intend to request additional funding.

NWT Training Descriptions							
Course Title	Description	Expected Delivery Hours	Venue	Trainer(s) Lead(s)	Duration	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate
DHHS - CR&S - [NWT make Specialist] Field Training Experiences	On-the-job learning is the cornerstone of New Worker Training. These learning opportunities are experiential and occur while the Trainee is actively engaged in their work. A field experience is a structured learning opportunity that takes place outside of the classroom and provides trainees with professional experience. Field Experiences are designed to help trainees develop skills and competencies that are relevant to their job.	120	Asynchronous	L&D Team/DHHS Staff	Short Term	n/a	0%
DHHS - CR&S - [NWT Specialist] Additional SDMA Assessments	Trainees will learn what assessments are completed under the SDMA model, as well as the purpose of these assessments. Trainees will learn how SDMA uses an evidence-based model to help guide CFS in the decision making process.	3	Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%
DHHS - CR&S - [NWT Specialist] Car Seat	Trainees will develop skills in selecting and installing and properly using a car seat for transporting children. Topics include the Nebraska child passenger restraint law, crash and restraint system dynamics, and parts and functions of vehicle and child restraint systems.	3	Synchronous in Person	L&D Team	Short Term	Safe Driving	50%
DHHS - CR&S - [NWT Specialist] Child Development Basics	Trainees will learn information on what age appropriate/typical development looks like for children in the different stages of growth and will be able to identify how to know if a child is possibly delayed. Trainees will also learn appropriate resources to assist children experiencing developmental delays.	3	Synchronous Webinar	L&D Team	Short Term	Child development, case management and supervision, referral to services, cultural competency	75%
DHHS - CR&S - [NWT Specialist] Comprehensive Youth Health	This training provides participants with essential knowledge about the various aspects of youth health, including mental, behavioral, and physical well-being. Trainees will gain a deeper understanding of the mental health challenges children face, strategies for managing difficult behaviors, and the importance of ensuring that children's physical needs are being met. Trainees will understand the roles of parents and foster parents in the health-related decision-making process.	4.5	Synchronous Webinar	L&D Team	Short Term	Case management, referrals to services, mental health, substance use, physical and behavioral health	75%
DHHS - CR&S - [NWT Specialist] Field Training Experiences	On-the-job learning is the cornerstone of New Worker Training. These learning opportunities are experiential and occur while the Trainee is actively engaged in their work. A field experience is a structured learning opportunity that takes place outside of the classroom and provides trainees with professional experience. Field Experiences are designed to help trainees develop skills and competencies that are relevant to their job.	120	Asynchronous	L&D Team/DHHS Staff	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%
DHHS - CR&S - [NWT Specialist] Indian Child Welfare Act (ICWA)	This training will provide participants with an in-depth look into ICWA and its significance in child welfare. It covers effective collaboration with tribal ICWA Specialists, ICWA placement guidelines, and developing and implementing cultural plans. Participants will also learn to conduct reasonable and active efforts, provide proper documentation, define a qualified expert witness, and identify culturally responsive services.	3.5	Synchronous Webinar	L&D Team	Short Term	Cultural competency, case management, ICWA compliance, family engagement, and activities designed to ensure culturally appropriate placement and services for Native American children while upholding the standards set by the Indian Child Welfare Act (ICWA)	75%
DHHS - CR&S - [NWT Specialist] Interviewing Basics	Trainees will develop fundamental interviewing skills needed to work with and gather information from adults and children.	3.5	Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment	75%
DHHS - CR&S - [NWT Specialist] Introduction to Abuse and Neglect	Trainees will learn to identify signs of physical and emotional abuse, neglect, and maltreatment. Trainees will learn to recognize indicators of abuse and neglect along with the required responses of the CFS when abuse/neglect is identified.	1	Asynchronous	L&D Team	Short Term	Child abuse and neglect issues, social work practice	75%
DHHS - CR&S - [NWT Specialist] Introduction to Child Welfare	Trainees learn the basics of the Child Welfare system in Nebraska including Roles and responsibilities for Children and Family Services (CFS). Factors contributing to family involvement with CFS. The important community partners connected to CFS. Maintaining professionalism while at work and outside of work. Working with families experiencing trauma. Adaptability and critical thinking expectations. Acronyms commonly used and definitions related to CFS.	1.5	Asynchronous	L&D Team	Short Term	child abuse and neglect, communication skills, social work practices	75%

DHHS - CR&S - [NWT Specialist] Introduction to Documentation	Trainees will receive foundational information on the expectations for documenting throughout the case management process. They will become familiar with the specific types of documentation required and learn where this documentation should be recorded.	1.5	Asynchronous	L&D Team	Short Term	case management, case reviews, child welfare automated system	75%
DHHS - CR&S - [NWT Specialist] Introduction to Initial Assessment	Trainees will gain an understanding of the similarities and differences between Traditional Response Intakes and Alternative Response Intakes. Topics include: Engaging with the family Gathering information Response times, policies and procedures Utilizing Structured Decision Making (SDM) assessments Case status determination	1	Asynchronous	L&D Team	Short Term	Case Management, Social work Practice, assessment to determine removal from the home, communication skills, preserve and strengthen the family.	75%
DHHS - CR&S - [NWT Specialist] Introduction to N-FOCUS	Trainees will gain skills in navigating N-FOCUS. They will explore the platform's features and functionality, learn where to complete tasks within the system, where required documentation is located, and learn how to search for information. They will also be trained on where and how to implement assessments in N-FOCUS. Trainees will gain an understanding of ongoing case management process. Topics include: Policies and procedures Utilizing appropriate Structured Decision Making (SDM) assessments Documentation best practices Family engagement and communication Assessing families using a Safety, Permanency and Well-Being Intake.	2	Synchronous in Person	L&D Team	Short Term	case management, case reviews, child welfare automated system	75%
DHHS - CR&S - [NWT Specialist] Introduction to Ongoing	Documentation best practices Family engagement and communication Assessing families using a Safety, Permanency and Well-Being Intake.	2	Asynchronous	L&D Team	Short Term	Case Management, Social work Practices, assessment to determine removal from the home, communication skills, preserve and strengthen the family.	75%
DHHS - CR&S - [NWT Specialist] Introduction to the Hotline	Trainees learn introductory information of a CFSS hotline worker's job. Topics include: Policies related to the hotline Expectations of a hotline worker and their job responsibilities Hotline worker decision making made using the SDM tool The process from the phone call to the closing of the intake including documentation How child development, signs, and observability coincide with the process How the hotline and the field work together to ensure best practice	1	Asynchronous	L&D Team	Short Term	n/a	0%
DHHS - CR&S - [NWT Specialist] Introduction to the Indian Child Welfare Act (ICWA)	This training will provide participants with an introductory look into the ICWA and its significance in child welfare. This training is a prerequisite for DHHS - CR&S - [NWT Specialist] The Indian Child Welfare Act (ICWA), an instructor-led virtual training.	1.5	Asynchronous	L&D Team	Short Term	Cultural competency, case management, ICWA compliance and activities designed to ensure culturally appropriate placement and services for Native American children while upholding the standards set by the Indian Child Welfare Act (ICWA)	75%
DHHS - CR&S - [NWT Specialist] Introduction to the Juvenile Court Process	Trainees will be introduced to the basics of the Juvenile Court Process. The course will cover key topics such as the terminology of Juvenile Court, the roles of key participants including judges, parent's attorneys, County attorneys, GAL, CASA, and probation officers, as well as an overview of Juvenile court procedures.	1	Asynchronous	L&D Team	Short Term	preparation for and participation in judicially determinations	75%
DHHS - CR&S - [NWT Specialist] Introduction to Understanding and Addressing Domestic Violence	This training equips participants with a comprehensive understanding of domestic violence as it relates to child welfare. Trainees will explore the different forms and signs of domestic violence, its impact on families, the power and control cycle, services available to victims and offenders, and practical strategies for engaging families experiencing domestic violence.	2	Asynchronous	L&D Team	Short Term	Trauma-informed care, family engagement, domestic violence intervention, accountability practices, behavior change support, case management, safety planning/communication skills	75%
DHHS - CR&S - [NWT Specialist] Out-of-Home Assessment	Trainees will learn about the assessment process for daycares, foster homes, and related placements for safety and appropriateness. Topics encompass elements of the Structured Decision Making (SDM), Assessment of Placement Safety and Suitability (APSS), SDM policies and procedures regarding safety and suitability assessments, execution of an APSS, applying an Out-of-Home Assessment (OHA), and documentation of such assessments within N-FOCUS.	3	Synchronous Webinar	L&D Team	Short Term	Case management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, foster care candidate determinations	75%
DHHS - CR&S - [NWT Specialist] Recognizing and Responding to Substance Use in Families	In this training, participants learn how to recognize and respond to substance use in families. Topics include recognition of the warning signs of substance use, the effects of substance use on parenting, and navigating the steps of change and levels of treatment. Trainees will learn strategies for engaging individuals in treatment, making effective referrals, supporting success in and out of treatment, and planning for lapse or relapse situations.	3.5	Synchronous Webinar	L&D Team	Short Term	Substance use, trauma-informed practice, case management, service referral and delivery	75%

DHHS - CP&S - [NWT Specialist] SDM Case and Family Plan	Trainers will understand how Case and Family Plans help identify a family's strengths and needs to achieve their goals. Trainers will learn how Case and Family Plans consist of goals, strategies, and resources that are provided for family next steps and how it can serve as a personal guide in the future.	3	Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%
DHHS - CP&S - [NWT Specialist] SDM Intake Assessment	Trainers will learn how to utilize the SDM intake screening tool to determine the type of report, screening decision and priority response of an intake.	6	Synchronous Webinar	L&D Team	Short Term	n/a	0%
DHHS - CP&S - [NWT Specialist] SDM Risk and Prevention Assessments	Trainers will learn how to complete a risk and prevention assessment by reading and interpreting a desk aid and practicing documenting on NFOCUS. They will know when a certain assessment is needed, and how often routine assessments are needed. Trainers will be given assessment specific information on the risk and prevention assessment.	3	Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, communication skills, assessment, preserve and strengthen the family, foster care candidate determinations, child welfare automated system	75%
DHHS - CP&S - [NWT Specialist] SDM Risk and Prevention Assessments	Trainers will learn what information to gather on an intake and how to complete a Safety Assessment.	3.5	Synchronous Webinar	L&D Team	Short Term	Case management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%
DHHS - CP&S - [NWT Specialist] SDM Safety Assessment	Trainers will learn and understand the purpose of a safety plan and how to effectively create a safety plan with families, as well as, document it on NFOCUS.	3	Synchronous Webinar	L&D Team	Short Term	Case management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%
DHHS - CP&S - [NWT Specialist] SDM Safety Plan	CP&S: This training provides participants with the knowledge and skills needed to recognize and respond to suicidal ideations and behaviors in youth. Trainers will learn to identify the warning signs, understand the contributing factors, and know the appropriate steps to take in a crisis. Trainers will learn the required case management procedures following self-harm behavior or suicide attempts and how to collaborate with caregivers to implement effective suicide prevention techniques.	3	Synchronous Webinar	L&D Team	Short Term	Crisis intervention, mental health awareness, family engagement, case management, and activities designed to recognize and respond to suicidal ideation, ensure appropriate referrals, and promote the mental well-being of individuals.	75%
DHHS - CP&S - [NWT Specialist] Suicide Prevention (OPR) and Crisis Response	Trainers will understand the role of CFS in the education of youth involved with DHHS. Trainers will learn the steps CFS must take when a youth enters DHHS custody, what educational rights are, who holds educational rights for the youth, and how to effectively collaborate with families, school, and foster parents to ensure children's educational needs are met.	3	Synchronous Webinar	L&D Team	Short Term	Education advocacy, legal rights, case management, and activities designed to ensure child welfare professionals are informed about special education rights, state and federal laws, and how to advocate for the educational needs of children in the child welfare system, promoting their well-being and ensuring access to appropriate educational resources.	75%
DHHS - CP&S - [NWT Specialist] Supporting Education for Youth in the Child Welfare System	This training equips participants with the knowledge and skills needed to effectively work with missing and/or trafficked youth. Trainers will learn the essential steps to follow if a youth is missing from care, identify indicators of trafficking sex trafficking, and strategies for engaging and providing services to trafficked street youth. Trainers will learn how to access internal and external resources to support this vulnerable population.	3.5	Synchronous Webinar	L&D Team	Short Term	Case management, Trauma-informed care, human trafficking intervention, interagency collaboration, screening and assessment, and activities designed to identify and support victims of trafficking while ensuring proper referrals and service coordination within the child welfare system.	75%
DHHS - CP&S - [NWT Specialist] Supporting Trafficked or Missing Youth	This training delves deep into the critical concepts and practices surrounding trauma and trauma-informed care. Trainers will explore the role of CFS Specialists in addressing the impact of distress within the family system and how to minimize its effects. Topics include understanding Adverse Childhood Experiences (ACEs), identifying therapeutic services, setting realistic and assessing the reason for trauma, safety, permanency, and well-being. This session covers the core principles of trauma-informed care and offers guidance on responding effectively to trauma within families.	3.5	Synchronous Webinar	L&D Team	Short Term	Trauma informed care, case management, mental health services and referrals, child abuse and neglect issues, social work practice	75%
DHHS - CP&S - [NWT Specialist] Trauma Within Family Systems	This training equips participants with a comprehensive understanding of domestic violence as it relates to child welfare. Trainers will explore the different forms and signs of domestic violence, its impact on families, the power and control cycle, services available to victims and offenders, and practical strategies for engaging families experiencing domestic violence.	3.5	Synchronous Webinar	L&D Team	Short Term	Trauma-informed care, family engagement, domestic violence intervention, accountability practices, behavior change support, case management, safety planning/communication skills	75%
DHHS - CP&S - [NWT Specialist] Understanding and Addressing Domestic Violence	CFS Trainers will be trained in de-escalation techniques and different strategies for preventing, recognizing, and responding to worker safety threats. Trainers will become confident in knowing how to treat all people with respect and dignity, being aware of their surroundings by recognizing risk factors in all environments, and recognizing signs of escalation.	3	Synchronous in Person	L&D Team	Short Term	Worker Safety	50%
DHHS - CP&S - [NWT Specialist] Worker Safety	Trainers will get an understanding of how CFSR's are used to collect information to review state child welfare systems performance in areas of child protective services, foster care, and residential care. Trainers will understand how to conduct case file reviews with all individuals involved in the child, such as caseworker, parents, foster parents, and other professionals	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, regulatory compliance, and quality assurance practices designed to meet the outcomes of safety, permanency, and well-being	75%
DHHS - CP&S - [Small Blue] Child and Family Services Review (CFSR)							

DHHS - CR85 - [Small Blue] - Documenting Placement	Trainee will learn about what information is needed for foster parent or placements to be loaded into N-FOCUS. Trainees will learn how to create a change of placement in N-FOCUS and the importance of it.	0.75	Synchronous Webinar	L&D Team	Short Term	Case management, documentation practices, placement procedures	75%
DHHS - CR85 - [Small Blue] - Documenting ICWA	Trainees will know where to document active efforts and tribal information for ICWA families in NFOCUS. ICWA requirements will be followed in all cases (court, non-court, and Alternative Response) in which the Department knows or has Reason to Know that an Indian child is involved until it is determined that the case does not involve an Indian child.	0.75	Synchronous Webinar	L&D Team	Short Term	Cultural competency, case management, ICWA compliance, documentation practices	75%
DHHS - CR85 - [Small Blue] - Family Relationships and Notices	Trainees will learn how to create family relationships on NFOCUS under the "family relationships" icon on the Detail Program Case page. Trainees will gain an understanding on relationship notices including the policy and procedures of completing notices and who should be notified when a juvenile comes into care.	0.75	Synchronous Webinar	L&D Team	Short Term	Case Management, preservation of family, strengthen family relationships, Family engagement	75%
DHHS - CR85 - [Small Blue] - Nebraska Caregiver Responsibility Tool (NCR)	Trainees will understand the purpose of the Nebraska Caregiver Responsibility (NCR) Tool and learn what steps to take to complete the tool.	0.75	Synchronous Webinar	L&D Team	Short Term	Case management, documentation practices, placement procedures	75%
DHHS - CR85 - [Small Blue] - Parenting Time Plans	Trainees will be able to create a Parenting Time Plan in NFocus. They will understand the necessary information to complete the Parenting Time Plan and be able to locate it within the system.	0.75	Synchronous Webinar	L&D Team	Short Term	Case management, family engagement practices, reunification planning, visitation trauma-informed approaches, risk assessment and collaboration between parents, resource families, and child welfare staff.	75%
DHHS - CR85 - [Small Blue] - Referral Portal	Trainees will learn how to create a service referral to the State of Nebraska contracted providers through the CRFS Provider Portal. Trainees will learn to create referrals for services needed for families and court orders.	0.75	Synchronous Webinar	L&D Team	Short Term	Case management, service coordination, system use, and activities designed to ensure staff can efficiently create, track, and send service referrals	75%
DHHS - CR85 - [Small Blue] - Secondary Trauma	Trainees will learn about secondary trauma and its possible impact on workers.	0.75	Synchronous Webinar	L&D Team	Short Term	Trauma on Workers. Self care practices, resiliency practices for effective case management	50%
Introduction to Safety Organized Practice	Safety Organized Practice (SOP) is a collaborative approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and wellbeing for children. This method combines practices from solution-focused techniques, Signs of Safety™ (SOS), and Cultural Humility.	1.5	Asynchronous	L&D Team	Short Term	Family engagement, case management, risk assessment, and safety planning practices that support permanency and wellbeing. Emphasizes trauma-informed approaches, cultural responsiveness, and collaborative decision-making	75%
SAFE - Change Focused Contact	The Change Focused Contact process involves engaging families in solution-focused interventions to support family preservation and restoration. It covers the purpose, objectives, and structure of the process, the roles of the Ongoing CRFS Supervisor and Specialist, and the stages of change. Additionally, it explores interpersonal strategies for facilitating effective change during each meeting.	12	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%
SAFE - Initial Assessment	Trainees will become familiar with the Initial Assessment process. Explore information collection and the influence it has on impending danger and protective capacities. Learn how to develop safety plans and establish conditions of return when applicable.	18	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%
SAFE - Intake	Trainees will become familiar with the Intake Assessment process. They will understand the difference between present and impending danger. Additionally, will learn SAFE Model safety concepts and how they are applied to screening reports through information collection.	12	Asynchronous/Synchronous Webinar	L&D Team	Short Term	n/a	0%
SAFE - Ongoing Safety Management	The Ongoing Safety Management training focuses on managing and applying safety plans in out-of-home care settings. Participants will learn how to apply safety plan sufficiency criteria, differentiate between initial and ongoing safety decisions, and use indicators of safety in these settings.	3	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%
SAFE - Progress Assessment	The Progress Assessment training focuses on evaluating family progress towards goals. Participants will explore the relationship between family plan goals and progress measurement, understand the roles of specialists and supervisors, and learn the standardized approach for measuring progress. The session covers behavioral change indicators, safety management in decision-making, and applying criteria to enhance Protective Capacities.	12	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and social work methods including interviewing and assessment, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automated system	75%

SAFE - Protective Capacity Assessment	<p>The Protective Capacity Assessment training covers safety concepts, criteria, and their application in family planning. Participants explore the roles of Facilitators and supervisors, and develop the necessary skills to conduct the assessment. The session includes examining intervention stages, the Stages of Change, and creating family plan goals that enhance Protective Capacities.</p>	18	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, social work practice, such as family centered practice and a child welfare assessment. Planning, assessment, referral to services, permanency planning, communication skills, preserve and strengthen the family, cultural competency, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, child welfare automatic system	75%
SAFE - Safety Plan Determination	<p>The Safety Plan Determination training focuses on applying essential safety concepts to support decision-making in safety plans. Participants will explore the decision-making process and review the Conditions for Return in Ongoing Services to ensure effective safety management.</p>	3	Asynchronous/Synchronous Webinar	L&D Team	Short Term	Case management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%

Ongoing Training Descriptions

Course Title	Description	Expected Delivery Hours	Venue	Trainer(s) Lead(s)	Duration	Title I-VE Administrative Functions that the Training Serves	Base FFP Rate
Alternative Permanency	This training will prepare participants with an understanding of adoption and guardianship as permanency goals. Trainees will explore the key differences in case management for these goals and learn essential steps to facilitate timely and successful permanency outcomes for children and families.	1.5	Asynchronous	L&D Team	Short Term	Case management, permanency planning (including adoption and guardianship), legal procedures related to permanency, family engagement, and activities designed to achieve safe, stable, and permanent living arrangements for children in foster care.	75%
B21 & older youth	This training provides Child and Family Services (CFS) Specialists with a comprehensive overview of Nebraska's Bridge to Independence (B21) program—a voluntary support program designed to assist eligible young adults transitioning out of foster care at age 19. Participants will explore the core components of B21, including extended Medicaid coverage, ongoing case management, and financial support to promote self-sufficiency. In addition to B21, this session will delve into key resources and services available to older youth in care, such as independent living services, the use of APPLA (Another Planned Permanent Living Arrangement) as a permanency goal, and best practices for supporting youth in preparing for adulthood.	1.5	Asynchronous	L&D Team	Short Term	Case management, transition planning, services for youth aging out of foster care, independent living services, permanency planning (including APPLA), support for self-sufficiency, and activities designed to promote successful transition to adulthood for youth in care.	75%
Bites with Bish	Join Director Bish for a virtual "Bite" over the lunch hour. During these sessions, Director Bish and team will share important updates related to CFS, respond to questions and recognize the valuable contributions being made across our department. These sessions will also offer a meaningful opportunity to connect and engage with colleagues from across the state.	1	Synchronous Webinar	DHHS Staff	Short Term	Staff development, interdepartmental communication, professional engagement, team collaboration, and activities designed to foster communication, recognition, and ongoing professional growth across the child welfare system.	50%
Central Registry	This training offers a comprehensive overview of Nebraska's Child Abuse and Neglect Central Registry, administered by the Nebraska Department of Health and Human Services (DHHS). Participants will explore the registry's role in child protection, the legal standards for placement, and the various types of findings that may be recorded. The training will also cover the appeal and expungement process available to individuals seeking to challenge their placement on the registry.	1.5	Asynchronous	DHHS Staff	Short Term	n/a	0%
Children and Adult Resource Library (C.A.R.L.) and Policy/Tech	Trainees will learn how to navigate C.A.R.L. and locate Standard Operating Procedures, policies, and more.	0.5	Synchronous Webinar	L&D Team	Short Term	Resource navigation, case management, policy implementation, and activities designed to ensure that child welfare professionals can effectively access and utilize updated tools and resources, such as the Protection & Safety Resource Library, to enhance their ability to perform job duties and meet the needs of children and families in the system.	75%
Common Referral	Trainees will learn what necessary information is needed for common referral so that Placement can be searched	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, referral processes, interagency collaboration, information gathering, and activities designed to ensure proper and timely referrals for placement within the child welfare system.	75%
Correspondence in N-FOCUS	This training will provide trainees with an understanding of what Correspondence is and why it is used. Trainees will learn how to navigate through NFOCUS to create system generated documents for families.	0.5	Synchronous Webinar	L&D Team	Short Term	Documentation practices, case management, technology and system use, communication skills, and activities designed to ensure the accurate creation and delivery of system-generated correspondence for families within the child welfare system.	75%
Cultural Plans	Trainees will learn how to formulate a Cultural Plan for ICWA cases when children are placed in a non-Indian home or a home not affiliated with the child's tribe.	0.5	Synchronous Webinar	L&D Team	Short Term	Cultural competency, case management, ICWA compliance, family engagement, and activities designed to ensure culturally appropriate placement and services for Native American children while upholding the standards set by the Indian Child Welfare Act (ICWA).	75%
De-escalation	This training provides child welfare workers with essential de-escalation skills to effectively manage tense or emotionally charged situations. It is designed to help workers respond appropriately when interacting with parents, children, and other stakeholders who may become upset, anxious, or angry. The training covers a variety of de-escalation techniques, including verbal and non-verbal communication strategies, active listening, and building rapport, with the goal of reducing conflict and promoting positive outcomes. Participants will learn how to assess the situation, remain calm, and utilize tools to diffuse tension and foster cooperation. Additionally, the training emphasizes trauma-informed care and understanding the impact of stress and trauma on behavior. By the end of the training, child welfare workers will be better equipped to handle difficult interactions and maintain a safe, supportive environment for all parties involved in the child welfare process.	1.5	Synchronous Webinar	L&D Team	Short Term	Social work practice: communication skills; conflict resolution; family engagement; and activities that support trauma-informed care, preserve and strengthen family relationships, and ensure the safety and well-being of children.	50%
Developmental Disability	This training offers an overview of Developmental Disability (DD) services in Nebraska, including the criteria for qualifying for services, the types of services available, and an overview of the application process. It also examines how DD services impact state wards in the child welfare system in Nebraska and provides key contacts within the Nebraska DD Division.	1.5	Asynchronous	L&D Team	Short Term	Case planning and case management; service coordination for children with special needs; activities that support the safety, permanency, and well-being of children in foster care; and efforts to ensure appropriate access to services and supports for children with developmental disabilities.	75%
DHHS - ASPIRE: Cohort Finale - Participant Presentations - Your Champion Arc	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Trainees based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of any organization or team. DHHS consists of over 4,900 employees, of which over 65% are in a team/role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS trainees to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in their tribe' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Leadership capacity building, communication, and teamwork practices that enhance service delivery, organizational engagement, and role effectiveness for child welfare professionals	50%

DHHS - ASPIRE: Orientation	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Leadership capacity building, communication, and teamwork practices that enhance service delivery, collaboration, accountability for child welfare professionals	50%
DHHS - ASPIRE: Session 1 - Customer Service Starts with Why	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Leadership capacity building, communication, and teamwork practices that enhance service delivery, collaboration, accountability for child welfare professionals	50%
DHHS - ASPIRE: Session 2 - Personal Integrity - Building Trust through Authenticity	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Workforce development, ethical practice, professional behavior, and leadership activities that support integrity, transparency, and trust in service delivery and case management	50%
DHHS - ASPIRE: Session 3 - Teamwork-Leading in Place	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Workforce development, collaboration, communication, and leadership activities that enhance team-based approaches to case management, service delivery	50%
DHHS - ASPIRE: Session 4 - Adaptability – Fostering a Growth Mindset	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Workforce development, change management, professional resilience, and skill-building activities that support adaptability in child welfare practice, enhance service delivery, and promote continuous learning to meet the evolving needs of children and families.	50%
DHHS - ASPIRE: Session 5 - Accountability – Taking Action to Achieve Excellence	ASPIRE is comprised of Instructor-Led Sessions and Pre- and Post- course work. ASPIRE will offer you targeted training in a cohort of DHHS Teammates based on your application and approval by a selection committee. ASPIRE courses will focus on excellence in 5 competency areas: customer focus/service, integrity, teamwork, adaptability, accountability/dependability. Leading happens at all levels of an organization or team. DHHS consists of over 4,900 employees, of which over 85% are in a teammate role. The success of fulfilling the mission is accomplished through the dedication of all DHHS team members. ASPIRE is an opportunity for DHHS teammates to grow both professionally and personally in their role and to build towards their career aspirations. Through this program, participants will become 'champions' within their team and our organization by 'leading in place' to move the mission forward.	3	Synchronous Webinar	DHHS	Short Term	Workforce development, leadership capacity building, ethical practice, and professional responsibility—enhancing staff effectiveness in delivering consistent, high-quality child welfare services aligned with organizational goals and federal compliance standards.	50%
DHHS - CRGS - Background Check Portal Training	When background checks are done accurately, we are ensuring that children are supported by those that do not have a history of crimes that may affect the safety of our youth. This training details the importance of thorough background checks for safety and IV-E funding, and reviews how to run and document a background check using the Background Check Portal. This training is for staff on the background check team.	2	Synchronous Webinar	DHHS Staff	Short Term	Safety assessment, eligibility determination, compliance, case management, and activities designed to ensure that child welfare professionals understand the importance of accurate background checks, comply with IV-E funding requirements, and effectively use the Background Check Portal to maintain child safety and well-being.	75%
DHHS - CRGS - CFSS Random Moment Time Study (RMIS) (Curriculum)	This short training provides an overview of the process of completing the Random Moment in Time Surveys, and details why these are important for the work that is done in CRGS.	0.25	Asynchronous	DHHS Staff	Short Term	Administrative procedures, data collection, and system use designed to ensure accurate tracking and reporting of IV-E case management tasks for compliance and funding purposes in the child welfare system.	50%

DHHS - CR&S - Court Appointed Special Advocate Learning Bite	Court Appointed Special Advocates, commonly referred to as CASA, are volunteers appointed by Judges to advocate for children's best interest. This best-interest advocacy makes a life changing difference for children and youth who have experienced abuse or neglect, many of whom are in foster care. This learning bite provides a brief overview of the history of Court Appointed Special Advocates, sharing information with CASA, CSS Specialists' expectations when working with CASA, and the benefits of working with CASA for both the youth and the CSS Specialist.	0.25	Asynchronous	DHHS Staff	Short Term	Case management, collaboration, advocacy, service coordination, and activities designed to support the partnership between CASA and CSS Specialists, ensuring the best interests of children are met through advocacy and effective teamwork in the child welfare system.	75%
DHHS - CR&S - Family First Prevention and Services Act Overview (FPPSA)(Curriculum)	This course provides an overview of the provisions of the Family First Prevention and Services Act (FPPSA) which will directly impact the work of Child and Family Services Specialists and Supervisors. It includes information regarding the purpose and philosophy of FPPSA, details on Candidates for Foster Care, the Foster Care Prevention Plan, information on how placements will be impacted by FPPSA, and step-by-step instructions for NFOCUS changes that will occur as a result of the implementation of FPPSA.	0.75	Asynchronous	DHHS	Short Term	Family engagement, case management, prevention planning, placement decisions, documentation practices, and activities designed to ensure compliance with the Family First Prevention and Services Act in supporting the safety, permanency, and well-being of children.	75%
DHHS – CR&S – Health Services Training: Psychotropic Medication	To provide staff with a brief review and resources on the psychotropic medication checklist for the youth we serve.	0.25	Asynchronous	DHHS Staff	Short Term	Health services, medication management, case documentation, and activities designed to ensure appropriate monitoring and documentation of psychotropic medication usage for children and youth in the child welfare system	75%
DHHS - CR&S - ICPC - NEICE 2.0- Case Worker Role	This training focuses on the NEICE 2.0 case worker role, providing an overview of how child welfare professionals utilize the NEICE 2.0 system in the Interstate Compact on the Placement of Children (ICPC) process. The session will cover the case worker's responsibilities in managing placements across state lines and ensuring compliance with ICPC guidelines.	0.75	Asynchronous	DHHS Staff	Short Term	Case management, cross-state coordination, policy compliance, and activities designed to ensure the effective use of the NEICE 2.0 system in the ICPC process, facilitating the safe and appropriate placement of children across state lines while maintaining compliance with federal and state regulations.	75%
DHHS - CR&S - ICPC - NEICE 2.0- Overview	This training provides an overview of the NEICE 2.0 system, which is used to facilitate the Interstate Compact on the Placement of Children (ICPC). Participants will learn about the system's functionality and how it supports case workers in managing cross-state placements and ensuring compliance with ICPC guidelines.	0.25	Asynchronous	DHHS Staff	Short Term	Case management, cross-state coordination, policy compliance, system use, and activities designed to familiarize child welfare professionals with the NEICE 2.0 system to improve the efficiency and effectiveness of interstate placements while ensuring compliance with ICPC standards.	75%
DHHS - CR&S - Interpretation and Translation Services (Curriculum)	Provide instruction on when to and how to use interpretation and translation services.	0.5	Asynchronous	DHHS Staff	Short Term	Cultural competency, case management, service coordination, and activities designed to ensure child welfare professionals can effectively utilize interpretation and translation services to engage families, ensure understanding, and uphold the rights and well-being of individuals from diverse linguistic backgrounds.	75%
DHHS - CR&S - Introduction to Juvenile Probation	This course provides a summary and overview of the purpose, role and functions of the Juvenile Probation system. This course will provide information regarding probation intake, assessment, case management and services as well as detention and detention alternatives. This training provides a review of Nebraska statutes, as well as best practices and programming within Juvenile Probation. The course provides thorough providing information about when probation is the most successful and how it can support a young person's future opportunities, including rates of re-entry and success outcomes.	0.75	Asynchronous	Juvenile Probation	Short Term	Juvenile justice case management, probation services, assessment, detention alternatives, policy adherence ensures knowledge of services and probation overlap with CW families.	75%
DHHS - CR&S - Introduction to Safety Organized Practice Online Course (Curriculum)	Safety Organized Practice (SOP) is a collaborative approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. This method combines practices from solution-focused techniques, Signs of Safety, Trauma-Informed practice, Structured Decision Making™ (SDM), and cultural humility. This 90-minute self-paced training offers a concise exploration of the array of tools employed in Safety Organized Practice.	1.5	Asynchronous	DHHS Staff	Short Term	Family engagement, case management, risk assessment, and safety planning practices that support permanency and well-being. Emphasizes trauma-informed approaches, cultural responsiveness, and collaborative decision-making	75%
DHHS - CR&S - Learning Lab: Medical Services: Substance Use and Mental Health Stigma Reduction	To provide information on reducing stigma associated with mental health and substance use needs.	1	Synchronous Webinar	DHHS Staff	Short Term	Mental health services, substance use, Trauma-informed practice, case management, and activities designed to reduce stigma related to mental health and substance use issues, ensuring child welfare professionals are equipped to provide supportive, non-judgmental care and services to children and families facing these challenges.	75%
DHHS - CR&S - Medical Services Learning Lab: Disability Services	Learning Labs are an opportunity to learn more about medical and clinical concerns and resources across the State. This session is focused on helping DSS staff learn more about The Division of Developmental Disabilities (DD). Staff from DD will present and be available for questions.	1	Synchronous Webinar	DHHS Staff	Short Term	Medical services, disability services, case management, and activities designed to enhance child welfare professionals' understanding of developmental disabilities and available state resources, ensuring they can effectively navigate medical and clinical concerns in cases involving children with disabilities.	75%
DHHS - CR&S - Noontime Knowledge: Protection & Safety Resource Library	Provide staff with an overview of changes made to the P&S Resource Library including new structure, updated search functions, and new name. Ensure that staff have easy access to the tools that are needed for them to successfully complete their job duties.	1	Synchronous Webinar	DHHS Staff	Short Term	Resource navigation, case management, policy implementation, and activities designed to ensure that child welfare professionals can effectively access and utilize updated tools and resources, such as the Protection & Safety Resource Library, to enhance their ability to perform job duties and meet the needs of children and families in the system.	75%
DHHS - CR&S - NIT Adoption Competency, Welfare Professionals Training Supervisors (Curriculum)	The National Adoption Competency Mental Health Training Initiative (NAMI) launches state of the art, evidence and trauma informed training for child welfare professionals to enhance competency and improve outcomes for children and families. The training will help you help children and families with increased knowledge of the complexities of adoption, kinship and guardianship. The training will enhance professional skills needed to promote stability and permanency for children and their families. Staff will improve capacity to apply trauma-informed, attachment based case work.	20	Asynchronous	C.A.S.E.	Short Term	Adoption and permanency planning, trauma-informed practice, case management, cultural competency, and activities designed to enhance child welfare professionals' skills in working with adopted, kinship, and guardianship families, applying trauma-informed and attachment-based approaches to improve outcomes for children and families.	75%

DHHS – CR&S – Referral Module Lunch and Learn	This course will inform staff on the new CRS Admin Portal in which to create and send service referrals.	1	Asynchronous	DHHS Staff	Short Term	Case management, service coordination, system use, and activities designed to ensure staff can efficiently create, track, and send service referrals through the new CRS Admin Portal, promoting timely access to services	75%
DHHS – CR&S – Safety Organized Practice – Module 1: Interviewing for Safety and Danger	Participants learn key Safety Organized Practice themes during Module 1, addressing safety and danger. Topics include: "Safety" (rest as a verb-it's not just a noun, it's an action. The idea of using signs of safety and the SDM system together, and keeping a trauma lens, does not represent wholesale new things to do, but new ways of doing things. SOP embodies best practice and draws from both engagement strategies/intuitive thought on one hand, and research-based, systematic, point-in-time assessment tools on the other). This approach encourages reflective practice. Interviewing should seek a rigorous balanced assessment of both the history of the harm and a history of the protection. This approach will build better relationships with families while we receive better and more accurate information. Relationships are key to resolving past trauma. The focus of all conversations should be on child safety. In order for us to make the best decisions we need to gather information, and the best information comes from a trusting relationship. Trusting relationships are built when people feel seen and appreciated fully - both for their worries and successes. Eliciting a rigorous, balanced assessment also serves our assessment function - we do better assessments when we have asked about both worries and successes. Just because a tool lists questions does not mean that is the order of questions, or even the words that should be used. SDM tools can help sharpen our inquiry before we leave the office	3	Synchronous Webinar	DHHS Staff	Short Term	Safety assessment, trauma-informed interviewing, and case planning practices that enhance child safety and family engagement. Emphasizes a balanced assessment approach, effective communication, and the integration of trauma-informed and research-based tools for better decision-making.	75%
DHHS – CR&S – Safety Organized Practice – Module 10: Landing Safety Organized Practice in Everyday Work	All parts of this series - interviewing for safety as well as danger, behavioral detail, the voice of the child, solution-focused questions, the SDM system, harm and danger statements, safety goals, the use of safety networks, a clear articulation of safety actions the parents will take - can be landed in our usual documentation and strengthened. In particular: A rigorous, balanced assessment should be documented in case notes and court reports. In particular: Case plans that reflect rigorous, balanced assessments and that reference actions of protection that mitigate the danger are an effective way to ensure that the family is building safety for the child. In particular: Testifying in court is easier and more effective when a rigorous, balanced assessment has previously been completed and documented in case notes, court reports, and in the case plan	3.5	Synchronous Webinar	DHHS Staff	Short Term	Case documentation, assessment, and safety planning practices that support permanency and well-being. Emphasizes rigorous, balanced assessments and the integration of safety actions into case planning to promote effective interventions and successful legal outcomes.	75%
DHHS – CR&S – Safety Organized Practice – Module 11: Organizational Environments	Appreciative Inquiry (AI) is an approach to organizational change that draws on a core belief very closely related to solution-focused practice: What we pay the most attention to has the best chance of growing. AI can be used to help solidify new ways of working within an organization and with families, and it can help individuals recognize their own skills and solutions to difficult problems. "Appreciative Inquiry is the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discovery of what gives a system "life" when it is most effective and most capable." Michael White says, "I never assume that bringing together a group of people without a structure will be helpful. Holding to a firm and transparent structure creates the best possible conditions for success." Group supervision offers an opportunity for sharing our practice and for reflection. It is an integral practice in a learning organization.	3	Synchronous Webinar	DHHS Staff	Short Term	Organizational development, reflective supervision, and collaborative problem-solving practices that enhance child welfare work. Emphasizes strengths-based approaches, continuous learning, and the application of solution-focused strategies to improve outcomes for children and families.	75%
DHHS – CR&S – Safety Organized Practice – Module 12: Summary and Looking to the Future	The components of Safety Organized Practice can be used throughout the case process. Very few aspects are used just once in case. We have learned many new skills and strategies in our work, and children and families have been positively impacted by this new approach to our work. There are several recurring themes in the modules - such as the importance of relationships, the importance of balanced assessments, and the importance of approaching families from a place of inquiry and humility, rather than from a place of being an expert. The organizations within which we work have an impact on our work and the work we do has an impact on the organizations within which we work.	3	Synchronous Webinar	DHHS Staff	Short Term	Case management, relational engagement, and balanced assessments focused on improving child safety, permanency, and well-being. Emphasizes trauma-informed, strength-based approaches, collaborative decision-making, and continuous professional development.	75%
DHHS – CR&S – Safety Organized Practice – Module 2: Small Voices, Big Impact	Participants will learn key Safety Organized Practice themes during Module Two addressing engagement with children. Topics include: Approaches for including children as partners in all aspects of the work. Children have important information. They know what is happening in the family. Children are affected by what is happening. Children deserve to have information from us about what is happening to them. Parents often think adult problems are hidden from the children, i.e., "The children don't know that we fight/smoke pot". Reminders about basic purposes and processes in Interviewing Children. An introduction to the Three Houses, an introduction to the Safety House.	3	Synchronous Webinar	DHHS Staff	Short Term	Child engagement, safety planning, and interviewing techniques that promote family involvement and ensure child welfare. Emphasizes trauma-informed practices, child-centered decision-making, and collaborative approaches to enhance child safety and well-being.	75%
DHHS – CR&S – Safety Organized Practice – Module 3: Solution Focused Inquiry	Participants will learn: To introduce Solution Focused Questions and explore though practice how to utilize SFRQ to elicit the information for the three questions	3	Synchronous Webinar	DHHS Staff	Short Term	Assessment and inquiry practices that support safety planning and family engagement. Focuses on using Solution Focused techniques to gather essential information, promote family involvement, and facilitate collaborative decision-making to ensure child safety and well-being.	75%
DHHS – CR&S – Safety Organized Practice – Module 4: Mapping with Families	Participants will learn: What case mapping is and how to use it with families	3	Synchronous Webinar	DHHS Staff	Short Term	Case mapping, family engagement, and safety planning practices that promote collaboration and enhance child safety. Emphasizes visual tools to strengthen family understanding, involvement, and proactive problem solving in child welfare cases.	75%
DHHS – CR&S – Safety Organized Practice – Module 5: Harm, Danger, Statements and Safety Goals	Participants learn about Harm and Danger Statements and Safety Goals. They will learn what the definitions are of each of these and how to craft them with families so that families better understand the agency's worries for their family	3.5	Synchronous Webinar	DHHS Staff	Short Term	Risk assessment, safety planning, and family engagement practices that identify and address harm and danger to ensure child safety. Emphasizes collaborative decision-making and clear communication with families to improve understanding and enhance child well-being.	75%

DHHS – CR&S – Safety Organized Practice – Module 6: Safety Networks	Participants learn what safety networks are and how they can be formed and used in working with families. They will learn about the importance of finding all relatives to build networks for families. They will also learn about the Circles of Support and Inclusion (CSI) model.	3.5	Synchronous Webinar	DHHS Staff	Short Term	Family engagement, safety planning, and case management practices that enhance child safety and permanency. Emphasizes the identification of supportive family networks and the use of collaborative, culturally responsive approaches in safety decision-making.	75%
DHHS – CR&S – Safety Organized Practice – Module 7: Safety Planning	Participants learn that this module builds on and reinforces all previous modules and brings them together to create effective plans. Participants will learn that safety planning is a collaborative process designed to make rigorous, action-based plans. These plans should focus on creating ongoing, sustainable safety for the child. These plans need to be slightly different at different times and for different purposes, but the principles and process are always the same.	3	Synchronous Webinar	DHHS Staff	Short Term	Safety planning, case management, and risk assessment practices that ensure child safety through collaborative, action-focused, and sustainable plans. Emphasizes trauma-informed approaches and continuous engagement with families to address risks and ensure child wellbeing.	75%
DHHS – CR&S – Safety Organized Practice – Module 8: Reunification & Visitation	Participants learn that all of the principles and values we have covered in this series so far can be applied to reunification and visitation work. In reunification work, having a network is essential as you begin to create plans that give parents a chance to demonstrate protection. Progressive, creative visitation plans can be made where children remain safe and parents can receive opportunities to demonstrate protection and show that they are addressing the risk. Active involvement of resource families with birth families increases the likelihood of a successful placement and a timely reunification.	3	Synchronous Webinar	DHHS Staff	Short Term	Reunification planning, visitation strategies, and family engagement practices aimed at achieving safe and timely reunification. Emphasizes trauma-informed approaches, risk assessment, and collaboration between parents, resource families, and child welfare staff. Focuses on ensuring child safety while supporting parental capacity to address risks.	75%
DHHS – CR&S – Safety Organized Practice – Module 9: Permanency	All of the principles and values covered in this series so far can be applied to legal and relational permanency work. The best permanency work we do is when we create plans that allow children to remain safely in the home. Placement and permanency are not the same thing. Concurrent planning is the practice of simultaneously pursuing more than one option for permanency for children placed by child welfare in out-of-home care. For permanency work with youth in long-term care, keeping a sense of urgency and hopefulness in finding families is critical and can be a creative part of the process.	3	Synchronous Webinar	DHHS Staff	Short Term	Permanency planning, case management, and concurrent planning practices aimed at ensuring child safety and long-term stability. Emphasizes urgency, creativity, and collaboration in finding permanent families for children in foster care, with a focus on child welfare regulations and trauma-informed approaches.	75%
DHHS - CR&S - Safety Organized Practice Overview	The course provides an overview of the foundational theories and practices that comprise SOP. The training will expose the learner to the integrated approach of SOP and offer opportunities for practicing concrete tools. SOP draws on a variety of methods and tools including Structured Decision-Making, trauma-focused practice, and Signs of Safety. The training will help the learner to conduct balanced, rigorous assessments that focus on both safety and danger as well as how to use conversations with families and their networks to facilitate change. The overview provides a foundation for a learner before participating in the SOP Modules.	8	Synchronous Webinar	DHHS Staff	Short Term	Family engagement, case management, risk assessment, and safety planning practices that support permanency and wellbeing. Emphasizes trauma-informed approaches, cultural responsiveness, and collaborative decision-making.	75%
DHHS - CR&S - Why ICWA? Contemporary Issues for Native American Families	In this online seminar, CFS staff will gain a better understanding of historical trauma for American Indian and Alaskan Native people and the historical implications of ICWA going beyond what is taught in new worker training. Participants will gain further knowledge and understanding of why the ICWA was passed and why it is still relevant today. Historical and intergenerational trauma, disproportionate rates of domestic violence, Native women face on and off reservations, and social issues in Indian country – including health and mental health disparities and suicide rates.	3	Synchronous Webinar	DHHS Staff	Short Term	Enhances cultural competency and legal knowledge related to ICWA, supports compliance with federal requirements for serving Native American families, and promotes trauma-informed, culturally responsive child welfare practice.	75%
DHHS - CR&S - Why ICWA? Historical Trauma and resulting social issues	To give a more in-depth look at ICWA and its requirements and a better understanding of indigenous cultures and values and the issues Native people face. In this online seminar, DCFS workers will gain a better understanding of historical trauma for AI/AN people and the historical implications of ICWA beyond what is taught in new worker training.	3	Synchronous Webinar	DHHS/ NICWC	Short Term	Cultural competency, legal and historical context of ICWA, and strategies for engaging and supporting Native American families in alignment with federal child welfare requirements.	75%
DHHS - CR&S - Why ICWA? Disproportionate rates of domestic violence Native women face on and off reservations Social issues in Indian country – health and mental health disparities and suicide rates	Learning Objectives: Historical and intergenerational trauma Disproportionate rates of domestic violence Native women face on and off reservations Social issues in Indian country – health and mental health disparities and suicide rates	3	Synchronous Webinar	DHHS/ NICWC	Short Term	Enhances cultural competency and legal knowledge related to ICWA, supports compliance with federal requirements for serving Native American families, and promotes trauma-informed, culturally responsive child welfare practice.	75%
DHHS - CR&S - Background Portal Training (Learning Bite (Curriculum))	This training serves as a guide to the process of how the field requests a background check using the new portal. This training provides step by step guidance on using the portal as well as reminders of IV-E eligibility and the importance of being thorough in requests.	0.25	Asynchronous	DHHS Staff	Short Term	Eligibility determination, compliance, background checks, and activities designed to ensure child welfare professionals are knowledgeable about the background check process, IV-E eligibility requirements, and the importance of thorough documentation in the background check process for appropriate case management.	75%
DHHS - HIPAA Policies	This training is to provide team members with the Agency HIPAA policies to review. The team members will certify that they have read the policies once completed.	1	Asynchronous	DHHS Staff	Short Term	Compliance, confidentiality, privacy practices, and activities designed to ensure child welfare professionals are trained in HIPAA policies and procedures, maintaining the privacy and security of sensitive information within the child welfare system.	50%
DHHS - RISE Respect, Inspire, Serve, Educate - Business Acumen	Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader. During this session, participants will learn to: Define business acumen at DHHS Discuss what it means to you and your team	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership, supervisory skills, organizational management, communication, and activities designed to enhance leadership competencies within child welfare, ensuring effective team management and engagement, while fostering a supportive work environment for staff	50%

<p>DHHS - RISE Respect, Inspire, Serve, Educate - Defining Values to Lead Authentically</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Define your Values Recognize how Values & Leadership Styles manifest in our work Delve into what a Leadership Legacy is & why it matters Compose the beginning aspects of Your Leadership Legacy Statement 	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, reflective supervision, workforce engagement, and values-driven management practices that strengthen ethical decision-making and support consistent, mission-aligned leadership	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Effective Communication</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Examine why and how we communicate Discuss communicating between generations Identifying stress in others and promoting wellbeing Review tips and considerations when communicating during uncertain situations 	3	Synchronous Webinar	DHHS Staff	Short Term	Workforce development, leadership communication, staff engagement, and practices that promote effective supervision, organizational transparency, and emotionally intelligent leadership	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Emotional Intelligence and Empathy</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Recall the 4 components of emotional intelligence Identify skills to build an emotionally intelligent mindset Discuss actions to take to practice Emotional Intelligence and Empathy 	3	Synchronous Webinar	DHHS Staff	Short Term	Workforce development, leadership competencies, emotional intelligence, and practices aimed at enhancing staff engagement, emotional wellbeing, and team cohesion	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Engagement</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Define engagement Recognize drivers of engagement and motivation in the workplace Analyze their team's experience & their impact on team's engagement Identify activities & tools to build and sustain engagement 	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team engagement, motivation strategies, and practices designed to enhance leadership effectiveness and foster a positive, productive environment	50%

<p>DHHS - RISE Respect, Inspire, Serve, Educate - Getting Radically Candid - Feedback & Feedforward</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues: The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p>	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, communication skills, feedback and feedforward practices, and techniques to enhance team engagement, development, and performance	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Innovation, Access, & Belonging</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues: The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p>	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development and capacity building. Enhancing understanding of diversity and inclusion in leadership. Developing strategies for managing diverse and multi-generational teams.	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Leading Change and Cultivating Resilience</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues: The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p>	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team engagement, strategies for promoting innovation and belonging in a multi-generational, diverse workforce, change management	50%

<p>DHHS - RISE Respect, Inspire, Serve, Educate - Leading Others</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges: Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Examine the difference between managing versus leading Discuss Your Leadership Legacy Statement Determine how to delegate with confidence Identify practices to inspire innovation 	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team empowerment, innovation facilitation, delegation, and practices designed to enhance leadership effectiveness and engagement	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Orientation</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges: Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Be welcomed into the RISE cohort and introduced to fellow cohort members Be assigned accountability partners for the cohort Review the RISE Syllabus Understand RISE Program Expectations 	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team building, accountability practices, and foundational leadership skills designed to support the growth and effectiveness	50%
<p>DHHS - RISE Respect, Inspire, Serve, Educate - Tailoring Leadership Practices to Individual & Team Preferences</p>	<p>RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues. The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges: Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.</p> <p>Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.</p> <p>During this course, participants will learn to:</p> <ul style="list-style-type: none"> Analyze the work of helping people live better lives Identify practical strategies to tailor your management practices to each teammate Understand the strengths & preferences of your team Discover next steps to improve team performance with your entire group 	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team management, individualized coaching strategies, and enhancing team performance through tailored leadership approaches	50%

DHHS - RISE Respect, Inspire, Serve, Educate - Transcending Your Growth Edge	RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues: the fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, personal growth, self-awareness, and overcoming obstacles to leadership effectiveness.	50%
DHHS - RISE Respect, Inspire, Serve, Educate - Trust	RISE is composed of instructor-led sessions and pre- and post-course work. RISE will offer you leadership training in a cohort of DHHS People Leaders based on your application and approval by a selection committee. RISE courses will focus on crucial leadership issues: The fundamental rules of supervision haven't changed much, but the circumstances in which people leaders are asked to lead have. Working with a diverse, fast-paced, multi-generational workforce presents its own challenges. Is the job of a people leader tough? Yes. It's also one of the most important roles within an organization! No one impacts the level of engagement more than a teammate's immediate leader. RISE will ground you in the tried-and-true foundations of leading people and teaches you innovative ways to practically apply the skills in your day-to-day role as a leader.	3	Synchronous Webinar	DHHS Staff	Short Term	Leadership development, team-building, trust cultivation, and sustainable leadership practices. This session helps DHHS People Leaders develop the trust-building competencies needed to foster high-performing, collaborative teams	50%
DHHS - Utilizing Policy/Tech as an Assigner	Upon completion of the program, participants will have developed and refreshed their skills acumen. Through practical application in the course, participants will be able to immediately apply the competencies and techniques learned in their day-to-day role as a leader.	0.25	Asynchronous	DHHS Staff	Short Term	Administrative procedures, policy management, system use, and activities designed to ensure staff are effectively utilizing Policy/Tech for policy assignment, tracking, and compliance within the child welfare system.	50%
Document Imaging	In this training, Child and Family Services (CFS) specialists will have an overview of Document Imaging. Trainees will be able to upload documents into Document Imaging, be able to search Document Imaging, and locate the Document Imaging icon.	0.5	Synchronous Webinar	L&D Team	Short Term	Documentation management, administrative procedures, technology and system use, record-keeping practices, and activities designed to ensure proper handling, storage, and retrieval of case-related documents within the child welfare system.	50%
Documenting Parental Rights	In this training Child and Family Services (CFS) specialists learn how to enter parental rights into NFOCUS. Trainees will also learn to make changes to accurately reflect when parental rights are relinquished or terminated.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, legal documentation, system use, policy compliance, and activities designed to ensure the accurate entry and management of parental rights information within NFOCUS, in alignment with child welfare practices and legal requirements.	75%
Domestic Violence - Abuser	This training will prepare Child and Family Services (CFS) specialists with trauma-informed strategies for engaging individuals who use violence in relationships. Through interactive role plays and case-based scenarios, participants will learn approaches for holding perpetrators accountable, supporting behavior change, and applying family-centered practices that prioritize survivor safety, accountability, and long-term healing.	1.5	Synchronous Webinar	L&D Team	Short Term	Trauma-informed care, family engagement, domestic violence intervention, accountability practices, behavior change support, case management, and activities designed to hold perpetrators accountable while ensuring survivor safety, healing, and family well-being.	75%
Domestic Violence - Survivor	This training provides Child and Family Services (CFS) specialists with practical, trauma-informed strategies for supporting survivors of domestic violence. Through interactive role plays and case-based scenarios, participants will learn to engage survivors with empathy, build collaborative safety plans, and apply survivor- and family-centered approaches that promote safety and autonomy.	1.5	Synchronous Webinar	L&D Team	Short Term	Trauma-informed care, safety planning, family engagement, case management, domestic violence intervention, communication skills, and activities designed to support survivors of domestic violence while promoting family safety, autonomy, and well-being.	75%
Ecomaps and Genograms	In this training provides Child and Family Services (CFS) specialists will learn how to create ecomaps and genograms and the importance of each.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, family engagement, assessment tools, cultural competency, and activities designed to support the understanding of family dynamics, identify resources and supports, and promote effective service planning and intervention within the child welfare system.	75%

Economic Assistance Programs	In this training, Child and Family Services (CFS) specialists will learn the internal state benefits available to families, and how to navigate reviewing the benefits.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, resource coordination, family engagement, financial assistance programs, and activities designed to support families in accessing and utilizing state benefits to promote their stability and well-being within the child welfare system.	75%
Employee Tools	This training provides Child and Family Services (CFS) specialists will learn how to access the employee tools and which ones are important for use including: Link Travel Authorization and Reimbursement Remote Support Kronos	0.5	Synchronous Webinar	L&D Team	Short Term	Staff development, administrative procedures, technology and system use, policy and procedure compliance, and activities designed to enhance staff efficiency, accessibility of resources, and effective utilization of employee support	0%
EZ Access Reporting	In this training, Child and Family Services (CFS) specialists will learn how to locate EZ Access on the intranet. Trainees will be able to navigate to the due date trackers, log into the bi-portal, and find the tracking sheets and Protection and Safety reports they are looking for.	0.5	Synchronous Webinar	L&D Team	Short Term	Data management, reporting processes, technology and system use, case tracking, and activities designed to ensure staff can efficiently access and utilize tracking sheets and reports for effective case management and compliance within the child welfare system.	50%
Foster Care Review Office Learning Bite	Since 1982, the Foster Care Review Office (FCRO) has been the independent state agency responsible for overseeing the safety, permanency, and well-being of all children who are out of home or who have been in out of home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, the FCRO is the authoritative voice for all children and youth who have been placed out of home. This learning bite provides a brief overview of the creation of the FCRO, the process in which they review cases, the expectations of the Child and Family Services (CFS) specialists when one of their families is being reviewed, and additional resources provided by the FCRO.	0.25	Asynchronous	DHHS Staff	Short Term	Case management and service delivery, reinforcing safety, permanency, and well-being,	75%
Health Services Training: Dental	This learning bite provides CFS staff with a brief review and resources on dental health needs of the youth we serve.	0.08	Asynchronous	DHHS Staff	Short Term	Promotes case planning and service delivery related to the health needs of children in foster care by increasing staff understanding of dental care, referrals, and follow-up care to ensure children receive essential medical services	75%
Health Services Training: Physical Health	This learning bite provides CFS staff with a brief review and resources on physical health needs of the youth we serve.	0.08	Asynchronous	DHHS Staff	Short Term	Promotes case planning and service delivery related to the health needs of children in foster care by increasing staff understanding of physical health, referrals, and follow-up care to ensure children receive essential medical services	75%
Health Services Training: Vision	This learning bite provides CFS staff with a brief review and resources on vision health needs of the youth we serve.	0.08	Asynchronous	DHHS Staff	Short Term	Promotes case planning and service delivery related to the health needs of children in foster care by increasing staff understanding of vision screening, referrals, and follow-up care to ensure children receive essential medical services	75%
Immigration	In this training, CFS staff will gain knowledge and tools needed to effectively engage and support immigrant children and families. Participants will gain a deeper understanding of the intersection between immigration and the child welfare system, including key terminology, strengths, and common barriers immigrant families may face.	1.5	Synchronous Webinar	L&D Team	Short Term	Family engagement, case management, understanding legal and immigration issues, communication skills, and activities designed to support immigrant children and families while promoting their safety, stability, and well-being within the child welfare system.	75%
Information Sharing	This training will explore the who, what, and how of information sharing within the child welfare system. CFS staff will learn who information can be shared with, how to appropriately request and obtain information from partners, and what federal and state policies guide these decisions.	1.5	Asynchronous	L&D Team	Short Term	Legal and ethical responsibilities, confidentiality, interagency collaboration, information management, policy and procedure compliance, and activities related to the proper sharing of information within the child welfare system to ensure the safety and well-being of children and families.	75%
Interfaces in N-FOCUS	This training provides Child and Family Services (CFS) specialists will learn what information is can be found in the "Interfaces" button on the N-FOCUS main menu.	0.5	Synchronous Webinar	L&D Team	Short Term	Data management, case management, technology and system use, documentation practices, and activities designed to ensure the proper use of the N-FOCUS system for accessing and managing case-related information.	50%
Interstate Compact on the Placement of Children (ICPC)	In this training, Child and Family Services (CFS) specialists will understand the process of completing an ICPC and coordinating care of youth with child welfare agencies in other states. Trainees will review the process of both placing a youth in a placement outside of state of Nebraska, as well as when the ward of another state is placed in Nebraska.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, interstate coordination, legal and policy compliance, placement services, and activities designed to ensure the proper placement and coordination of youth across state lines while maintaining compliance with ICPC requirements and ensuring the safety and well-being of the child.	75%
Letter of Agreement (LOA)	In this training, Child and Family Services (CFS) specialists learn what a Letter of Agreement is, when they are used to pay for services, and how to submit an LOA request.	0.5	Synchronous Webinar	L&D Team	Short Term	Financial management, case management, administrative procedures, service coordination, and activities designed to ensure the proper use and submission of Letters of Agreement for service payment within the child welfare system.	75%
Mandatory Reporter	Nebraska law requires all adults to report suspected child abuse or neglect. This self-paced, interactive training provides Child and Family Services (CFS) specialists with the knowledge to fulfill their legal responsibilities while promoting family-centered, trauma-informed responses.	1	Asynchronous	L&D Team	Short Term	Child abuse and neglect identification, legal and ethical responsibilities, trauma-informed care, family-centered practice, and activities designed to promote child safety and well-being while ensuring compliance with state reporting laws.	75%
Medical and Conditions in N-FOCUS	In this training, Child and Family Services (CFS) specialists will learn how to navigate to the program person in N-FOCUS to find the condition, medical, and medication tabs. Trainees will know how to document appointments, medication, diagnoses, allergies and immunizations.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, medical documentation, health assessments, technology and system use, and activities designed to ensure the accurate and timely documentation of medical and health-related information for children in the child welfare system within N-FOCUS.	75%

Noontime Knowledge: 2024 Legislative Overview	A comprehensive overview of the 2024 Legislative Session in Nebraska, focusing on bills directly impacting child welfare. This webinar will delve into key legislative proposals, providing insights and analysis to help CFS staff navigate potential changes and their implications for child welfare practices. Stay informed and prepared to advocate for the best interests of children in our state.	1	Synchronous Webinar	DHHS Staff/Lauren Micek Vargas, Education Rights Council	Short Term	Policy analysis, legislative advocacy, case management, and activities designed to help child welfare professionals stay informed about changes in child welfare law and policy, ensuring that they are equipped to navigate legislative updates and advocate effectively for children and families in the system.	50%
Noontime Knowledge: Special Education Advocacy	Lauren Micek Vargas of the Education Rights Council, Angela Miles, DHHS Wellbeing Administrator and Allison Wilson, DHHS Program Specialist provided a discussion of student education rights under State and Federal Law for CFS staff.	1.5	Synchronous Webinar	DHHS Staff/Lauren Micek Vargas, Education Rights Council	Short Term	Education advocacy, legal rights, case management, and activities designed to ensure child welfare professionals are informed about special education rights, state and federal laws, and how to advocate for the educational needs of children in the child welfare system, promoting their well-being and ensuring access to appropriate educational resources.	75%
Outlook	In this training Child and Family Services (CFS) specialists will learn how to navigate their Outlook Calendar.	0.5	Synchronous Webinar	L&D Team	Short Term	Administrative procedures, time management, communication skills, and activities designed to enhance staff efficiency and productivity through effective use of Outlook tools within the child welfare system.	50%
PAVE	PAVE is an innovative platform designed for anyone who comes in contact with potential trafficking victims, facilitating best practices and creating a single screening, assessment, and referral process for victims of trafficking. This training provides information on creating an account and takes you to the PAVE site for a walkthrough and practice on the PAVE software for CFS staff.	1	Asynchronous	L&D Team	Short Term	Trauma-informed care, human trafficking intervention, case management, interagency collaboration, screening and assessment, and activities designed to identify and support victims of trafficking while ensuring proper referrals and service coordination within the child welfare system.	75%
Person Detail in N-FOCUS	In this training Child and Family Services (CFS) specialists will understand the purpose of the person detail icons in N-FOCUS, and learn what steps to take when utilizing them.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, data management, technology and system use, documentation practices, and activities designed to ensure the accurate entry, tracking, and management of person-specific information within the N-FOCUS system.	75%
Protection and Safety Forms	In this training Child and Family Services (CFS) specialists will learn the most commonly used within Protection and Safety and how to access these forms.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, documentation practices, administrative procedures, compliance with safety protocols, and activities designed to ensure the proper use, access, and completion of Protection and Safety forms within the child welfare system.	75%
Safety Planning	This refresher training is designed for Child and Family Services (CFS) specialists who are responsible for assessing child safety and developing safety plans. The session reinforces foundational knowledge and updates staff on best practices, policy changes, and practical strategies for creating and monitoring effective safety plans. Participants will revisit the criteria for when a safety plan is appropriate, explore common challenges in implementation, and strengthen their skills in engaging families and support networks in the planning process.	1.5	Synchronous Webinar	L&D Team	Short Term	Child safety assessment, case management, safety planning, family engagement, policy and best practice adherence, and activities designed to promote the safety and well-being of children while involving families and support networks in the development and monitoring of safety plans.	75%
Social Security for Child Welfare	This training provides an overview of Social Security and its impact on children in the child welfare system. It outlines how Child and Family Services (CFS) specialists can apply for Social Security benefits on behalf of state wards, the eligibility criteria for these children, and the potential benefits available to them through the Social Security Administration.	1.5	Asynchronous	L&D Team	Short Term	Legal and permanency planning, case planning and case management, activities designed to ensure the financial stability, safety, and well-being of children in foster care; and coordination of benefits and services to support the long-term needs of children	75%
Superintendent Letters	In this training Child and Family Services (CFS) specialists will learn what a superintendent letter is, what the purpose of a superintendent letter is, and how to enter one into N-FOCUS. Trainees will learn what circumstances in a case trigger the need to produce a new and updated superintendent letter.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, documentation practices, policy compliance, administrative procedures, and activities designed to ensure proper documentation, reporting, and compliance with child welfare processes within N-FOCUS.	75%
Tough Conversation - Professionals	Collaboration across systems—schools, courts, healthcare, and other service providers—can bring differing viewpoints and high-stakes decisions. This training equips CFS staff to have effective, assertive conversations with colleagues and interdisciplinary partners. Whether it's advocating for a child's needs, addressing professional disagreements, or managing team dynamics, staff will learn how to communicate clearly, stay grounded in their role, and move toward shared goals even when conversations are challenging.	1.5	Asynchronous	L&D Team	Short Term	Interdisciplinary collaboration, communication skills, professional development, advocacy for child and family needs, conflict resolution, and activities related to effective coordination of child welfare services across systems.	75%
Tough Conversations - Caregiver	Whether working with biological parents, kinship providers, or foster parents, difficult conversations are a regular part of engaging caregivers in the child welfare process. This training will help CFS staff navigate emotionally intense discussions with empathy and professionalism. Topics will include setting boundaries, addressing safety concerns, discussing reunification or termination of parental rights, and resolving conflicts. Through scenario-based learning, participants will practice skills that foster collaboration, accountability, and compassion in these crucial partnerships.	1.5	Asynchronous	L&D Team	Short Term	Social work practice, communication skills, family engagement, legal and permanency planning (including reunification and TRR), conflict resolution, and activities designed to preserve, strengthen, and reunify families while ensuring child safety and well-being.	75%
Tough Conversations- Youth	CFS staff often find themselves having to share difficult truths or navigate sensitive topics with young people who may already be experiencing trauma, loss, or instability. This training focuses on techniques for building trust, maintaining a trauma-informed approach, and engaging youth in honest, respectful dialogue. Participants will explore real-world scenarios such as discussing placement changes, permanency planning, or behavioral expectations, personal safety and will learn strategies to ensure youth feel heard, safe, and respected throughout.	1.5	Asynchronous	L&D Team	Short Term	Social work practice, communication skills, trauma-informed care, child development, engaging youth in case planning and decision-making, permanency planning, and activities designed to support the safety, stability, and well-being of children and youth in care.	75%
Transitional Living Plan (TLP)	In this training Child and Family Services (CFS) specialists will be able to locate where TLP is within N-FOCUS. Trainees will learn the purpose of TLP and why are needed.	0.5	Synchronous Webinar	L&D Team	Short Term	Case management, youth services, planning for independent living, documentation practices, and activities designed to support youth transitioning out of foster care with comprehensive living plans to promote self-sufficiency and successful integration into adulthood.	75%

Workday	In this training Child and Family Services (CFS) specialists will understand how to log in and navigate Workday. Trainees will understand how Workdays is used for trainings, benefits, performance goals, and internal job postings.	0.5	Synchronous Webinar	L&D Team	Short Term	Staff development, human resources processes, administrative procedures, performance management, and activities designed to support staff in utilizing Workday for training, benefits management, goal setting, and career development within the child welfare system.	50%
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April 28, 2025

Kenny Nguyen, Program Specialist
Nebraska Department of Health and Human Services
Division of Children and Families Services

Dear Kenny

Attached is the semi-annual report from Nebraska Children and Families Foundation for the Chafee award for the October 1, 2024 through March 31, 2025, reporting period.

We appreciate the opportunity to utilize this funding to support the statewide older youth system in Nebraska.

Sincerely,

Crystal Aldmeyer, VP of Connected Youth Initiative
Nebraska Children and Families Foundation

DHHS and Nebraska Children and Families Foundation (Chafee Contract)

October 1, 2024-March 31, 2025

Semi-Annual report: Due date 4/30/2025

PURPOSE

The purpose of this Contract is to design and deliver programs at various stages to serve older youth who have been identified to remain in foster care until age 19 years of age and young adults up to age 23 who are former foster youth in the following categorical topics:

1. Develop and implement one (1) consistent referral process for all services and supports needed through Nebraska Connected Youth Initiative's Central Navigation program and available supports throughout the state.
2. Collaborate with Central Navigation to connect youth to the Connected Youth Initiative for financial well-being, youth leadership opportunities, and additional community-based supports and services.
3. Develop and sustain programs that will help support youth in foster care to make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement, and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventative health activities as outlined in the Annual Progress and Services Report (APSR), John H. Chafee Foster Care Program for Successful Transition to Adulthood (CFCIP).
4. Sustain programming that will help youth who are likely to remain in foster care until 19 years of age prepare for and enter post-secondary training and education institutions as outlined in the APSR, CFCIP.
5. Provide personal and emotional support to youth aging out of foster care, through mentoring organizations, peer support from councils or other youth boards and/or the promotion of interactions with dedicated adults through various local organizations, agencies, or opportunities.
6. Connect early childhood services, early childhood mental health services and support to young parents as they transition into adulthood.

The Nebraska Children and Families Foundation's Connected Youth Initiative is part of the statewide **Bring Up Nebraska** network that is working to unite a powerful group of changemakers at community, state, and national levels. This includes service providers, educators, health care professionals, law enforcement personnel, businesses, funders, policymakers, government agencies, and most importantly, parents and youth. Together, Bring Up Nebraska aims to build the strongest community-based prevention system in the nation through the power of the Community Collaboratives. Through public-private partnerships that are part of Bring Up Nebraska, Nebraska Children and Families Foundation has convened

community and state partner commitments toward a common statewide plan for Community Well-Being. Nebraska’s shared goals set forth in this plan are as follows:

1. Improve authentic collaboration between system partners, local school districts, and both community collaboratives and community members.
2. Increase community collaborative infrastructure that leads to well-being outcomes.
3. Improve services and supports that build Protective and Promotive Factors in children, youth, families, and communities, including:
 - Education, postsecondary education, and career services and support for children, youth, families, and communities hosted both inside and outside of the traditional school day.
 - Supports and services for youth/young adults and young parents/families.
 - Access to and increased capacity of early childhood services in communities.
 - Access to and increased capacity of physical and behavioral health services in communities.
 - Access to economic stability and concrete supports for children, youth, families, and communities.
4. Strengthen the well-being workforce in Nebraska.

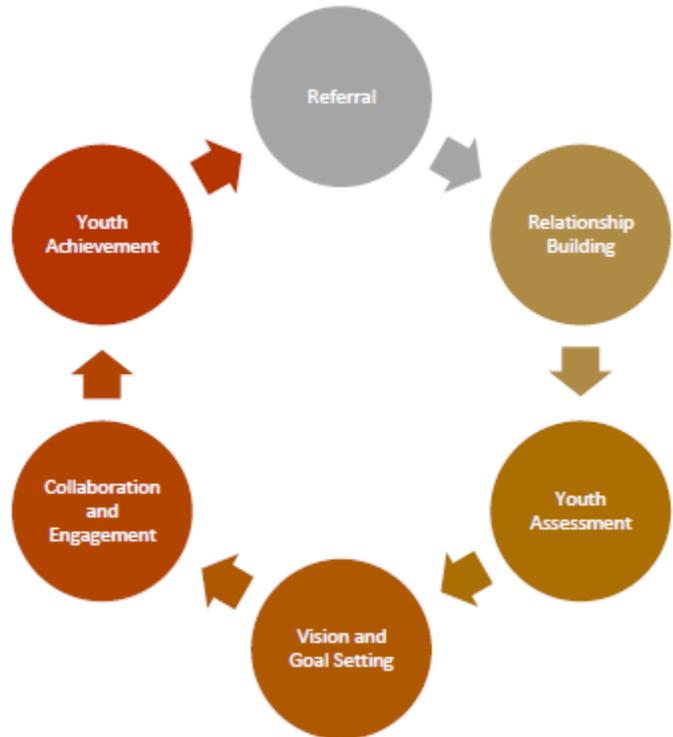
To accomplish this mission, public and private partners in the Bring Up NE Network document strategies, activities, and areas of focus in the [Statewide Plan for Community Well-Being portal](#). The Plan serves as the common agenda, the core driving document for the public-private partnership of Bring Up Nebraska.

Transition Services – Coaching Approach:

The *Connected Youth Initiative Coaching Model* encompasses a youth-centered, strength-based approach to service delivery, that is heavily grounded in evidence-based practices, which has allowed Central Plains’ qualified staff to establish meaningful relationships with young people made through in-person connections in a variety of difficult situations. These one-on-one relationships help the youth served to gain the skills and confidence to transform and redirect their lives toward a prosperous course regardless of their background or lived experience.

CYI Coaches success in improving outcomes for older unconnected youth can be attributed to their longstanding history of guaranteeing services that are youth-driven, youth-centered, trauma- informed, strength-based, and data-informed while encompassing the following elements:

Connected Youth Initiative uses extensive, evidence-based training that results in coaches having the knowledge and skills to successfully put into practice what they have learned as they work side-by-side with youth and strive to help them reach their fullest potential. Central Plains is committed to having all staff trained in the following:



- **Youth & Families Thrive™** - A strength-based theoretical framework developed by the Center for the Study of Social Policy’s (CSSP). Youth Thrive reflects the idea that youth have the potential for successful, healthy development, and well-being, and the framework examines how all youth can be supported in ways that advance healthy development to reduce the likelihood or impact of adverse childhood experience (ACEs). The framework includes five interrelated protective and promotive factors:
 - Youth Resilience
 - Social Connections
 - Knowledge of Child, Adolescent, and Parenting Development
 - Concrete Support in Times of Need
 - Cognitive and Social-Emotional Competence
 - Families Thrive is a combined dual-generation approach, which merges two existing evidence-based frameworks- Youth Thrive and Strengthening Families – to promote both child and youth-as-parent well-being across the lifespan. Families Thrive ensures coaches engage in developmentally appropriate activities with youth and families.
- **Trauma-Informed Care** – Being trauma-sensitive and informed help our coaches recognize the signs of trauma, respond effectively to triggers of trauma, acknowledge the impact of trauma, identify paths to address the effects of trauma experience, and actively prevent people from experiencing further trauma.
- **Jobs for the Future Back on Track** - This framework helps our coaches support Nebraska’s unconnected youth to explore, prepare for, and transition into post-secondary education and career pathways in ways that increase chances of success during that crucial first year of college or career training.

- **Your Money Your Goals** - Your Money, Your Goals is a set of financial empowerment materials that help people meet their financial goals by increasing their knowledge, skills, and resources.
- **Keys to Your Financial Future** – *Keys to Your Financial Future* is a curriculum developed by the Annie E. Casey Foundation’s Jim Casey Youth Opportunities Initiative. It helps young people — ages 16 to 26 who are, or will soon be, facing adult responsibilities — build the financial skills they need. Through interactive activities, the curriculum aims to empower young people to make informed decisions about their financial lives.
- **Reaching Teens** toolkit aims to reduce trauma to youth and families while reframing adolescence from a time to “get through” to a time of opportunity, growth, and connection with caring adults.
- **Askable Adults Matter**- A framework that prepares adults who support young people to be more approachable and knowledgeable about adolescent sexual and reproductive health and be proactive in referring young people for sexual and reproductive healthcare.

This combination of utilizing evidence-based, dual-generation practices and in-depth staff training results in a coach’s ability to cover the full developmental continuum of the various populations served and achieves the following outcomes:

- **Clarity and Direction:** Chafee young people gain clarity about their values, interests, and passions. Through formal and informal assessment, they can develop a clear sense of their strengths and abilities and make informed decisions about their future.
- **Goal Setting and Achievement:** Coaching empowers young people to set meaningful and achievable SMART goals. Coaches guide them in breaking down larger goals into smaller, actionable steps, providing accountability and support along the way.
- **Improved Self-Confidence and Self-Esteem:** Youth and young adulthood is a time of self-discovery and building self-confidence. Through one-on-one coaching, young people enhance their self-belief, positive self-image, and cultivate resilience in the face of life’s uncertainties. This also fosters the young person’s ability to connect to long-term personal and community supports.
- **Positive and Trusted Interactions:** CYI Coaching creates positive interactions between the young person and the coach, helping lay a foundation of respect, acceptance, and trust. This equips young people with valuable decision-making skills and the opportunity to explore different perspectives, evaluate options, and make choices aligned with their values and long-term aspirations.
- **Successful Transitions:** Life transitions can be overwhelming for young people. Whether it’s transitioning out of foster care and to adulthood, college, entering the workforce, or moving to a new community, CYI Coaching provides support and guidance during and after these critical periods of change to ensure long-term personal sustainability.

The CYI Coaching model is grounded in using a **voluntary** relationship between the coach and the young person, giving the young person the autonomy to determine their level of involvement and the goals they want to pursue. This approach has consistently allowed for the

development of trusting, respectful relationship between the young person and their coach, which we believe increases the youth’s likelihood of building trusting, respectful relationships with others throughout their life, helping lead them toward a more successful transition to adulthood.

With strong relationships in place, CYI Coaches tailor their support for each youth’s transition to adulthood by helping them in following various independent living domains:

- Housing
- Employment
- Financial Wellbeing
- Education
- Relationships/Permanency/Community Engagement
- Transportation
- Physical/Behavioral Health and Parenting

The following charts provide totals for Transitional services for the reporting period of Oct. 1, 2024 – March 31, 2025

CYI Coaching Transitional Services (Statewide services)

REFERRALS TO CYI COACHING PROGRAM

	Chafee Statewide Oct 1, 2024 - March 31, 2025
Active Cases October 1, 2024	496
Total # of Referrals 10/1/24-3/31/25	208
Transferred to another Central Plains Coaching Program	14
Total # Discharged/Closed 10/1/24-3/31/25	202
Total # Active Program Participants as of 3/31/25	488
Total Served	690

Discussion: Central Plains PALs had 208 new referrals during this reporting period, for an average of 17 referrals per month across Nebraska. We are pleased that DHHS, our community partners and the young people continue to see our Chafee Coaching Program as a valuable resource. CYI Coaches worked with a total of 690 Chafee young adults during the last 6 months.

REFERRALS TO CYI COACHING PROGRAM BROKEN DOWN BY GENDER, RACE, and AGE:

Program	# Youth	Culture					Gender			Age Group		
		Af Amer	Asian/Bi Rac/Haw	NA/Al Nat	Cauc	Hisp	Male	Female	Othr	14-18	19-22	23+
Chafee	690	133	18	43	375	121	257	413	20	474	216	0
Total / %	690	19%	3%	6%	54%	18%	37%	60%	3%	69%	31%	0%

Discussion:

The above data validates the equity in opportunity and access to coaching for all races and ethnicities, genders, and ages. The data is reflected in the following categories:

- *Race: 46% of coaching participants report being of racial diversity.*
- *Gender: 37% of participants are male, 30% are female and 3% are of other gender.*
- *Age: 69% of participants are ages 14-18 and 31% are ages 19-22.*
- *Names and services provided to individual youth are available upon request.*

REASONS REFERRED FOR SERVICES

	October 1, 2024-March 31, 2025	April 1, 2025 - September 30, 2025	YEAR END TOTAL Oct 1, 2024-Sept 30, 2025
Housing	239		
Education	160		
Employment	191		
Living Skills	238		
Health Care	170		
Transportation	169		
Legal Documents/Other	80		
Parenting	64		
Permanency	183		
Financial Literacy	390		

Discussion: The various reasons youth are referred to Chafee Coaching represent the unique circumstances of the youth served. Some youth are referred with a specific goal in mind and others have needs and desires in multiple domains. Over the last 6 months, the top five reasons for referral to coaching are finances, housing, living skills, employment, and permanency. Coaches are experts in being able to help young people with various goals concurrently to move young people from where they are to where they want to be. A major component of supporting young people is getting them connected to other community resources

REFERRALS OUT (By domain)

	October 1, 2024 -March 31, 2025	April 1, 2025- September 30, 2025	YEAR END TOTAL Oct 1, 2024- Sept 30, 2025
Housing	649		
Education	521		
Employment	664		
Living Skills	600		
Health Care	337		
Transportation	438		
Legal Documents/Other	77		
Parenting	356		
Permanency	222		
Financial Literacy	678		
General Assistance	573		

Discussion: It is critical for Chafee Coaches to utilize community partners who offer expertise in various domains. Chafee Coaches have strong relationships with community-based professionals; therefore easily referring Chafee youth to services specific to the youth’s individual needs.

CHAFEE PROGRAM OUTCOMES

Percentage of Chafee youth and young adults who are covered by health insurance	95%
Percentage of Chafee youth and young adults who have supportive relationships	99%
Percentage of Chafee young adults who have been stably housed for at least 3 months	73%
Percentage of Chafee youth and young adults who are employed part of full time	53%
Percentage of Chafee youth and young adults who have a valid driver’s license	55%
Percentage of Chafee youth and young adults enrolled in high school	55%
Percentage of Chafee youth and young adults who have their own transportation	37%
Percentage of Chafee youth and young adults who are high school graduates	41%
Percentage of Chafee youth and young adults who are parenting	9%
Percentage of Chafee young adults who experienced homelessness in the last 6 months	13%
Percentage of Chafee youth and young adults receiving housing assistance	17%
Percentage of Chafee youth planning to attend post-secondary education	63%

Discussion:

Chafee Coaching Participants range in age from 14-22. 69% are between the ages of 14-18 and 31% are ages 19-22. Specifically, 25% of Chafee participants are age 14-16. Given the sizable age and developmental range of participants, the above categories may not apply to all Chafee

Coaching participants. Participant age impacts their enrollment in high school, high school graduation, possessing a valid driver’s license, employment, and housing. Notable successes in Chafee Coaching, in addition to chart above, 96% report seeking medical/dental attention when needed, 90% seek routine preventative care, and 95% who are living independently report their housing is safe and stable.

DRIVERS EDUCATION EXPENDITURES

Drivers Education-By Service Area (Oct 1, 2024 – March 31, 2025)

Service Area	Total number approved	Amount
Eastern	25	\$9,698.00
Southeastern	14	\$6,799.00
Central	4	\$1,350.00
Northern	1	\$395.00
Western	0	\$0
6 MONTH TOTAL October 2024- March 2025	44	\$18,242.00

Discussion: During the last six months 44 applications for driver’s education funding were approved. This includes youth actively participating in CYI Chafee coaching, as well as other Chafee eligible youth across Nebraska who are not involved in Central Plains’ coaching.

PROGRAM PERFORMANCE MEASURES

Percentage of NDHHS workers who are notified of a Chafee Coach assignment and contact information within 5 days of CPCS receiving referral (for state ward population only):

	Western	Central	Southeast	Eastern	Northern	TOTAL/%
New Cases 10-1-2024 to March 31, 2025 (includes state wards only)	13	19	28	66	9	135
Workers Notified within 48 hours of Coaching assignment of case-including contact information for Coach	13	18	26	63	9	129
Percentage	100%	95%	93%	95%	100%	95%
Reasons for no notification within 48-hour window						
Unaware referral had DHHS involvement (self-referral or community referral); or verification from HAAS of state ward status exceeded 48 hours	0	1	2	3	0	6

Discussion: Chafee coaching participants represent those young people with foster care experience at the age of 14 or older. Referrals of current wards, typically come from NDHHS, but referrals of former wards may come from a young person themselves or from another organization. In an effort to identify those who are current state wards or the dates of their foster care experience, Central Plains has implemented a process, in partnership with the Nebraska Department of Health and Human Services, to verify state ward status on every referral made to CYI coaching. This process allows Central Plains administrators to partner with NDHHS for verification, but this may not happen within the first 48 hours; however, this represents only 5% of new Chafee Coaching assignments.

Percentage of young people referred are contacted by CYI Coach within 5 days:

	Western	Central	Southeast	Eastern	Northern	TOTAL/%
New Cases 10-1-2024 to March 31, 2025	21	29	44	101	13	208
Young adults notified within 5 days of CYI Coaching assignment of case-including contact information for Coach	19	26	42	93	13	193
Percentage	90%	90%	95%	92%	100%	93%
Reasons for no notification within 5 days of case assignment						
Not able to establish contact with information on referral / Other	2	3	2	8	0	15

Discussion: Chafee Coaches work diligently to contact the new young person within 5 days of referral, which has been achieved at a 93% rate over the last six months. The 7% not contacted within 5 days generally have changed their contact information or moved resulting in a longer duration in initial contact time.

Percentage of CYI Coaching participants who have a current Independent Living Plan:

Total Number of Active Cases		October 2024- March 31, 2025	
(October 1, 2024- March 31, 2025): 690			
Percentage of ILP updated and in database system	Eastern	197/ 200	99%
	Northern	87/ 87	100%
	Central	147/149	99%
	Western	93/94	99%
	Southeast	156/160	98%
	Total	680/ 690	99%
Reasons for no ILP			
Number of Cases without ILP	10	These 10 cases were newly opened in March 2025	

Discussion:

Independent Living Plans are one of the core elements to providing coaching that is growth and outcome focused. Measurable and attainable goals are a key to supporting growth while at the same time recognizing progress. 99% of Chafee participants have an Independent Living Plan (ILP).

CYI Coaches attending Treatment Team Meetings:

Semi-annual report (Oct 1, 2024-March 31, 2025)	Western	Central	Southeast	Eastern	Northern	Total/ Average
Treatment Team Meetings Attended	67	95	119	415	29	725
Total number of Treatment Team Meetings	143	207	351	561	198	1460
Percentage	47%	46%	34%	74%	15%	50%
Reasons for not attending						
No notification of meeting/no meeting held	63	73	197	97	148	578
Cancelled by CFFS	0	6	7	10	1	24
Case received after TTM was held	3	10	9	15	5	42
Rescheduled by worker	1	0	0	6	1	8
Case closed during month	0	12	2	6	6	28
Youth on run or unavailable	1	0	0	2	0	3
Cancelation due to weather	2	0	0	1	0	3
New worker assigned during month	1	5	1	3	0	10
Chafee Coach Schedule would not allow	3	6	16	3	8	36
Youth moved during month	0	0	0	3	0	3

Discussion: CYI Coaches understand the importance of attending Treatment Team Meetings. They strive to attend all scheduled meetings so that all team members have the opportunity to hear from the youth directly and support them in their independent living journey. Coaches appreciate having the opportunity to advocate in partnership with the youth at their team meetings. Chafee Coaches attended 725 team meetings at a 50% attendance rate. When looking at the reasons the Chafee Coach did not attend the team meeting, 578 of the instances, or 79%, were due to a team meeting not being held or the coach not being notified of the team meeting. Another 112 instances, or 15%, of reasons for coaches not attending a team meeting

was due to the meeting being cancelled, the case was received after TTM held, TTM rescheduled by CFFS, case closure during the month, or a new CFFS was assigned during the month. This totals 94% of Chafee coaches' non-attendance at TTM due to reasons beyond their control. To address this, Central Plains has implemented an agency-wide practice where each Chafee Coach contacts the NDHHS worker upon receiving a current state ward referral to specifically discuss team meetings and youth changes or updates. It is hoped this will encourage NDHHS to connect regularly with the Chafee coach to notify them of scheduled team meetings and/or changes in youth status/living arrangements. Central Plains will continue efforts to meet with NDHHS regions to review our Coaching process for the state ward population in hopes of increasing communication and enhancing our working partnership with state wards.

Percentage of monthly reports being sent to DHHS. If less than 100%, please provide reasons why this may not be occurring:

October 1, 2024- March 31, 2025	Eastern	Central	Southeast	Western	Northern	CPCS Total
Number of monthly reports that should be sent to DHHS (based on "open" cases)	143	207	351	561	198	1460
Number of Monthly Reports Submitted to DHHS	126	185	336	539	175	1361
Percentage	88%	89%	96%	96%	88%	93%
Reasons for no monthly report sent to DHHS						
Change in caseworker-						
CYI Coaching Case opened late in month	2	11	7	10	9	39
Not able to establish contact (youth on run, no shows, etc.)	7	3	5	5	6	26
CFS Case closed during the month	7	5	2	5	6	25
Other reasons	1	3	1	2	2	9

Discussion: There has been 93% success in providing monthly reports to NDHHS workers and will continue to ensure monthly reports are provided. Of the 7% of monthly reports not sent over the last six months, the majority of these, 65% were due to the case being opened late in the month or the case closing during the month, and another 26% of monthly reports not sent were due to the Coach not being able to establish contact with the youth.

Goal Attainment for active cases during reporting period

Education: Young adults receive enough education and training to enable them to obtain and retain employment.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult graduates from high school.	84	48	19	14	3	80%
Young adult completes current grade level.	44	2	39	2	1	93%
Young adult completes the admissions process for post-secondary education.	53	30	20	3	0	94%
Young adult explores post-secondary education.	29	26	1	2	0	93%
Young adult maintains enrollment via the successful completion of classes.	53	30	18	4	1	91%
Young adult will earn GED.	25	15	8	1	1	92%
Young adult completes a degree or certification program i.e., certified nursing assistant	19	13	4	2	0	89%

Employment: Young adults generate sufficient income to support themselves by obtaining and retaining employment.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult secures a part time job.	107	41	44	18	4	79%
Young adult maintains employment.	122	74	36	11	1	90%

Young adult actively searches for employment each week.	26	15	6	5	0	81%
Young adult secures a full time job.	31	14	14	3	0	90%
Young adult will explore paid employment.	77	55	17	5	0	94%
Young adult enrolls in some type of work readiness training/program or job shadowing.	9	6	3	0	0	100%

Daily Living and Housing: Young adults have access to safe, stable, affordable housing in the community that is near public transportation, school, and work (Includes Financial Well-being).

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult chooses housing appropriate to financial means.	90	37	44	9	0	90%
Young adult gathers vital documents necessary to apply for housing opportunity (i.e. birth certificates, social security)	12	10	1	1	0	92%
Young adult understands eligibility requirements and completes applications for housing assistance resources	21	13	5	3	0	86%
Young adult is aware of and uses local housing resources.	21	10	8	3	0	86%

Personal and Community Engagement: Young adults have supportive relationships, can access services in the community to achieve their personal goals and have a voice and connection in their community.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult understands permanency and serves as the lead partner in planning and decision making.	51	30	15	5	1	88%
Young adult will explore and identify family resources/supportive adults in his or her life	24	13	10	1	0	96%
Young adult will increase participate in positive, pro-social activities at school or within the community.	19	4	15	0	0	100%
Young adult knows how to seek help if unable to resolve conflicts with others.	15	10	3	2	0	87%

Parenting, Physical and Behavioral Health: Young adults have sufficient and affordable health insurance and services for both physical and behavioral health.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult knows how to access physical and behavioral health services.	49	25	16	8	0	84%
Young adult shows an understanding of basic parenting skills, attends parenting classes or accesses parenting support.	15	12	1	2	0	87%
Young adult maintains sobriety.	13	9	1	3	0	77%
Young adult will develop a plan to be physically active.	6	4	2	0	0	100%

Transportation: Young adults will have access to transportation that is age appropriate and effective in meeting their needs.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult will obtain a valid driver's license.	68	39	19	8	2	58%
Young adult will obtain a valid learner's permit through NE DMV.	36	28	6	2	0	94%
Young adult will enroll in driver's education program.	43	19	14	9	1	77%
Young adult will save money for a vehicle purchase.	63	38	11	13	1	78%
Young adult will maintain personal vehicle (includes maintenance, insurance, registration, payments).	12	6	5	1	0	92%
Young adult will understand and utilize public transportation.	9	1	8	0	0	100%
Young adult will purchase a vehicle.	14	4	8	1	1	86%

Financial Wellness/Economic Stability: Young adults have access to financial education to acquire basic financial fundamentals such as financial education, economic security, and the opportunity to build financial capability and assets.

GOAL	TOTAL GOALS	ACTIVE	ACHIEVED	DISCONTINUED	SUSPEND/ ON-HOLD	% Achieved or in progress
Young adult learns basic budgeting skills.	37	28	5	4	0	89%
Young adult can identify current monthly income and expenses.	37	28	5	4	0	89%
Young adult can manage his/her monthly budget	12	11	1	0	0	100%

Young adult opens a savings account	11	6	4	1	0	91%
Young adult opens a checking account	5	4	1	0	0	100%
Young adult learns financial management skills by enrolling and completing an opportunity passport KEYS training.	25	16	6	3	0	88%
Young adult implements a plan to save money on a consistent basis	12	7	3	2	0	83%
Young adult implements a plan to save money for a larger purchase	15	11	2	2	0	87%

CASE CLOSURE REASONS

	October 1, 2024- March 31, 2025	April 1, 2025 - September 30, 2025	YEAR TOTAL Oct 1, 2024 - Sept 30, 2025	END
*Successful	108			
*Transferred to B2I	29			
Aged out of program (turned 23)	7			
Other	7			
Never Established Contact	17			
Not interested in services	17			
Unsuccessful (no goals achieved)	11			
Incarcerated/On Run	6			
Total	185/202			
Indicates successful discharge	91.5%			

Discussion: During the last six months, a total of 202 young people from Chafee coaching were discharged. Of those, 34 were not interested in services or contact was unable to be established. Therefore, these young people did not ever engage in Chafee coaching or establish goals. When these 34 are taken off, the closure total is 168. 151 youth successfully discharged from coaching, this includes those who exited successfully, transferred to B2i, participants who “age out at 23” as they have chosen to voluntarily participate in coaching until they turn 23, taking full advantage of the extensive personal growth gained through coaching, as well as those who exited for “other” reasons. It is important to note that even those that don’t close successfully may be re-opened at any point in the future. As youth mature and their situations change, they recognize that Coaching can serve as a great resource for them in finding their

path forward and begin to engage more fully. The key to this re-engagement is the quality of the relationship that coaches establish with young people. This includes an unwavering commitment to meet young people where they are in their own lives and focus on their desires for the future.

PROGRAM GOALS

PROGRAM GOAL 1, EDUCATION: Youth receive sufficient education and training to enable them to obtain and retain employment.

PROGRAM GOAL 1 OUTCOME: Given the age of our Chafee coaching population, education is often a priority in their lives and an area that can help young people maximize their strengths and interests to positively impact their lives. This is reflected in a review of their selected goals and objectives for Independent Living Plans (ILP's). In the area of education, commonly selected goals include completing their current high school grade level (44), graduating high school (84), exploring post-secondary education (29), and/or maintaining enrollment via the successful completion of classes (53). The corresponding percentage of young people who are either in progress (active goal) or who have achieved each goal is 93%, 80%, 93%, and 91% respectively. Education is also one of the most common referrals made to community partners by Coaches.

PROGRAM GOAL 2, EMPLOYMENT: Youth generate a sufficient income to support themselves by obtaining and retaining employment.

PROGRAM GOAL 2 OUTCOME: The employment domain is comprised of many goals, both big and small, with the result being young people who find satisfying employment and can successfully support themselves. Young people work through many goals and steps along the way, from their very first employment opportunity to those young people who are pursuing a specific career path. We see a tremendous amount of growth of young people who search for, find, and secure suitable employment. Coaches actively work with young people in all areas related to employment. Commonly selected goals include 138 youth who have identified securing part- or full-time employment as a goal on their ILP. 85% of these young people have either achieved this goal or are actively in progress. Additionally, 122 young people identified the goal of maintaining their employment, with 90% successfully doing so. Learning basic employment skills and actively searching for employment are also common reasons young people are referred to Chafee Coaching.

PROGRAM GOAL 3 HOUSING & DAILY LIVING: Youth have access to safe, stable, affordable housing in the community that is near public transportation, school and work.

PROGRAM GOAL 3 OUTCOME: Housing and daily living is a critical need for many of our Chafee participants, as many are preparing for or in the midst of their transition to

independence. Choosing and maintaining safe, affordable housing is of the utmost importance. With many young people transitioning to independence, we see goals in this domain chosen often. Choosing appropriate housing ranks as one of the goals chosen most (from all goal possibilities) for young people, with 90 goals. Of those, 81 or 90% are achieved or in progress. Coaches spend a great deal of time with youth searching for housing, planning for anticipated housing expenses, seeking out and applying for assistance from housing resources (when appropriate), understanding their tenant rights, and securing leases. This all requires a great deal of time, effort, and expertise. Fortunately, our expert Coaches are well-versed in the many hurdles that must be overcome to assist our young people in securing housing.

PROGRAM GOAL 4, PERSONAL AND COMMUNITY ENGAGEMENT / PERMANENCE: Youth have supportive relationships, can access services in the community to achieve their personal goals and have a voice and connection to their community.

PROGRAM GOAL 4 OUTCOME: Relationships, whether they be with family, friends, coworkers, or community members, are critical to the well-being of the young people we serve. It is rewarding to see 51 young people identified as taking the lead in their permanency planning and decision-making as a goal. Of those, 88% of young people report they have achieved or are actively working on this goal. Additionally, 24 young adults have prioritized developing a personal support system as an independent living goal, with 96% actively working on their goal or achieving it. Furthermore, 19 youth selected participating in positive, pro-social activities as a goal, which is especially important for Chafee youth in developing leadership skills and opportunities. Of those, 100% are actively working on this goal or have achieved it.

PROGRAM GOAL 5 PARENTING, PHYSICAL AND BEHAVIORAL HEALTH: Youth have sufficient and affordable health insurance and services for both physical and behavioral health. This area includes goals related to pregnant and parenting young adults.

PROGRAM GOAL 5 OUTCOME: Chafee coaching recognizes the importance of dual generation coaching that results in improved life outcomes of the young parent while also supporting the developmental needs of their child(ren). Both are essential for parenting Chafee participants in making the successful transition from adolescence to adulthood and improving the overall well-being of the family. 15 expectant and/or parenting youth selected the goal of understanding basic parenting skills by attending parenting classes or accessing parenting support. Of those, 84% were actively working on this goal or achieved it. Additionally, Chafee young adults often struggle with their physical and mental health needs due to their personal history of trauma, abuse, and neglect. Chafee coaching encourages young people to find a balance between health and other aspects of their lives. Coaches build trust with youth and take a non-judgmental approach, encouraging them to seek help from medical professionals when needed. Knowing how to access health services and physical activity was a goal of 55 young people, with 92% achieved or in progress.

PROGRAM GOAL 6 TRANSPORTATION: Youth have access to reliable transportation that enables them to get to school and work while having age-appropriate access to experiences related to vehicle ownership.

PROGRAM GOAL 6 OUTCOME: Access to transportation is a critical need for Chafee young people as they work toward independence. Transportation is a multifaceted issue that includes knowledge about public transportation, appropriate training to safely operate a vehicle, planning and saving for vehicle ownership, and ongoing maintenance of vehicles. We know transportation is important to young people, as evidenced by collective 261 goals developed in this area alone. Many of these goals are related to obtaining a valid permit or license (104), while others relate more specifically to vehicle purchases, maintenance, and understanding the cost of vehicle ownership (26). 90% of goals related to obtaining a permit or driver’s license have been achieved or are in progress, while 89% related to vehicle ownership, maintenance, and understanding the cost of vehicle ownership have been achieved or are in progress. The availability of the Opportunity Passport™ Program statewide has been a tremendous addition to the services and positive outcomes in this area, making vehicle ownership more attainable for Chafee young people. In fact, from 10/1/24 – 3/31/25, Chafee young people completed a total of 12 asset matches, with 8 of them being for vehicle purchases.

PROGRAM GOAL 7: FINANCIAL WELL-BEING/ECONOMIC STABILITY: Youth receive training in financial literacy, including opportunities to practice learned skills through coaching, that allows them to achieve financial well-being and economic stability.

PROGRAM GOAL 7 OUTCOME: Learning to manage money is a critical skill for anyone, and it is especially critical for the young adults we serve in Chafee coaching. This need is reflected in the large number of young people who have identified an ability to learn and strengthen their budgeting skills as a goal. A total of 144 goals related to financial capability were created, and of those, 132, or 92%, were either “achieved or in progress.” This domain of financial well-being and economic stability also encourages young people to develop a relationship with a banking institution by opening a savings or checking account. We are pleased that during the last 6 months, 16 young people identified this as a goal and 91% of them are progressing toward or have successfully achieved this goal.

CONTRACTURAL MEASURES

The following is meant to provide a detailed picture of how CYI and Central Plains works with Chafee eligible young people, the Department of Health and Human Services, and other organizations to ensure youth are having successful outcomes:

- Youth Leadership
- Reasons Referred to Services
- Referrals Out for Youth Services by Coaches,
- Contractual Program Performance Measures

1. YOUTH LEADERSHIP

Youth Leadership Opportunities are listed in Attachment A.

Central Plains Chafee Coaching and Education Services offers support to youth in various life domains, including *Youth Leadership*. Central Plains takes a strength-based, goal-oriented approach that recognizes the leadership potential of the youth we serve. Our coaches focus on building connections, respect, and trust with youth, which allows them to personalize leadership opportunities for all. We collaborate with local and national organizations to identify leadership opportunities that align with the interests and skills of the youth we serve. Our coaches understand that personalized leadership opportunities are an effective approach, so they connect youth's personal skills and characteristics to leadership opportunities. We also understand that it takes time and patience before a youth is ready to take the leap into leadership. When they decide to participate, we witness first-hand their transformation as they develop a strong sense of self and seek out additional developmental opportunities, including postsecondary education and career pathways. Central Plains is proud to prioritize youth leadership and is committed to identifying and developing leadership opportunities for all participants. The following is a sample of leadership opportunities Chafee Coaching participants have taken part in over this last annual reporting period:

- The Annie E. Casey Youth Engagement Innovation Fund (YEIF) Project has provided leadership opportunities for youth and young adults by allowing them the voice to strengthen cross-system partnerships with community colleges and apprenticeship representatives. This project will expand post-secondary options available to young people. Youth have participated in regular meetings and a youth engagement team project with Southeast, Central, and Northeast community colleges. They are currently preparing a presentation on apprenticeships options available in Nebraska that they will share at the ELEVATE conference later this year.
- The YHSI (Youth Homeless System Improvement) Grant has included the development of a youth action board in central and eastern Nebraska. Currently 6 Central Plains coaching participants make up the youth action boards. These youth provide voice and ideas for system change to work toward reducing youth homelessness.
- In preparation for Child Abuse Prevention Month, a group of young people created a display of pinwheels and prepared a speech on behalf of young people impacted by abuse. This speech will be shared during the child abuse prevention walk at the Capitol in early April 2025.
- **Nebraska Appleseed Child Welfare Youth Fellow** - Neva Ducker, a senior majoring in social work at Wayne State College, previously received coaching services before transitioning to Nebraska's extended foster care program. Neva does, however, receive support from ETV and Opportunity Passport. This past year, she was selected as the Child Welfare Youth Fellow for Nebraska

Appleseed. In addition to her many responsibilities, Neva facilitates various clubs for fifth and sixth graders at an after-school program she works at. As part of her Fellowship with NE Appleseed, Neva was responsible for conducting a passion project focused on child welfare. She decided to interview child welfare professionals to better understand the system she experienced, but now, in a way, she was not privy to it at the time. Through her interviews, she gained a newfound appreciation for these professionals' hard work and passion, which helped her reconsider her negative views of them based only on her assumptions that they were against her at the time. She now knows what it takes to be a social worker in a more personalized way. Neva's Fellowship experience reinforced her desire to become a social worker and make a difference in the lives of youth and young adults who may be experiencing challenges similar to those she faced when she was younger. Central Plains will continue to promote leadership opportunities to support youth in persisting and completing their postsecondary pathways.

- **B2I Advisory Committee** - Dylan Greave, a Chafee eligible youth in Lincoln receiving coaching services, who is currently exploring postsecondary options and involved in Opportunity Passport, has joined the Bridge to Independent Committee to contribute his voice to improving the program. As a former program recipient, Dylan offers a unique perspective to provide insight into the issues the committee addresses. His coach strongly encouraged him to attend the committee and share his voice due to his passion, articulation, positive outlook, and thoughtful demeanor. We hope he continues participating in the meetings and sharing his critical perspective to improve older youth work. We've been so impressed with his leadership qualities and commitment that he was one of our first choices when we were asked to select a young person to participate in the Annie E. Casey Foundation's Narrative Change Initiative. This initiative focuses on brainstorming ideas on changing narratives that can be implemented to improve the experiences of youth in care and B2I. This initiative is set to identify one narrative change that, if made, would positively impact foster youth. Dylan already has many great ideas on what kind of narratives could be changed to improve the experiences of youth in care or those in B2I.
- **Legislative Days 2025** - Chafee youth took part in Legislative Days 2025 and presented on LB556. We strongly believe in educating young people on how legislative bills are passed into law and the impact of public policy. Our commitment to having youth participate in this event has often been the start of many advocacy journeys and has led young people to future leadership endeavors. We are always inspired by the interest of young people at this event as well as their interest in policy. During the event, all youth choose a bill of interest, developed an argument, constructed a presentation, and presented it to state senators during a luncheon, and later to the governor at the state capital.

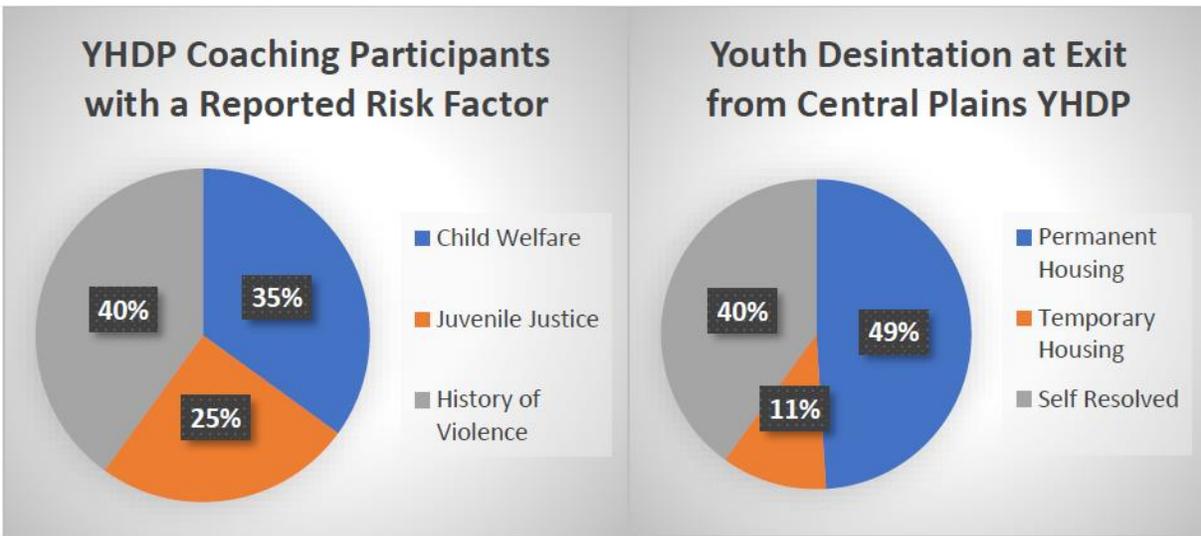
- Other examples of leadership opportunities include: Youth council involvement; serving on youth and professional boards (NCFE, YAB, B2I); facilitating college group meet-ups; OPP class facilitation assistant; presenting at local, regional, and national conferences; conference and convening panel participation; group-led discussions for community development; video participation for program marketing; local and national internships; Camp Catch-up Counselors; program development involvement (Virtual Reality Project and YHDP); Legislation testimony; mentorship; development of youth-led non-profits; involvement in extra-curricular activities and community organizations; and many more.

CHAFEE COACHING KEY PARTNERSHIPS AND HIGHLIGHTS

1. Chafee Key Partnerships

- NCFE and Central Plains are partnering in the **Rural Post-secondary and Economic Development (RPED)** grant. This collaboration will enhance post-secondary and career pathways for Chafee participants.
- **Annie E. Casey Foundation to implement the Youth Innovation Fund** to further our work with apprenticeship opportunities for the Chafee youth we serve.
- **Nebraska Department of Education to implement the College Pathways Program** to promote post-secondary education for Chafee young people.
- **YHSI (Youth Homeless System Improvement) Grant** working to align systems to drastically reduce the number of youth experiencing homelessness.
- **The Youth Homelessness Demonstration Program** is a HUD funded program designed to drastically reduce the number of youth experiencing homelessness. Eligible youth populations include those ages 24 and under who are literally homeless, “couch surfing”, fleeing violence, as well as those who are at imminent risk of homelessness. Central Plains offers two YHDP funded projects in the Nebraska Balance of State (BoS), **Coaching** and **Rapid Response**; and as of October 1, 2022, Central Plains also administers a YHDP Coaching Project in the city of Lincoln. During this semi-annual reporting period of October 1, 2024 – March 31, 2025, 449 young adults were served through YHDP BoS and Lincoln Coaching. 75 young adult households were served through our BoS Rapid Response Project. In all, 524 youth participated in Central Plains’ YHDP projects for coaching support and/or Rapid Response assistance in the form of rental assistance, outpatient medical, or basic need support. Each youth identified as homeless/near homeless utilized CYI Coaching Model. Also, when current CYI coaching participants experience housing instability, staff take them through the All Doors Lead Home Nebraska Coordinated Entry system for referral to the YHDP Program.

Noteworthy YHDP Data and Outcomes



Percentage of YHDP participants reporting personal or community supports	98%
Percentage of YHDP participants reporting being employed while participating in YHDP	67%
Percentage of YHDP participants reporting they are involved in education if desired	52%
Percentage of YHDP participants reporting they increased income from entry to exit	55%
Percentage of YHDP participants report having one or more sources of health insurance	88%

- A Direct Cash Transfer (DCT) Pilot** has just concluded in Hall County, including the city of Grand Island through a relationship with private funding sources. DCT is a new and innovative concept that serves as both a prevention and intervention strategy to meet young people’s most urgent housing, parent/child and basic needs resulting in their ability to achieve personal and financial stability. The Direct Cash Transfer’s were paired with Central Plains’ existing coaching and financial literacy programs. Each young person who received a Direct Cash Transfer payment also received one-on-one coaching through CYI Coaching program as well as financial literacy through The Opportunity Passport™ Program. DCT’s enable young people to thrive in safe, stable housing and meet their most urgent basic needs. The DCT’s removed financial barriers to housing, and when paired with our supportive services of coaching and financial literacy, resulted in individuals leaving and/or avoiding all together a higher-end level of intervention. For example, of those young people who participate in the DCT, *100% either maintained or increased their overall level of well-being; 100% either maintained or increased their housing stability; and 72% increased their savings.* We have seen firsthand the effectiveness of flexible, unconditional resources that allow individuals to rise to their potential rather than falling to their circumstances.
- Bridge to Independence Advisory Committee:** Camille Ohri participates on the B2i advisory committee. This supports our efforts to transition young people to B2i and then back to Chafee coaching if necessary, upon exit from B2i.

- **Nebraska Plan of Safe Care Corp:** Mikayla Wicks, with NCFE, brings awareness to the needs and resources for young pregnant and/or parenting young people with substance abuse concerns.
- **Families First Prevention Services Act Advisory Committee:** Central Plains participates in this prevention committee.
- **WIOA-Youth YET Program in OMAHA**—The Youth Employment Training (YET) program is part of the Workforce Innovation Opportunity Act (WIOA) – Youth in Omaha, which aims to enhance job opportunities for young people in Omaha and the surrounding areas, leading them towards career pathways. YET focuses on providing personalized assistance to youth in various aspects of career development, including setting goals and connecting them with tools and skills to enhance their qualifications through paid and unpaid opportunities. In the Omaha area, our coaches utilize the resources provided by YET to help young individuals explore career and educational options and connect them with employment opportunities in the community, ultimately raising their earning potential. Coaches collaborate with YET staff to assist youth in utilizing career development assessments, exploring job opportunities that lead to long-term careers, and considering postsecondary educational programs that align with their career goals. YET also offers financial aid and scholarships to students, aiming to reduce financial barriers that might otherwise hinder youth from pursuing their chosen career paths.
- **Vocational Rehab** – CYI Coaching serves many young people with behavioral, mental health, and learning challenges that make it difficult for them to pursue careers and postsecondary education without support. Coaches play a crucial role in helping these young people, but they recognize the importance of collaborating with specialists who can provide specific support for youth with disabilities. Recently, we met with Vocational Rehab administrators to discuss how our coaches could better utilize their resources and vice versa. We discussed our statewide presence, the populations we serve, and our efforts to promote career and postsecondary pathways. It became clear that there was an opportunity for us to refer more young people to Vocational Rehab and for them to refer young people who fit our criteria to us. They shared informational materials that we distributed to all our staff, and they agreed to present to staff either in-person or virtually during regional meetings to share their programs and updates more effectively. This was seen as the most effective way to provide information and enable coaches to personally meet Vocational Rehab staff in their local areas, which is helpful when referring young people to their services. We are excited about the prospect of more eligible young people taking advantage of the supportive and financial resources available at Nebraska’s Vocational Rehab.
- **Internet Connectivity Across Nebraska - US Cellular Partnership:** CYI and Central Plains has partnered with US Cellular which provided 250 Wi-Fi mobile hotspots, each with 24 months of service. The goals of our partnership is to close the connectivity gap for low-income youth and young adults. The partnership's focus is to provide reliable and safe internet access for youth to enhance their educational, career, and parenting opportunities. The mobile hotspots come with CIPS filtering (Child Internet Protection Act) and connect to US Cellular’s nationwide service network. This partnership minimizes internet connectivity issues for rural and urban youth which is a necessary

utility for stability and growth of the young family. US Cellular estimates that 35% of low-income households lack access to broadband service at home, resulting in lagging outcomes compared to their higher-income counterparts. This partnership is of significant value for our Chafee participants who rely on internet connectivity for their future planning. We look forward to maximizing our partnership with US Cellular to broaden the educational, career, and social pathways for more youth and young adults across Nebraska through improved internet access.

- **Tribal Partner Connections.** We continue to see the value of partnering with Tribal partners, not only to provide resources to indigenous youth who are eligible for Chafee services but also because tribal youth tend to be disproportionately vulnerable to negative life consequences. Central Plains has met with tribal partners in Winnebago, Macy, Omaha, and other locations to inform them of the various services offered by Central Plains that are available to youth in those communities. Additionally, we have joined the **Nebraska Indian Child Welfare Coalition's** regularly held meetings to continue being at the table to improve services and outcomes for tribal youth.
- **40 Winks** is a community-based program through Slumberland Furniture giving children a brighter future through healthy sleep. 40 Winks and Central Plains Center for Services have partnered to provide a new bed to youth and young adults we coach. The 40 Winks Mission of "Giving Beds and Changing Lives" ensures that youth and young adults in need wake up each morning on a clean and comfortable bed, rather than on the floor, a chair, or whatever they can find. Our partnership with 40 Winks is in the communities of Kearney, Grand Island, Norfolk, Columbus, and Lincoln.
- Central Plains administrators are a part of the **Heartland Workforce Solutions Youth Committee.** This committee consists of Omaha-area businesses and workforce development partners. This committee is designed to impact the workforce development programs for youth 14 – 24 years of age. Programming works with both in and out of school youth who need assistance with employment, address skills deficiencies, or even opportunities for career exploration. The committee members work to create effective solutions to meet the needs of both businesses and youth, while helping to connect workforce, economic development, and education programs.
- **LB 1173 Child and Family Well-Being Workgroup** - LB 1173 passed unanimously in the legislature in 2022 and tasks the three branches of state government to work together to advance a practice and finance model to transform child and family well-being in Nebraska. Workgroups were developed and various stakeholders were encouraged to participate. Stakeholders who took part in the discussions included individuals with lived experience, judges, private child welfare providers, foster care providers and parents, child advocacy centers, law enforcement, county attorneys, and other stakeholders. Central Plains is involved in various workgroups to contribute to the development of the model, which includes, but not limited to: Development of a statewide mission and vision for the NE child welfare system;
 - Development of values and practice priorities for the NE child welfare system in;
 - Development of statewide program goals and a practice and finance model for child welfare system case management and service delivery;

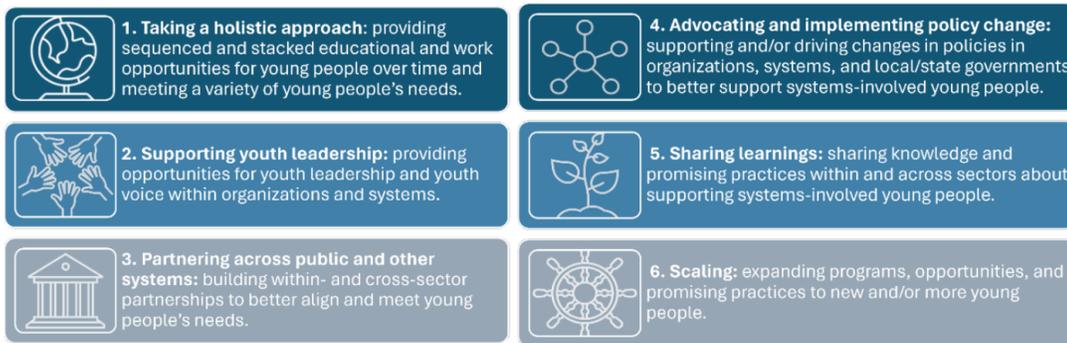
- Development of engagement strategies to support community involvement in child welfare system transformation;
 - Development of strategies that strengthen relationships across the court system, probation, executive branch agencies, the DOE, and community partners;
- Central Plains is optimistic about the workgroup's outcomes in 2024, as they are expected to bring about positive changes for young families. The well-being of youth and young adults was a key focus for the workgroups associated with LB1173, and they were challenged to think creatively about how to transform child and family well-being. Our experience with SSBG coaching has shown that educational, career, and postsecondary opportunities are critical to helping young people flourish. As a result, Central Plains played an active role in encouraging the workgroups associated with LB1172 to take a broad and comprehensive approach to conceptualizing child and family well-being across Nebraska.
- **Dana Village in Blair, NE** – Dana Village in Blair provides housing options for vulnerable youth and young adult populations. Recently they opened additional housing units. Central Plains has been a part of this planning and implementation process. Additionally, we have shared this housing option with Chafee coaches and the young parents they are coaching who may be interested in housing at Dana Village. Eligible populations for Dana Village include:
 - Be married and able to file a joint tax return
 - Be a single parent with dependent children
 - Receive ADC or TANF
 - Be enrolled in a job training program under the Job Training Partnership Act (JTPA) or a similar program
 - An individual who was previously under the care and placement of the State agency responsible for foster care
 - Full-time students

Chafee Highlights:

- NCCF CYI staff Carissa Kollath, Lincoln Arneal, Jeff Smith (CPCS), Beth Buhr (DHHS) and several Youth Advisory Board members attended the Jim Casey National Convening in November 2024
- Central Plains staff attended the **Fostering Success Coaching Institute's Virtual Coaching Summit**. The goals of this summit are to cultivate a community dedicated to positive and lasting change, foster growth and resilience in young people, and explore and integrate creative coaching techniques.
- Central Plains staff attending **Project Harmony's 'Understanding and Responding to Trafficking of Minors'** training to better understand the definition and dynamics of trafficking as well as the signs of trafficking and how to respond.
- Central Plains staff attended **Educationquest's From Zero to Scholarship Hero and Your College Visit Playbook webinars**.

- Central Plains has 4 **trained and certified FAFSA coaches** on staff to provide internal FAFSA support to Chafee participants.
- Central Plains is partnering with the Beyond School Bells' (B2B) national career exploration workforce development project called **Exploring Career Connections (or EC2)**. This project aims to increase rural youths' STEM exposure and skills through work-based learning experiences in afterschool programs by training high school students to lead STEM programming for younger students in afterschool programs.
- Central Plains is participating in the Educationquest sponsored **Study of the Universal FAFSA Requirement** in Nebraska conducted by **The American Institutes of Research** to examine the implementation and impact of the Universal FAFSA requirement.
- Central Plains had two staff members attend the Governor's proclamation signing declaring April child abuse prevention month.
- **LEAP Issue Brief**—The Annie E. Casey Foundation (AECF), in partnership with Equal Measure, an analytics and evaluation organization, compiled an issue brief titled *Centering a Holistic Approach to Expand Education and Employment Pathways for Systems-Involved Young People*, which was released in June 2024. It interviewed stakeholders from the six national LEAP sites, including NCFE and Central Plains representatives. The focus was on LEAP 2.0 and partners that received additional funding in 2019 to strengthen efforts to expand postsecondary and career pathways. Additionally, the brief intended to better understand how sites supported the holistic needs of youth and young adults supported by LEAP-funded services as it aimed towards long-term goals of improving policies and practices to place more system-involved young people on positive economic trajectories. Participation in the LEAP initiative has encouraged local partnerships to develop or expand their strategies within their ecosystems to improve the conditions for young people to be able to succeed in school and work. LEAP partnerships are implementing six different but highly interrelated strategies, as shown in the figure below. These strategies aim to improve and strengthen the various systems that young people touch, acknowledging that it is the systems that are flawed, not young people. We are proud to contribute to evidence of effective strategies for systems change that benefit not only the youth in Nebraska but also those across the country that utilize resources and research by AECF and Equal Measure.

FIGURE 1: SIX STRATEGIES FOR SYSTEMS CHANGE



Specific to Nebraska’s work, the brief reports that, *Nebraska Children and Families Foundation, with their partner Central Plains Center for Services, provides personalized educational and career coaching across the state. They are also partnering with postsecondary institutions to provide additional support to students as well as advocating for policy change to ease financial burdens for foster youth when they attend state colleges and universities.*

- Central Plains facilitated two **Rentwise** trainings over this reporting period. We currently have 2 **Rentwise** trainers on staff. **Rentwise** is a tenant education program that helps individuals find and keep suitable, safe, and affordable rental housing that meets their needs. Rentwise includes the following 6 modules: Communication with Landlords and Neighbors, Managing your Money, Finding a Place to Call Home, Getting Through the Rental Process, Taking Care of Your Home, and When you Move Out.
- Deena Gibson, a Central Plains Center for Services staff member, is trained in **Love & Logic and Circle of Security**, two evidenced-based parenting curriculums that help young parents build bonds with their children. Central Plains will continue offering both Love & Logic and Circle of Security to parenting Chafee participants across the state.
- **ERA 2 and housing stability services** are available in Nebraska (outside of Douglas and Lancaster Counties) as of October 1, 2023. Emergency Rental Assistance is available to those households who hold a valid lease rental lease agreement, have been affected by the COVID 19 pandemic, and meet income guidelines. Chafee coaches have all been trained on the ERA 2 portal as well as rules and guidelines for rental and utility assistance to support ETV students in accessing ERA 2 assistance so they achieve permanent housing stability.
- **Central Plains Center for Services Board of Youth Advisors (BYA):** To further Central Plains’ commitment to empowering youth and amplifying their voices, we recently launched our Central Plain’s Board of Youth Advisors (BYA). BYA members include **LaCory Gordan**, age 24, has a foster care background. He has participated in Central Plains coaching, ETV, and OPP. He is a junior at UNO and is studying Business Administration with a minor in real estate. He is currently a real estate agent and property manager, who recently purchased his own home. He has rural experience as he grew up in Plattsmouth. He will bring a thoughtful and energetic presence to Central

Plains Youth Board. **Nandi Kumondan**, age 23, was in foster care, experienced homelessness, and comes from a refugee family. She has participated in Central Plains coaching and OPP. She is a student at the University of Nebraska-Lincoln. She has been deeply involved in youth leadership, and has taken part in Camp Catch-Up, Legislative Days, and has also joined the NCCFF Youth Advisory Board. **Rouda Joshua**, age 19, has previous involvement in foster care. She has participated in Central Plains coaching, ETV, and OPP. Rouda resides in Central Nebraska. She is currently a first-year student at the University of Nebraska-Lincoln and is studying construction management. She is involved in various on-campus organizations.

SUCCESS STORIES

Youth – Destiny | Coach Samantha Clark | Central Service Area

For me, PALS has been my only beacon of hope in a time when I felt deserted. I entered a guardianship when I was a sophomore in high school. During my sophomore and freshman years, I did horrible things and found myself with truancy charges, but when faced with the court, I knew I never wanted to sit in front of a judge again, so I switched schools in my junior year. At my new school, I learned how much of a valued person I am, and my potential started to show! I have been on the Honor Roll every semester since switching and have joined many extracurricular activities such as cheerleading, art honors, STAND, and many more. When I was on top of the world in my senior year, I was kicked out of my guardian's house and felt defeated and helpless. A community member agreed to let me stay with them while I finished high school, but everything seemed to fall apart. One day, my high school counselor asked me to fill out a referral form for PALS. Luckily, I was given a spot in the program and took it! First, I needed a license, and within 2 weeks, my PALS worker, Sam, and I met at the courthouse and got my license. Within less than a month of working with PALS, they registered me in a CNA class at Central Community College so I could find a better-paying job and gain experience in the career field I wanted to pursue. After I had done so well in the class and got my CNA license, I knew it was time to take on more! My PALS worker, Sam, helped connect me with housing assistance through Central Nebraska Community Action Partnership, and with this collaboration, I was able to start looking for apartments. I found myself a cute apartment in Kearney and moved in around Christmas time. Around the same time, I got a job at a retirement home in Kearney. I've never been happier in my life, and it sure shows! I am continuing to do well in high school. I finished my spring phlebotomy course at Central Community College with a 97%. I will graduate High school in May. After high school, I plan to attend the University of Nebraska at Kearney to get my Bachelor of Science in Nursing. Additionally, PALS has helped me join the opportunity passport program, where I can receive help buying a vehicle once I save \$2,000, and I will be at my halfway mark very soon!! I have also joined Central Plains Center for Services' youth action board, so I have the opportunity to help give a voice to other vulnerable youth! Without PALS helping to crack open the door to success, I could see myself still struggling today, but now all I have to worry about is my next test and walking across the stage.

| Youth – Serenity| Coach Lindsey Olson | Eastern Service Area

Serenity had spent most of her life in foster care and group homes, never truly feeling like she belonged anywhere. The instability led her down a difficult path, one that included struggles with drug addiction and self-worth. For years, she felt trapped in a cycle of pain, disappointment, and self-doubt. But many things changed when she found support who would show her otherwise.

With coaching's guidance and building meaningful connections, Serenity learned how to set goals, accomplish goals, and take control of her future. Serenity was provided with the tools to overcome addiction, and for the first time in a long time, she felt hopeful. It wasn't easy—there were days when she wanted to give up, days when the weight of her past felt too heavy—but she kept pushing forward. Serenity was reminded that success wasn't about being perfect but about progress. Eventually, this was something she believed to be true for herself.

Today, Serenity has overcome drug addiction and has the tools to continue to conquer it. Serenity is just weeks away from completing her treatment program. Serenity will graduate high school in May, an achievement she once considered impossible. Serenity will graduate from high school and will soon begin college courses. This was something Serenity had deemed herself incapable and unworthy of in the past due to her family's path. Today, Serenity sees herself as capable, worthy, and on the path to a successful future.

Looking back, Serenity realizes that success isn't just about where she's going—it's about how she got here. She found strength in herself and those who refused to let her fall. With their support and determination, she is no longer defined by her past. She is Serenity—resilient, capable, and ready to embrace the bright future ahead of her.

Youth - Isabella | Coach Lisa Hartman | Eastern Service Area

Isabella Cobb has made remarkable progress over her year and a half-participation in the PALS program. Initially referred by DHHS due to her status as a state ward from a history of abuse and neglect, Isabella entered the program seeking stability for herself and her toddler. She was facing challenges, such as a lack of support from her biological family and the discovery that her mother had misused Isabella's personal information to gain access to benefits intended for her. These circumstances led to concerns regarding the misrepresentation and misuse of Isabella's identity, which required investigation.

Isabella had a clear vision for her future, focusing on her education, but she was also dealing with complicated obstacles, such as issues related to state benefits. Her mother's actions were causing additional complications that required assistance from her worker. Isabella also learned that her personal information had been used to obtain food stamps, and she was unsure of the potential impacts on her credit, which led her to seek help in addressing these matters.

Despite these challenges, Isabella showed great self-awareness and a determination to overcome her struggles, including addressing social anxieties that had previously held her back. As she works toward her goals, Isabella has noticed a significant improvement in her mental health. She attributes this positive change to the supportive environment the PALS program has provided, helping her confront and manage the obstacles she faces personally and mentally. Isabella utilized support from the state of Nebraska for daycare and ADC funding, which allowed her to pursue a college education. With guidance from her PALS coach, Isabella

successfully navigated the admissions process at Metropolitan Community College. She received a laptop from a partner at Made New MakerSpace, enabling her to take online courses. Additionally, she benefited from the PALS program's support, including credit report assistance, locking her credit, receiving diapers, obtaining winter clothing for her daughter, and being awarded the Richard Brooks Scholarship. This scholarship allowed Isabella to repair her family car, providing her with safer and more reliable transportation to expand her college options and ensure her daughter could attend daycare.

Isabella's support system includes her boyfriend and his family, with whom she currently resides while they work on their education and improve their earning potential. This stability allows her to focus on the next step in her education, which may include transferring to the University of Minnesota to take advantage of their strong family programs while continuing her degree in Business.

Currently maintaining an impressive 3.7 GPA at Metropolitan Community College, Isabella attributes much of her success to the support of her boyfriend and her PALS coach, which has enabled her to overcome the obstacles she once faced. As she continues to work toward her goals, Isabella is seeing progress in her education, career, and mental health, showing resilience and determination to create a better future for herself and her family.

SUMMARY

This report is the semi-annual report (October 1, 2024 – March 31, 2025) of the contract for the FY Oct. 1, 2024-Sept. 30, 2025. All data information was provided to the Nebraska Children's and Families Foundation (NCFF) by contractor, Central Plains Center for Services. In cooperation with the Nebraska Department of Health and Human Services, the format for this report was approved. If there is any additional information is required, please contact Vice President of Connected Youth Initiative, Crystal Aldmeyer, at Nebraska Children and Families Foundation.

ATTACHMENT A

NCFF Youth Leadership Opportunities

Advocacy Tier

NCFF Advisory Board – This is the top level of involvement. Members are the ones who attend national conferences and advocate for policy on behalf of their peers. This is youth led and requires little oversight from NCFF employees. It also handles the responsibilities formerly held by the Young Adults Citizen Review Panel. Meets monthly to work on projects and policy.

Legislative Days – The capstone event that brings together members from all programs. This event is organized and put on by the NCFF Advisory Board.

LEAD the Summer – A weekend event hosted by the Advisory Board. Each session focuses on a different leadership topic and setting the agenda for youth advocacy and legislation. Hosted in late July/August.

Foster Youth in Action – Program based in California where young leaders receive training and learn how to have an impact in their community.

Jim Casey Fellows/Conferences – National training program and engagement curriculum.

Community Tier

Parent and Caregiver CRP – Focused on family feedback for DHHS. Run by members of the Parent Advisory Committee that meets monthly.

Camp Catch-up – Youth serve as counselors for siblings as they spend time with each other at camp.

Skills-Building Tier

Local CYI chapters- Unconnected youth participate in local councils that engage in leadership development, community service and providing support to connect them to the community.



nebraskachildren™
AND FAMILIES FOUNDATION



CONNECTED YOUTH INITIATIVE

October 1, 2023 to September 30, 2024

Submitted by:

Rebecca Monnier

Lead Scientist Evaluation Processes and Systems

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Senior Lead - Reporting and Data Visualization

Executive Summary

Connected Youth Initiative Overview

Connected Youth Initiative (CYI) focuses efforts on supporting youth, young adults, and young parents who are aged 14 to 26 who are without permanent and/or supportive family connections, who have spent time in the foster care/child welfare system, have had formal involvement with the juvenile justice system, are homeless/near homeless, had runaway, are pregnant or parenting. Until September 30, 2024, CYI also served those who were at-risk of or have experienced human trafficking. That project is covered in this report.

Acronyms

NCFF: Nebraska Children and Families Foundation

CYI: Connected Youth Initiative

PPF: Promotive and Protective Factors

Scope of the Report

Nebraska Children and Families Foundation (NCFF) seeks to build strong, healthy families throughout Nebraska and believes that strong communities are at the core of this mission. The current report focuses on the Connected Youth Initiative, a statewide Bring Up Nebraska (BUN) network that supports positive, equitable outcomes for youth, young adults, and young families with experience in public systems and without permanent family and/or community support.

To understand this work, it is important to understand the theoretical underpinnings of CYI, and how the work embeds itself in the greater collective impact work of NCFF and across the Bring Up Nebraska initiative.

This report will discuss the overall theoretical approach that informs CYI's approach, how CYI embeds itself in the greater collective work of Bring Up Nebraska, the different strategies CYI takes to connect with its target population, and the outcomes of those various strategies.

This report covers all CYI's work from October 1, 2023 to September 30, 2024.

Note about Data Presented in this Report:

Data gathering for various programs and projects within a collective initiative can be challenging. To address this, multiple approaches and data collection tools are used and tailored to various local and regional factors. Nebraska Children and Families is implementing a new statewide data collection tool, with the rollout of this platform beginning on July 1, 2025. CYI is in the process of implementing this new tool. As a result, there is currently a mixture of data from legacy systems and the new platform. In these early phases of implementation, the quality of the data is not ideal.

The variation in data sources affects how representative the data is relative to the population of participants in CYI. This report identifies instances where the sample is insufficiently representative of the CYI participant population to support broad conclusions. Furthermore,

the reporting timeline for this document (September to October) differs from previous reports (July to June) to better align with CYI reporting periods.

There is also evidence of underreporting in the Central Navigation of services. This dataset may not fully capture the scope of work but offers insights into some of the outcomes linked to it.

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Program Highlights

CYI Coaching Impact:

- In the 2023-2024 program year, 1,834 youth and young adults participated in coaching services.
- Statistically significant, but small, improvements were observed in resilience and social connections among participants completing pre- and post-promotive and protective assessments.

Central Navigation Services:

- Supported 899 youth and young adults by connecting them to housing, employment, and other critical resources.
- Distributed over \$216,000 in Support Services Funds to address emergency needs such as housing (\$153,000), utilities (\$33,000), and transportation (\$8,000).

Opportunity Passport™ Financial Education:

- Engaged 309 participants in 2023-2024, with a focus on financial literacy and matched savings opportunities.
- Since inception, over \$10.6 million has been invested in youth asset purchases, including vehicles, housing, and education.

Human Trafficking Prevention Initiative:

- Concluded a three-year initiative in October 2024, resulting in the development of statewide protocols, training tools, and multidisciplinary teams.

Leadership and Advocacy:

- Empowered 177 youth through local, state, and national leadership opportunities.
- Notable achievements included Legislative Days 2024 and participation in national advocacy events, leading to tangible policy impacts such as the expansion of summer nutrition programs.

Parenting Supports:

- Served 394 young parents and 435 children with tailored coaching and access to early childhood education resources.

The Theory Behind the Work

Promotive and Protective Factors (PPF) and Hope are the underlying concepts in the CYI approach. The Connected Youth Initiative aims to improve these factors in the communities it supports by funding and boosting various programs and projects that aim to address these needs in the people and families they serve. Additionally, CYI consulted external evaluators for a formal impact evaluation of CYI 2016 to 2020. This links the theory to the current work.

Promotive and Protective Factors

By enhancing Promotive and Protective Factors, youth and young adults are more likely to have the relationships, resources, and knowledge to navigate the world successfully and thrive.

Information about Promotive and Protective Factors can be found here: [Youth and Families Thrive : Training : Connected Youth Initiative](#) and [Youth Thrive - Center for the Study of Social Policy](#).

Figure 1: Promotive and Protective Factors



Hope

Although an abstract concept, psychologists and philosophers have spent the last 20 years researching hope and its impact. [The Hope Scale](#) captures a specific aspect of hope and defines hope as a feeling of having goal-directed energy and confidence in one's ability to meet goals (Snyder, et al., 1991). If one has hope, they have ambition and see a way to achieve their goals.

Hope allows youth and young adults to fully engage in the work necessary to become independent adults (Guse & Shaw, 2018; Schnornick et al. 2023; Ahmed & Duhamel 1994.; Mattis & Hellman, Chan, n.d.; Pleeging, 2022; Rand & Touza, 2021; Rose 2022).

Evaluation – Past and Future

NCFF is committed to leveraging evidence-informed and evidence-based strategies and programs. Furthering this commitment, a formal impact evaluation of CYI was conducted from 2016 to 2020 in cooperation with WestEd (Fronius et al, 2020). The evaluation found CYI to have “preliminary” evidence. Despite Congressional sunseting of Social Innovation Fund appropriations that disrupted data collection, the study showed that participation in CYI was associated with:

- Ability to obtain safe and stable living conditions
- Greater financial stability
- Increased perceived hope, and
- Decreased emergency medical care utilization.

An internal evaluation plan is currently being developed for CYI, as a continued commitment to quality improvement and programmatic development.

Connected Youth Initiative and Bring Up Nebraska

Bring Up Nebraska – Community Based Prevention

The Bring Up Nebraska Network is the backbone support of a community-based prevention system and encompasses all individual-level strategies implemented across the life span, as well as community capacity building and informing system level priority setting. The mission of Bring Up Nebraska is to ensure that every community across Nebraska is working to improve the lives of Nebraska children, youth, young adults, and families by increasing the availability of critical supports and services to families and thereby preventing unnecessary involvement with governmental systems (child welfare, juvenile justice, homelessness). Local communities are the foundation of Bring Up Nebraska’s work because local communities are best situated to provide the services and supports each community needs. This work is carried out via NCFE’s Community Collaboratives.

Figure 2: NCFE Community-Based Prevention



Community Collaboratives and Central Navigation

Central Navigation, a key component of the Bring Up Nebraska Network, coordinates existing community resources to help children, young adults, and families address immediate needs and access preventative services, such as CYI Coaching. Central Navigation collaborates with public and private partners to provide tangible support to youth and families, ranging from housing assistance and rental support to access to food banks and government nutrition programs. Through this process, individuals are connected to the services they need and programs for which they may qualify.

Each community-based network is unique but typically includes a variety of partners, such as mental and physical health care providers, child-care services, faith-based and civic organizations, and school systems. As members of the community, youth and young adults engaging with CYI can include interacting with Central Navigators as part of the Bring Up Nebraska Network.

Bring Up Nebraska – Coalition Building and Statewide Planning

By bringing together state and local agencies, leaders and citizens within a Collective Impact model, local communities can build their own prevention system, designed to meet a community’s needs. Rather than well-intentioned individuals and organizations working in silos - only touching part of the issues for children, youth, and families, Bring Up Nebraska works to bring all the diverse and relevant voices of a community together to establish their own priorities and create their own solutions <https://www.bringupnebraska.org>

CYI and Bring Up Nebraska – Support for Youth and Young Adults

CYI plays a key role within the Bring Up Nebraska Network, by providing developmentally appropriate services and supports for youth, young adults, and young parents with the goal of preventing cyclical involvement in the child welfare (or other) systems. CYI helps to coordinate the delivery of these developmentally appropriate services to youth and young adults across the state, provides technical assistance, training, and education on youth and young adults to various partner organizations, and provides youth-led advocacy opportunities in communities across local, state, and national levels.

CYI's work broadly falls across three categories: connecting youth and young adults to community services via Central Navigation; leadership development for youth via leadership training and advocacy work; preventative work such as CYI Coaching that leads to alternate routes and positive outcomes.

First, in line with NCFE's 'no wrong door' approach, many young people receive services through Central Navigation within the Bring Up Nebraska Network. Central Navigation allows young people and young adults to access services in their area and helps navigate them toward resources. Second, CYI works to train leaders and develop community advocates. Through CYI's support, young people are empowered to use their voice on topics and needs particularly relevant to young people. Third, CYI boosts programs that lead to prevention – that is, absence of a negative outcome. This can come in the form of CYI Coaching, education about parenting, concrete supports that prevent the tip over into poverty, and financial education to individuals. CYI supports programs specifically designed to meet the unique needs of the population it serves.

The Connected Youth Initiative and Statewide Human Trafficking Prevention

In October 2020, the Nebraska Department of Health and Human Services partnered with Nebraska Children and Families Foundation as the sub-recipient of a three-year, \$1.5 million grant. The primary goal of this initiative is to support youth victims of sex and labor trafficking in Nebraska, up to age 24. The program employs evidence-based strategies from the Nebraska Connected Youth Initiative (CYI) to assist survivors, including unconnected youth aged 14 to 25. This opportunity ended in October 2024 and achieved the following outcomes:

- [The NE – Support for Trafficking Survivors Action Team \(STAT\)](#) met monthly throughout the project, providing important oversight and expertise, centering on the current climate of resource provision to survivors across the state, and needs around training, education and best-practice applications for service providers.
- The [Nebraska Statewide Trafficking Protocol Guidance](#) was created to support the development and implementation of statewide protocols to ensure that systems and providers are equipped to respond appropriately and consistently to youth victims of sex and labor trafficking. It was created to provide an overview of the roles varying professional disciplines play in a successful multidisciplinary response to human trafficking in Nebraska. The guidance aims to provide a shared foundation for anti-trafficking response, and to identify key considerations and practices for those working with youth and young adults.
- Multi-disciplinary teams for minor trafficked youth were funded and implemented at three Child Advocacy Centers (Douglas County, Sarpy County, and Lancaster County).
- Listening Sessions were conducted via NE Indian Child Welfare Coalition with Federal Partners (U.S. Attorney's Office and FBI) and tribal partners (Santee Sioux Nation, Omaha Tribe, Ponca Tribe of Nebraska, and Winnebago Tribe of Nebraska). These listening sessions led to the development of protocols and procedures to address human trafficking tribal code language, Tribal Response to Human Trafficking Checklist and Resource List and Tribal Response and Resources for Human Trafficking Victims in Nebraska training.
- A human-trafficking screening tool was adopted by Central Navigators and Coaches to assess whether an individual is likely being trafficked or is at risk of trafficking. This screening tool also provides referral resources for services and supports across the state, embedding the work in Central Navigation and the larger community collaborative model.

CYI Strategies and Outcomes:

CYI employs various strategies to support youth, young adults, and young families to prevent them from a cycle of system involvement. The following section describes both the Statewide and Individual-Level strategies that CYI employs (Table 1). Participant agency is centered in this approach; participants voluntarily engage with different strategies at different times and can leave the program at any time. Central Navigation triages the needs of the participant – identified by the participant - to the various resources and programs available to the participant. For example, if a young person comes in needing housing stability, they connect the participant to the resources around housing stability. Figure 3 describes the total number of participants across various strategies; Figure 4 reflects participation across strategies (excluding Leadership and Engagement) by various age groups. CYI engages in the following strategies:

Table 1: CYI Strategies

<u>Individual Level Strategies</u>	<u>Family Level Strategies</u>
<p>Central Navigation</p> <ul style="list-style-type: none"> • Bring Up Nebraska • Human Trafficking Screening • Support Service Funds <p>CYI Coaching</p> <p>Opportunity Passport</p> <p>Leadership and Advocacy</p>	<p>Central Navigation</p> <ul style="list-style-type: none"> • Bring Up Nebraska • Human Trafficking Screening • Support Service Funds <p>Coaching and Case Management for Parents</p> <p>Parenting Support</p>

Figure 3: CYI Participation Across Strategies (A single participant can access multiple strategies; totals for strategies are independent and crossover is not reflected).

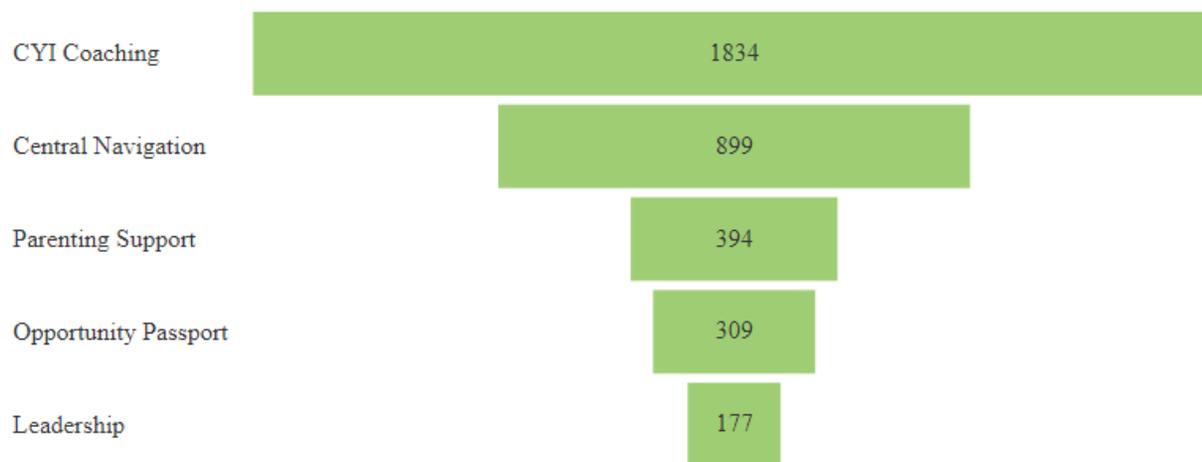


Table 2: CYI Participation by Strategy and Age

Participant Age	Central Navigation	CYI Coaching	Financial Education	Parenting Supports
Age 14-18	284	615	149	35
Age 19-21	231	604	95	119
Age 22+	384	348	65	240

CYI Coaching

CYI Coaching is a voluntary, goal-oriented, strengths-based, and participant-driven case management approach. All eligible CYI participants are encouraged to work with a coach and many do. Coaching is available to young people up to age 26, and they can enter/exit as needed throughout their transition to adulthood. This allows youth and young adults to get connected to supportive services, build socio-emotional competencies, build social connections, and enhance protective and promotive factors.

Young people are truly in the driver’s seat when they participate in CYI coaching. They determine how often and how intensely they engage with their coach. Coaches can provide objective perspective; they have no incentive (beyond the best interest of the participant) to choose one program over the other. Trust is established between the coach and the participant; this trust in and of itself can be the first step toward social-emotional growth.

Coaches participate in ongoing technical assistance to maintain fidelity to the CYI coaching model. CYI coaching strategies include:

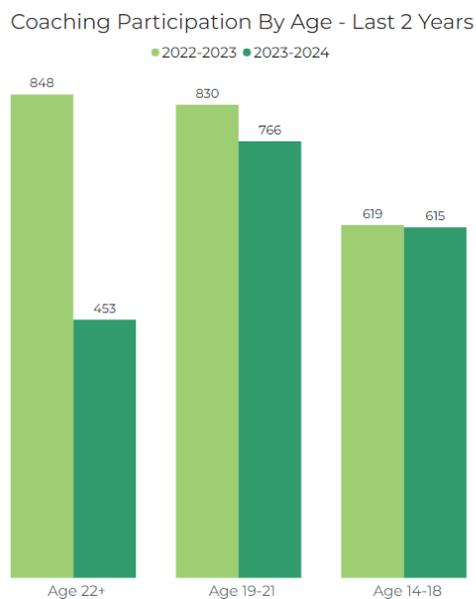
- Jobs for the Future’s Back on Track™ framework to support young people pursuing postsecondary and career outcomes.
- Youth and Families Thrive™, a practice developed by NCFE in partnership with the Center for the Study of Social Policy (CSSP).
- Your Money, Your Goals, a financial empowerment toolkit to help participants get on track financially.
- Reaching Teens toolkit, which focuses on trauma-informed practices aimed at reducing additional trauma on youth and their families.
- Askable Adults Matter (AAM), a framework that prepares adults who support young people to be more approachable and knowledgeable about adolescent sexual and reproductive health and be proactive in referring young people for sexual and reproductive health care.

Collectively, these strategies and the training associated with them give CYI Coaches a variety of approaches that help them best address the needs of CYI participants. These approaches allow CYI Coaches to put practices in place that support Protective and Promotive Factors in youth and young adults.

From October 2023 to September 2024, over 1,800 youth received coaching services as a part of CYI (Table 2). Participants who responded to the survey (N=511 in April 2024 and N=407 in October 2024) were overwhelmingly positive about their experiences.

Who Participated in CYI Coaching?

Figure 4: CYI Coaching Participation by Age



NCCF contracts with coaching provider Central Plains Center for Services (Figure 3). In the 2023-2024 period, 1,834 young people were involved in CYI Coaching through Central Plains. This was a 20.2% decrease from the 2,297 participants served in the previous evaluation year. Figure 5 demonstrates that the largest age group served in the last year were ages 19-21.

CYI coaching continues to serve culturally diverse young people and young adults (Appendix Table 10, p. 30). Compared to 2022-2023, the pattern of race/ethnicity information provided by those participating in coaching did not substantially change. Relative to the Nebraska population, minority youth, particularly those identifying as Native youth or Black/African American youth, had greater participation in CYI. Over 60% of participants served identify as female (Table 9).

A total of 394 participants enrolled in coaching during the 2023-2024 evaluation year reported being pregnant or parenting, which represents an increase from the previous year. For more details, see Appendix Table 9, page 29).

CYI Coaching Survey Overview

Twice a year, all participants in CYI coaching are encouraged to complete the CYI Coaching Survey. Participants who complete this comprehensive survey are given a \$20¹ incentive payment. The survey consists of two parts. The first part is the Youth Thrive™ Promotive and Protective Factors survey, designed by the Center for the Study of Social Policy. The portion of the survey examines five promotive and protective factors (Figure A2). The second portion of the survey assesses hope using a modified version of the Trait Hope Scale (Snyder et al., 1996). Youth are asked about their relationship with their coach in several domains. Finally, participants are asked for open-ended feedback regarding their CYI coaching experiences. See the Appendix for further details of the CYI Coaching Survey.

Construct: Promotive and Protective Factors (PPF)

Scores for the PPF scales were relatively high overall. Response options for each item in the scales were 1= "Not at all like me," 2= "A little like me," 3= "Sort of like me," 4= "A lot like me," and 5= "Very much like me." Over 500 youth (n=511) completed the PPF survey in April 2024 and 373 completed the survey in October 2024. Average scores on each PPF factor were consistent across the April and October administrations, with average Resilience, Social Connections, and Social and Emotional Competence ratings between "Sort of like me" and "A lot like me." Average ratings for Adolescent Development and Concrete Supports were between "A lot like me" and "Very much like me." (Table 2, page 15).

¹ Payments will increase to \$25 in future years.

Table 3: Promotive and Protective Factors - Average Scores

Promotive and Protective Factors Scales	Spring Average Score (N=511)	Fall Average Score (N=373)
Resilience	3.67	3.67
Social Connections	3.71	3.85
Adolescent Development	4.2	4.23
Concrete Supports	4.11	4.19
Social and Emotional Competence	3.94	3.99

Scale: 1= "Not at all like me," 2= "A little like me," 3= "Sort of like me," 4= "A lot like me," and 5= "Very much like me."

In 2024, 213 participants completed the Promotive and Protective Factor Instrument in both April and in October, giving change over time insight into how coaching was impacting the various components of the PPF scale for these specific participants. In 2024, 213 youth completed the PPF instrument in April and October, giving some insight into change over time in Promotive and Protective Factors. The sample of youth with two completed surveys did not significantly differ from the April and October survey samples on age [$\chi^2= 2.54, p=.64$], gender [$\chi^2= 2.29, p=.68$], race/ethnicity [$\chi^2= 8.25, p=.41$], foster care history [$\chi^2= 2.30, p=.89$], or juvenile justice involvement [$\chi^2= 1.02, p=.91$]. Preliminary analyses (see Appendix Figure 10, page 33) suggested that age was related to change in PPFs over time, but that race/ethnicity and gender were not. Age was therefore included in subsequent analyses.

A series of Analyses of Covariance (ANCOVA) were conducted to determine where statistically significant change occurred for those youth remaining engaged in coaching from April to October controlling for age (see Table 3). A statistically significant improvement in ratings of Promotive and Protective Factors was seen for Resilience [$F=4.64, p=.032$] where the average Resilience score was higher in October [mean= 3.82] than in April [mean= 3.72]. For Social Connections, a significant time-by-age group interaction was observed [$F=4.24, p=.016$], where a significant increase was observed from April to October in 18-20 year-olds [mean_{April}= 3.89, mean_{October}= 4.13; $t=3.36, p<.01$], but not in youth under 18 [$t=0.54, p=.30$] or over 20 [$t=0.12, p=.45$]. There was also a trend towards increased ratings of Social Connections [$F=2.84, p=.093$], where the average rating was higher in October [mean= 3.98] than in April [mean= 3.90]. Each of the remaining PPF scales should show a trend towards an increase from April to October, including Knowledge of Adolescent Development [$F=3.08, p=.081$], Concrete [$F=3.76, p=.054$], and Social and Emotional Competence [$F= 3.14, p=.078$].

In summary, in those youth taking the PPF surveys in both April and October, increases were seen in PPF scale scores. These differences were significant for Resilience, and at trend levels for other scales. Notably, a significant age-group-by-time interaction was observed for Social Connections, indicating that the trend level change was driven by the significant change in 18–20-year-olds.

Table 4: Statistical Notes of PPF Scores Between April and October

Promotive and Protective Factors Scales	Key Findings	April Mean Score (N=211)	October Mean Score (N=211)	Statistical Notes
Resilience	Significant improvement in resilience, showing growth in participants' ability to adapt and thrive.	3.72	3.82	Significant difference (F=4.64, p=.032)
Social Connections	Overall improvement, with a significant increase observed specifically for 18-20-year-olds.	3.90	3.98	Significant interaction for 18-20-year-olds (F=4.24, p=.016).
Adolescent Development	Positive trend toward improvement in understanding youth development.	4.15	4.22	Trend noted (F=3.08, p=.081).
Concrete Supports	Trend indicating increased ability to access tangible help when needed.	4.1	4.21	Trend noted (F=3.76, p=.054).
Social and Emotional Competence	Trend suggesting better emotional management and interpersonal skills.	3.91	4	Trend noted (F=3.14, p=.078).

Construct: Hope

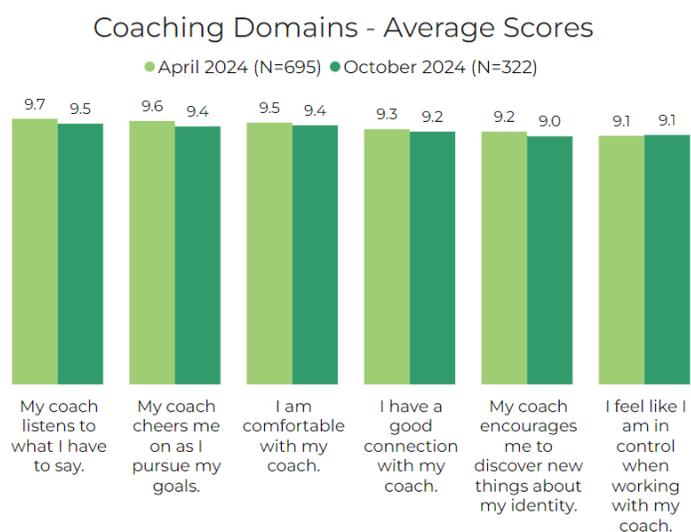
A modified version of the Trait Hope scale (Snyder et al., 1996) was administered to 475 participants in April 2024 and 403 in October of 2024. At both times, participants generally reported feeling hopeful. The mean score in April was between “Somewhat True” and “Mostly True” (mean=5.47, standard deviation= 0.97), as was the mean score in October 2024 (mean=5.44, standard deviation= 1.09).

Across April 2024 and October 2024, 180 participants completed the Hope scale at both time points. Hope scores were greater in October than in April at a trend level [$t=1.72, p=.087$] (Table 16).

Construct: Coaching Relationship

Participants were asked six questions regarding relationship quality with their coach on a scale of 0 (strongly disagree) to 10 (strongly agree). Over 300 youth responded in April of 2024 and 306 youth responded in October of 2024. Most respondents gave positive responses to the coaching relationship questions, with a response of 8 or higher considered a positive response. Average scores for each item were above 9 (Figure 5). More details can be found in the Appendix pages 35-36, including Tables 17 and 18.

Figure 5: Survey Results: Relationship with Coaches



In addition, 128 youth completed the survey in both April and October. On average ratings increased slightly in October [means= 9.4 to 9.8] relative to April [means= 9.1 to 9.7; change scores ranging from .03 to .38]. Average scores across Coaching Domains suggests that participants report positive experiences with their coaches.

Domain: Participation Impact and Advice

Different open-ended questions were asked in the April 2024 survey and the October 2024 survey. To establish themes, the main topic(s) of the comments were identified and coded, and topics were used to identify themes. For example, if the comment was “My coach gave good advice”, the topic identified was “coach gave advice”. In this instance, no abstraction was needed to move from topic to theme. If the comment said “Coach taught me budget and gave advice on which app to use”. The topic identified could be “coach gave advice” and “budgeting”. Budgeting falls under the theme of “financial planning skill development”, which could include budgeting but could also include other financial skills, such as learning to operate a savings account, or learning how to navigate credit. In April 2024, respondents were asked: “How has participation in CYI impacted your ability to work toward your goals in the areas that you [previously] identified?”. There were 200 responses to the question. The topics that were noted in 10+ comments by respondents are shown in Table 5.

Table 5: April 2024 Open Ended Topic Themes re: Participation in CYI

Top Topics	Number of times mentioned
Coaches Gave Advice	41
Financial Planning Skill Development	15
Life Skill Development	12
Added Motivation	20
Helped with Navigation of Resources	22
Increased Network of Support	20

In October 2024, respondents were asked “What advice would you give your coach?”. Over 250 youth replied. Those themes with 15 or more comments are highlighted in Table 6; all other themes had topics with 5-13 comments under each topic. The themes generally support the strength of the coaching relationships seen in Table 6– most of the advice given in the comments focused on encouragement and gratitude for coaches.

Table 6: October 2024 Open Ended Topic Themes re: Advice to Your Coach

Top Topics	Number of times mentioned
Keep It Up!	41
No Advice Because My Coach Is Awesome	37
Thank you for your work	15

Summary of Survey Results

In general, the results of the coaching survey were positive. A statistically significant increase in Resilience was observed, as was a statistically significant increase in Social Connections in 18–20-year-olds. Moreover, trends towards increases in the remaining PPFs were also seen. While these changes were all modest, they were in the expected direction. Similarly, a modest, trend-level increase in Hope ratings was also seen. Notably, youth responding to the survey were, on average, very positive about their relationship with their coach.

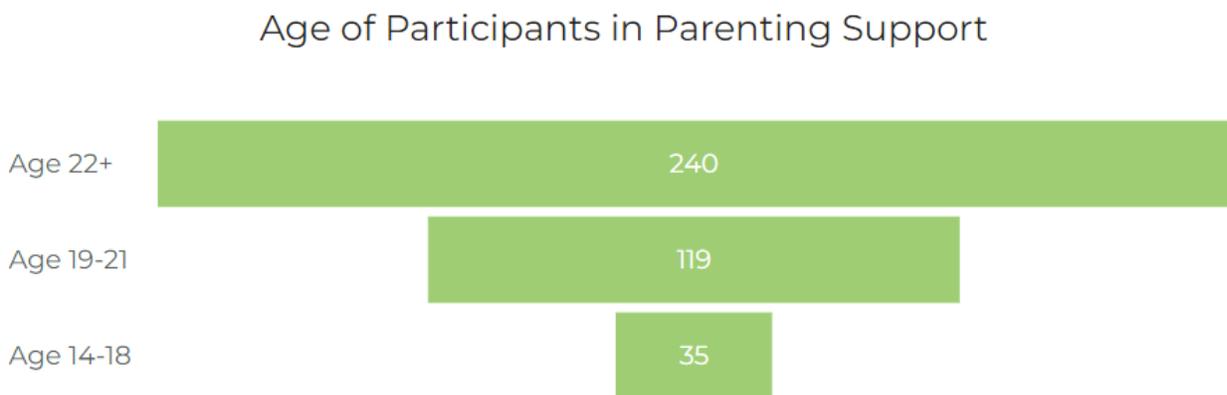
Parenting Support

NCFF along with our coaching provider, Central Plains Center for Services, recognize the importance of a 2-generation/whole family approach that includes: 1) Coaching services to assist pregnant and parenting young adults in receiving education and training necessary to obtain/retain employment and/or prepare for and enter post-secondary education. 2) Provide pregnant and parenting young adults with financial education and leadership opportunities, along with other coaching support to complement their own efforts to achieve self-sufficiency and financial stability. 3) Ensuring young adults have access to and are referred to high-quality early childhood education and have on-going opportunities to engage in developmentally appropriate activities for themselves and their child(ren), therefore equipping parents/expectant parents to better support their children financially, socially, and emotionally.

Through parenting support, participants learn how to identify and move forward on their goals in a measurable and systematic manner in a uniquely tailored coaching experience that strengthens the well-being of the whole family. When young parents and their child(ren) develop into strong families and are surrounded by healthy community connections, they can successfully achieve economic mobility, unlock their full potential, and thrive across generations.

During this evaluation period of October 1, 2023 – September 30, 2024, 394 young parents and 435 children were served through CYI parenting supports, an extension of CYI coaching (Figure 6).

Figure 6: Parenting Support Participation by Age



During this reporting period of October 1, 2023 – September 30, 2024:

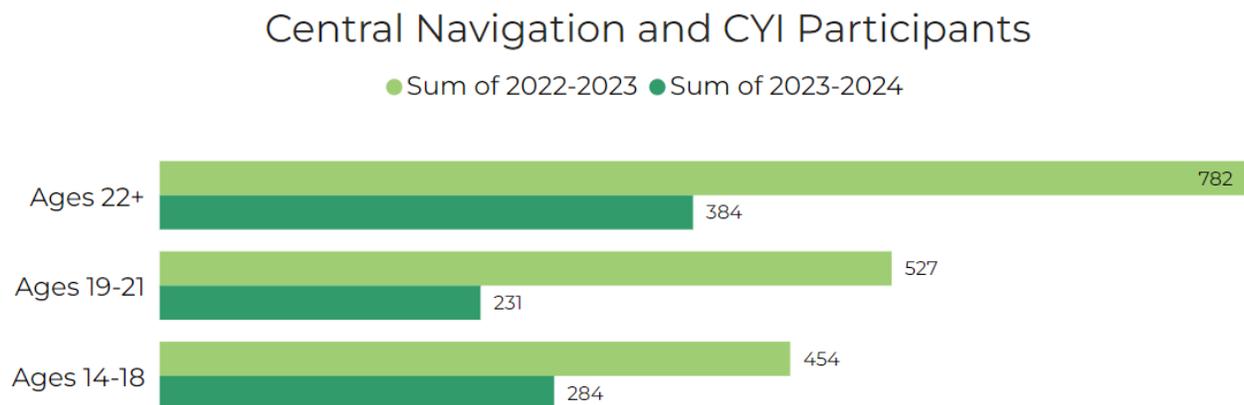
- 218 expectant and/or parenting SSBG coaching youth are active in the Opportunity Passport™ Program and are in various stages of saving for their asset match.
- 43 expectant and/or parenting participants completed the Opportunity Passport™ Program financial literacy education class from 10/1/23 – 9/30/24.
- 39 expectant and/or parenting participants completed asset matches, totaling \$351,864.16 in total program match and youth savings contributions, with \$162,272.45 in youth savings contributions and \$189,591.71 in program funds. The use of these matches includes transportation/vehicle purchases, housing, medical, credit building, and investments.

Central Navigation

Central Navigation is a component of the Bring Up Nebraska Network through which youth and young adults are matched to developmentally appropriate services. As seen in Figure 1, 899 youth and young adults engaged with Central Navigation. A new common data platform was recently adopted by the Community Collaboratives and Central Navigators; this may account for the difference between the 2022-23 reporting year and the 2023-24 reporting year. The common data platform was still in the roll-out process as of the writing of this report and Central Navigation numbers may be revised upwards once full implementation is completed and all back-data entered.

Those who engage with Central Navigation are those who need access to community resources to thrive. This supports both the individual and their families; many participants are also parents. The small majority of those served are female (65.63%). Age ranges vary; last year, approximately 43% of those served were aged 22-26, and 32% of those served were aged 14-18. The gender and race/ethnicity breakdowns for the 2023-2024 evaluation year did not substantially differ from the previous evaluation year. CYI participants were younger in the current year relative to the previous year, though this actually represents a return to historical trends in age distribution. More detailed demographic information of participants can be found in Table 11 in the Appendix on page 30.

Figure 7: CYI Participants in Central Navigation by Age



Support Services Funds

Support Services Funds are private monies that can be accessed through Central Navigation and the Community Collaboratives to cover temporary shortfalls to keep a family or youth/young adult from tipping into crisis. These funds cover unexpected costs like medical expenses, car repairs, or housing repairs that might cause a family or youth/young adult to lose housing, or work, or otherwise be unable to adequately care for their children. From October 2023 to September 2024, individuals 25 and under received over \$216,000 in funds that covered basic necessities. This substantial support of basic needs is key in fostering an environment for stability and subsequent capacity and resilience building. The largest amount of money went to cover housing (over \$153,000), utilities (over \$33,000), education (over \$8,000), and transportation (nearly \$8,000). Remaining funds covered healthcare, mental healthcare, parenting, employment-related (e.g., uniforms required to start a job), education, and other basic living expenses. For more details, see [Appendix Table A3 p.?](#)

Table 7:: Support Service Funds by Number of Requests and Dollars Spent

Priority Area	Number of Requests	All Dollars
Physical/Dental Health	3	\$193.92
Mental Health	7	\$1,214.98
Employment	11	\$870.71
Education	25	\$8,562.62
Daily Living	39	\$4,000.52
Parenting	19	\$4,867.00
Other	5	\$2,959.79
Transportation	41	\$7,957.62
Utilities	114	\$33,128.83
Housing	205	\$153,140.90

Figure 8: Support Services Numbers of Requests and Dollars Spent Compared to Last Reporting Cycle



Opportunity Passport – Financial Education

Opportunity Passport™ (OPP), a program developed by the [Jim Casey Youth Opportunities Initiative®](#), is the primary CYI strategy implemented around Financial Education. OPP connects young people in CYI with essential financial literacy and match-savings opportunities as they transition into adulthood, equipping them with tools for planning for the future and saving money for important expenses; while learning critical financial skills. OPP offers to match savings from youth (up to 3:1), giving them a critical chance to manage finances, interact with mainstream banking systems, and set aside money for purchasing assets. Opportunity Passport™ participants in Nebraska who have met their savings goals have made a variety of asset purchases, including vehicles and payments on mortgages/housing, as well as paying for college tuition, credit repair and reduction, investments, and business start-up costs.

Theory Behind Opportunity Passport

When youth and young adults who have grown up in poverty and developed a poverty mindset gain exposure to financial literacy that challenges their previous beliefs, their thinking and behavior can undergo significant positive changes (Nadon, 2020; Salazar et al., 2021; Scannapieco et al., 2016; Trejos-Castillo et al., 2015). By understanding the value of money, recognizing the importance of building a relationship with financial institutions, and learning how responsible financial management can enhance their lives, young adults served by CYI can fundamentally transform their relationship with money.

By integrating financial literacy with CYI coaching, OPP offers a personalized approach that helps young people reevaluate their attitudes toward spending money and earning it. Young people are empowered to make their own financial decisions, opening the opportunity to improve their sense of agency. Coaches provide insight and financial guidance so that young people recognize resources and opportunities to improve their lives.

Participation in Opportunity Passport

Since CYI began implementing Opportunity Passport™ (OPP) in 2007, 2,859 young adults have accessed the program. In the past evaluation year alone, 309 young adults enrolled in OPP. This was a decrease in the previous evaluation year. However, the previous evaluation year had a sharp increase in those receiving services.

Representation across racial/ethnic backgrounds remained relatively similar over the past two years, with a slight increase in young adults who identify as Hispanic or Latino and a slight decrease in young adults who identify as Black or African American when comparing enrollees this year to last year. Rates of participation across genders did not change significantly from the last reporting cycle, and there are higher rates of participation by those who identify as female, which reflects larger CYI participation. There was a significant increase of participants aged 14-18 from last year, making it the largest population served by Opportunity Passport (48.22% of participants).

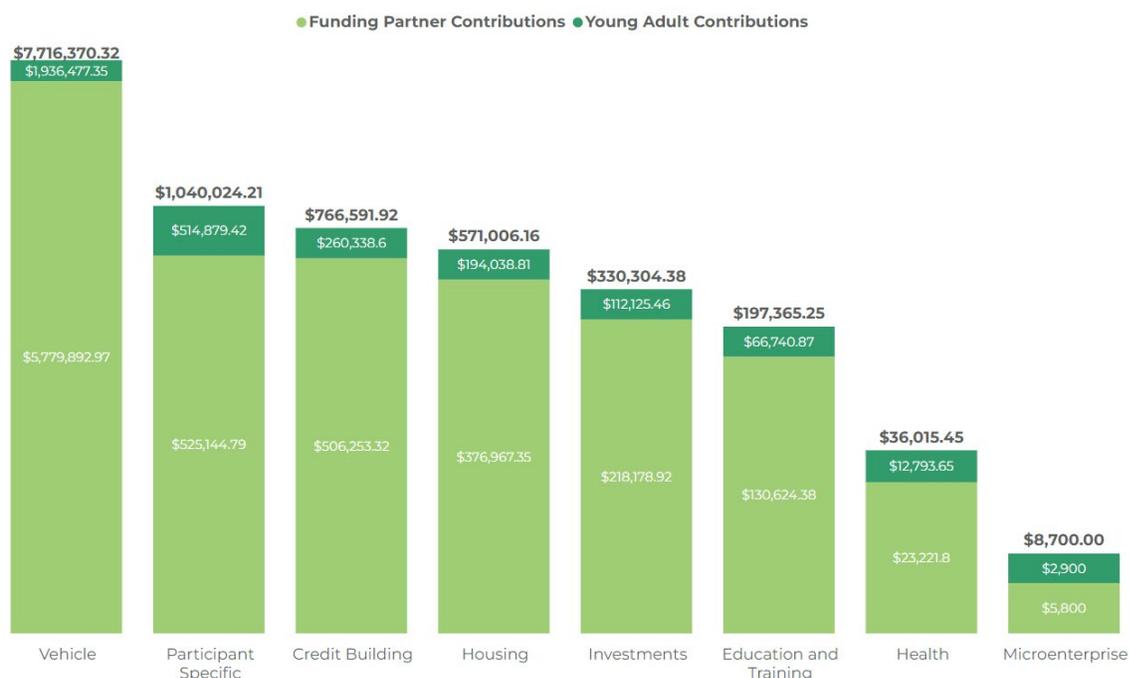
Since its inception, 3,326 young adults have been involved in Opportunity Passport, over 41% (1,368 youth) have successfully made an asset purchase, with many young adults purchasing multiple assets. As mentioned, many young adults access multiple programs and services through CYI. While there often are not sufficient mechanisms to understand which young adults access multiple programming and services, it is possible to approximate the number

of young adults who co-enroll in Opportunity Passport and are specifically pursuing postsecondary goals through CYI Coaching. According to Central Plains, between October 1, 2023 and September 30, 2024, 1,239 young people participated in Opportunity Passport. Central Plains encourages youth to participate in both coaching and Opportunity Passport when possible; during this time period, 482 people participated in both (39%). There were 178 completed matches during this period and out of those, 154 participated in both coaching and Opportunity Passport. Those who participate in coaching and CYI, in general, complete matches at higher rates than those who participate in Opportunity Passport without coaching.

Vehicles continue to be the most popular asset purchase (Figure 11), making up 32.1% of all asset purchases since the beginning of OPP. The category of “Participant Specific” purchases makes up approximately 38% of purchases; these are smaller and less costly on average and often keep young adults financially stable and on track. While participant specific purchases are programmatically important, larger asset purchases, such as vehicles, have the potential to be transformative. For example, a car might allow a participant to regularly report to work on time and advance in a career, which may not be possible using public transportation in much of Nebraska.

Overall, the monetary investment by both young adults and funding partners is substantial, with youth collectively contributing over \$3.1 million towards purchases in the past 17 years (Figure 10, Table 7). It is important to note that these dollars do not include what has been saved by youth who have not yet purchased assets. Combined with match dollars from partners, the total cumulative investment towards asset purchases since the inception of OPP in Nebraska is over \$10.6 million.

Figure 9: Funding Partner Contributions and Young Adult Contributions 2007-2024



Leadership and Advocacy Overview

The CYI component of Leadership and Advocacy includes opportunities for young people to engage in opportunities that empower them to use their voice to create change. CYI supports over 100 leadership opportunities at both the local level and the statewide and national levels. At the local level, engagement opportunities are community-led and youth-driven via local CYI Chapters (e.g., Project Everlast). At the statewide and national levels, leadership opportunities range and include Legislative Days, LEAD the Summer, Opportunity Youth United (OYU) Community Action Teams, Nebraska Citizen Review Panels, Young Parent Advisory Committee, State and National Youth Advisory Boards, national Fellowships, and policy advocacy.

The goal of leadership and engagement is to provide youth and young adults with opportunities to build social connections, develop leadership skills and competencies, and advocate for systems change. Youth participation in community decision-making has many benefits to the participant and to the community. These benefits for the participant include enhanced self-esteem and self-efficacy, opportunities for empowerment, and enhanced social capital (Augsberger et al., 2019, 2020; Havlicek et al., 2016; Salazar et al., 2021). In return, the community benefits from having a safe place where young people gather and find acceptance.

CYI chapters - in partnership with the local Community Collaboratives - help young people find their place in their own community through networking and connections. There are currently eight (8) local youth chapters operating across the state. Youth Advisors within the Community Collaboratives help young people develop skills to become better advocates for themselves and others.

In the past evaluation year, 177 youth and young adults accessed youth leadership opportunities, with over three-quarters of young adults accessing opportunities through their local chapter. The participants from the various opportunities may be from the same pool; therefore, the same young adults may be participating across the various levels of advocacy. Over 126 different youth leadership activities were offered in the past year, with the vast majority occurring at the local CYI Chapter level. For more details see Appendix Table 9 page 29.

Table 8: Participation in Leadership and Engagement

Leadership and Engagement	2023-2024	2022-2023
Total Number of Young Adults Involved in All Activities (Duplicated)	177	161
Number of Young Adults Involved in Statewide Activities	46	44
Number of Young Adults Involved in Community-Based Leadership Activities	131	117
Total Number of Youth Leadership Activities Offered	131	129
Number of Statewide Youth Leadership Activities Offered	4	4
Number of Community-Based Youth Leadership Activities Offered	127	123

Some highlights for the year include:

Legislative Days 2024:

Legislative Days is an annual event aimed at educating young people on the legislative and policy-making process. CYI elevates civic engagement as it serves both the individual and the community; it inspires growth and maturation for the young adults that engage, and it is important for functioning democracies (Flanagan & Levine, 2010). CYI's commitment to having young adults participate in this event has often been the start of many advocacy journeys and has led young people to future leadership endeavors. Prior to the event, participants are mentored so they know what to expect at the event and how to fully engage with the opportunity. During the event, young people learn about public speaking, what advocacy is and current bills in the legislature. All youth then choose a bill of interest, develop an argument, construct a presentation, and present it to state senators during a luncheon, and later to the governor at the state capital. When the bills youth speak on pass, it helps youth to understand the impact they can have in legislative policymaking.

The event this year saw several major successes and the biggest one was also a surprise. One of the bills the young people selected was one to force the Governor to sign onto a summer EBT program that would give the state access to \$18 million. After hearing the young people tell their personal stories, Gov. Pillen agreed to sign onto the program the following week.

LEAD the Summer, August 3-4, 2024

The Nebraska Children and Families Foundation Youth Advisory Board hosts an annual education event during the summer, where they pick out a theme and develop curriculum. This year's event focused on healthy relationships, which included romantic, familial and professional. Learning sessions covered effective communication, types of relationships, role play scenarios and traits of healthy relationships. Sessions covered how to build positive relationships and when and how to end relationships. The weekend also included social time so the young people were able to build connections and expand their network.

Leaders 4 Change- Foster Youth In Action National Conference- Washington DC – Dec 9-12, 2024

A member of CYI and a Youth Advisory Board leader represented Nebraska at the National Leaders 4 Change Conference in Washington D.C. The event, themed “Our Voices Our Vision” provided an incredible opportunity to connect with other passionate young leaders, learn from lived experience experts, and advocate at the Capitol for policy changes to improve the lives of foster youth across the country. Journey to Success organized the event to celebrate significant policy milestones, including the 25th Anniversary of Chafee Foster Care Independence Act, which strengthens the transition into adulthood.

Event activities included a celebration of the Chafee program at the Senate office, featuring speeches by Senators Chuck Grassley and Amy Klobuchar and was followed by a reception at the House office building attended by several congress members, including Representatives Don Bacon, Danny Davis, and Judy Chu. The youth leaders spoke at the Capitol. The youth leader from Nebraska highlighted the need for the Foster Youth Bill of Rights to become federal law, noting that currently only one-third of states have enacted it. The Foster Youth Bill of Rights addresses critical issues, such as access to mental health services, education, sibling reunification, and language access.

State Policy and Advocacy Committees

Local, community-supported CYI Chapters include:

- Project Everlast Omaha
- Project Everlast Lincoln
- Southeast Nebraska Collaborative Youth Chapter – Fairbury
- Southeast Nebraska Collaborative Youth Chapter – Beatrice
- Buffalo County Youth Advisory Board
- Norfolk 3D Leadership
- Las Mananitas Community Advocates LEAP - North Platte
- CASA Youth Advisory Board - Ogallala
- NCCFF Statewide Youth Advisory Board

State policy and national systems change opportunities include:

- The Nebraska Department of Health and Human Services *Bridge to Independence* Advisory Committee Sustainability Workgroup
- The Nebraska Department of Health and Human Services *Bridge to Independence* Advisory Committee Data & Evaluation Workgroup
- The Nebraska Coalition for Juvenile Justice
- The Jim Casey Youth Opportunities Initiative Continuous Accountability and Learning Workgroup
- The Jim Casey Youth Opportunities Initiative Continuous LEAP National Learning Cohort
- The Annie E. Casey Foundation and Full Frame Initiative’s Narrative Change Learning Cohort

CYI Future Outlook

As previously mentioned, due to the shift in data systems, the information provided may not adequately reflect all those served by the Connected Youth Initiative. A uniform, modern data collection system and the implementation of best practices in evaluation are being implemented across NCFE, which will increase both the ease of data collection, but will also make Continuous Quality Improvement data more readily available to programs. This data will help initiatives, including CYI, quickly and efficiently make needed improvements based on up-to-date, accurate information. Additionally, it will allow further investigation into the impact of CYI on outcomes such as prevention into homelessness and other systems. A strategic priority for CYI in the coming year is to further strengthen local connections between older youth-focused services and Community Collaboratives. Community Collaboratives are community-based systems supported by NCFE that are central in coordinating and maintaining local prevention systems. CYI will provide the technical assistance needed by the Community Collaborative network to deliver and connect young people to services in an optimal way. CYI offers an opportunity for Collaboratives to build in specific older youth-focused areas to programming and navigation resources through training and guidance around older-youth-oriented best practices. Additionally, CYI Coaching offers operational support and human resources to assist young people at the Collaborative level. After years of expanding both geographically and in terms of number and type of youth served, it is now time to ensure that NCFE and the Community Collaborative network can effectively integrate all CYI's components. CYI is working to develop a sustainable funding strategy that incorporates an understanding of the current economic climate along with data-informed, community and youth voice-driven projections of not only challenges to anticipate but opportunities our network can seize on the horizon. This approach can potentially solidify and continue the older youth-focused work in the statewide prevention system. By prioritizing prevention, CYI and the Statewide Bring Up Nebraska system aim to ensure that all youth in Nebraska have access to a safe and stable living situation, an increased support network, more opportunities to engage in leadership, and access to funds that prevent them from needing higher levels of systems involvement.

Appendix

Table 9: Participants Across CYI Strategies

CYI Across Strategies 2023-2024	Central Navigation	Youth Leadership	Financial Education	Coaching	Parenting Support
Number of Participants Served Directly	899	177	309	1,834	394

Table 10: Participants Across CYI Strategies by Age

CYI Across Strategies 2023-2024	Central Navigation Total: 899	CYI Coaching Total: 1,834	Financial Education Total: 309	Parenting Supports Total: 394	Leadership and Advocacy Total: 177
Age 14-18	284 (31.6%)	615 (33.53%)	149 (48.22%)	35 (8.9%)	
Age 19-21	231 (25.7%)	604 (32.93%)	95 (30.74%)	119 (30.20%)	
Age 22+	384 (42.83%)	348 (19%)	65 (21.04%)	240 (60.91%)	

Table 11: CYI Coaching Participant Demographics

CYI Coaching	2024-2024	2022-2023
Number of Participants Served Directly	1,834	2,297
Number of Participants who are Parents	394	399
Race/Ethnicity		
Native American or Alaska Native	109 (5.94%)	111 (4.8%)
Black or African American	346 (18.87%)	453 (19.7%)
Hispanic or Latino	346 (18.87%)	428 (18.6%)
White	963 (52.51%)	1147 (49.9%)
Another Race/Ethnicity*	70 (3.82%)	144 (6.27%)
Not Reported	0 (0.00%)	12 (0.50%)
Gender		
Male	595 (32.44%)	758 (33%)
Female	1,213 (66.14%)	1482 (64.5%)
Another Gender**	26 (1.42%)	40 (1.7%)
Not Reported	0 (0.00%)	17 (0.7%)
Age		
Age 14-18	615 (33.53%)	619 (26.9%)
Age 19-22	766 (41.77%)	830 (36.1%)
Age 23+	453 (24.7%)	848 (36.9%)

A 1: * Due to low numbers, Asian, Native Hawaiian/Pacific Islander, “More than one race”, and “Another race” are included in “another race/ethnicity”

Table 12: CYI Coaching Survey Constructs

Survey Construct	Description
Youth Thrive™ Protective and Promotive Factors	Developed by the Center for the Study of Social Policy, measures presence, strength and growth of the following factors that advance healthy development and well-being and mitigate the impacts of trauma and negative life experiences:
	o Youth Resilience
	o Social Connections
	o Knowledge of Adolescent Development
	o Concrete Supports in Times of Need
o Cognitive and Social-Emotional Competence	
Hope	Measures current state of hope according to both agency thinking and pathway thinking. Modified from (Snyder et al., 1996)
Coaching Relationship	Questions self-designed by NCFE, provider partners, and young adults, intended to assess the quality of the relationship between a young adult and their CYI coach defined as:
	o Presence of trust and mutual respect
	o Youth-led
o Comfortable and affirming of young adult's identity	
Achievements, Advice, and Additional Help	Open-ended questions self-designed by NCFE, provider partners, and young adults that allow young adults to share their perspective in own words and provide detailed examples of other survey constructs

Table 13: Promotive and Protective Factors - Differences Between April and October

PPF Scale Differences Between April and October 2024	April	October	Difference
Resilience	3.72	3.82	.10*
Social Connections	3.9	3.98	.08a
Adolescent Development	4.15	4.22	.07 a
Concrete Supports	4.1	4.21	.11 a
Social and Emotional Competence	3.91	4	.09 a

Figure 10: Promotive and Protective Factors - Methodology of Analysis

PPF Analysis Methodology
<p>In 2024, 213 youth completed the PPF instrument in April and October, giving some insight into change over time in Promotive and Protective Factors. The sample of CYI Coaching participants with two completed surveys did not significantly differ from the April and October survey samples on age [$\chi^2 = 2.54, p = .64$], gender [$\chi^2 = 2.29, p = .68$], race/ethnicity [$\chi^2 = 8.25, p = .41$], foster care history [$\chi^2 = 2.30, p = .89$], or juvenile justice involvement [$\chi^2 = 1.02, p = .91$]. Preliminary analyses (see Appendix Table 11A) suggested that age was related to change in PPFs over time, but that race/ethnicity and gender were not. Age was therefore included in subsequent analyses.</p>
<p>A series of Analyses of Covariance (ANCOVA) were conducted to determine where statistically significant change occurred for those youth remaining engaged in coaching from April to October. A statistically significant improvement in ratings of Promotive and Protective Factors was seen for Resilience [$F = 4.64, p = .032$] where the average Resilience score was higher in October [mean = 3.82] than in April [mean = 3.72]. For Social Connections, a significant time-by-age group interaction was observed [$F = 4.24, p = .016$], where a significant increase was observed from April to October in 18-20 year-olds [mean April = 3.89, mean October = 4.13; $t = 3.36, p < .01$], but not in youth under 18 [$t = 0.54, p = .30$] or over 20 [$t = 0.12, p = .45$]. There was also a trend towards increased ratings of Social Connections [$F = 2.84, p = .093$], where the average rating was higher in October [mean = 3.98] than in April [mean = 3.90]. Each of the remaining PPF scales showed a trend towards an increase from April to October, including Knowledge of Adolescent Development [$F = 3.08, p = .081$], Concrete [$F = 3.76, p = .054$], and Social and Emotional Competence [$F = 3.14, p = .078$].</p>

Table 14: PPF Mean Scores April 2024

PPF Mean Scores April 2024		
Scale	N	Mean Score
Knowledge of Adolescent Development	508	4.2
Concrete Supports	508	4.11
Social Connections	509	3.81
Cognitive and Social-Emotional Competence	508	3.94
Youth Resilience	511	3.67

Table 15: PPF Mean Scores October 2024

PPF Mean Scores October 2024		
Scale	N	Mean Score
Knowledge of Adolescent Development	373	4.23
Concrete Supports	373	4.19
Social Connections	373	3.85
Cognitive and Social-Emotional Competence	373	4
Youth Resilience	373	3.67

Table 16: Hope Scale Scores April and October 2024

Hope Scale	N	Mean Score	Standard Deviation
April 24	475	5.47	0.97
October 24	403	5.44	1.09

Table 17: Coaching Relationships October 2024 Counts of Each Rating

Coaching Relationship October 2024 N=322	0	1	2	3	4	5	6	7	8	9	10
I am comfortable with my coach.		3		1	1	5	4	12	20	23	253
I feel like I am in control when working with my coach.		4	1	2	2	14	5	12	29	32	214
My coach cheers me on as I pursue my goals.		4	1	2	4	4	3	7	18	23	256
My coach listens to what I have to say.		5		1	5		6	5	13	15	272
I have a good connection with my coach.		4	1	4	5	3	8	13	15	36	233
My coach encourages me to discover new things about my identity.	1	4	1	2	7	7	12	9	29	27	218

Table 18: Coaching Relationships April 2024 Counts Of Each Rating

Coaching Relationship April 2024 N=695	0	1	2	3	4	5	6	7	8	9	10
I am comfortable with my coach.					1	7	2	5	34	30	294
I feel like I am in control when working with my coach.		4	1	2	2	14	5	12	29	32	214
My coach cheers me on as I pursue my goals.		4	1	2	4	4	3	7	18	23	256
My coach listens to what I have to say.		5		1	5		6	5	13	15	272
I have a good connection with my coach.		4	1	4	5	3	8	13	15	36	233
My coach encourages me to discover new things about my identity.	1	4	1	2	7	7	12	9	29	27	218

Table 19: CYI Survey - Participation Impact Question Top Topics of Comments

How has participation in CYI impacted your ability to work toward your goals in the areas that you [previously] identified?"	Apr-24
Top Topics	Number of times mentioned
Coaches Gave Advice	41
Financial Planning Skill Development	15
Life Skill Development	12
Added Motivation	20
Helped with Navigation of Resources	22
Increased Network of Support	20

Table 20: CYI Survey Advice to Coach Question Top Themes of Comments

<i>What advice would you give your coach?</i>	Oct-24
Top Topics	Number of times mentioned
Keep It Up!	41
No Advice Because My Coach Is Awesome	37
Thank you for your work	15

Table 21: Central Navigation CYI Participant Demographics

SUMMARY OF YOUNG ADULTS (AGE 25 AND YOUNGER) SERVED THROUGH CENTRAL NAVIGATION		
	2023-2024	2022-2023
Number of Participants Served Directly	899	1,763
Number of Children Served Directly	--	577
Race/Ethnicity		
American Indian or Alaska Native	35 (3.89%)	39 (2.21%)
Asian	12 (1.33%)	18 (1.02%)
Black or African American	164 (18.24%)	436 (24.73%)
Hispanic or Latino	184 (20.47%)	210 (11.91%)
Multiracial	90 (10.01%)	236 (13.39%)
Middle Eastern or North African*	2 (0.22%)	0
Native Hawaiian/Pacific Islander	0	4 (0.23%)
White	383 (42.6%)	732 (41.52%)
Another Race/Ethnicity	2 (0.22%)	11 (0.62%)
Prefer Not to Say	8 (0.89%)	15 (0.85%)
Not Reported	19 (2.11%)	62 (3.52%)
Gender		
Male	268 (29.81%)	438 (24.84%)
Female	590 (65.563%)	1220 (69.20%)
Another Gender	14 (1.56%)	36 (2.04%)
Not Reported	27 (3%)	69 (3.91%)
Age		
14-18	284 (31.59%)	454 (25.75%)
19-21	231 (25.7%)	527 (29.89%)
22+	384 (42.71%)	782 (44.36%)
Not Reported	0	0

Table 22: Parenting Support Demographic Information

Parenting Support	
Number of Participants Served Directly	394
American Indian or Alaskan Native	
	30 (7.6%)
Black or African American	
	82 (20.81%)
Hispanic or Latino	
	91 (23.1%)
White	
	181 (48.48%)
Another Race/Ethnicity, including Asian, Native Hawaiian or Other Pacific Islander, another race/ethnicity, and prefer not to say	
	30 (7.6%)
Male	
	57 (14.47%)
Female	
	337 (85.6%)
Another Gender	
Age 14-18	
	35 (8.9%)
Age 19-21	
	119 (30.2%)
Age 22+	
	240 (5.1%)

Table 23: Opportunity Passport Participant Demographic Information

Opportunity Passport Participation	2023-2024	2022-2023
Number of Participants Served Directly	309	397
American Indian or Alaskan Native	22 (7.12%)	24 (6.1%)
Black or African American	49 (15.86%)	62 (15.6%)
Hispanic or Latino	47 (15.21%)	72 (18.1%)
White	147 (47.57%)	196 (49.7%)
Another Race/Ethnicity, including Asian, Native Hawaiian or Other Pacific Islander, another race/ethnicity, and prefer not to say	44 (14.24%)	43 (10.8%)
Male	112 (36.25%)	142 (35.77%)
Female	195 (63.11%)	251 (62.2%)
Another Gender	2 (0.65%)	4 (1.0%)
Age 14-18	149 (48.22%)	151 (38.0%)
Age 19-21	95 (30.74%)	138 (34.8%)
Age 22+	65 (21.04%)	108. (27.2%)

Table 24: Opportunity Passport Funding Party Contributions 2007-2024

Opportunity Passport 2007-2024 Total	Funding Partner Contributions	Young Adult Contributions	Number of Assets Purchased
Participant Specific	\$525,144.79	\$514,879.42	466
Vehicle	\$5,779,892.97	\$1,936,477.35	921
Credit Building	\$506,253.32	\$260,338.60	242
Housing	\$376,967.35	\$194,038.81	228
Education and Training	\$130,624.38	\$66,740.87	68
Investments	\$218,178.92	\$112,125.46	63
Health	\$23,221.80	\$12,793.65	19
Microenterprise	\$5,800.00	\$2,900.00	2
TOTAL	\$7,566,083.53	\$3,100,294.16	2,009

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This report details efforts taken to facilitate a DHHS Citizen Review Panel, as required by CAPTA. The Young Adult Citizen Review Panel consists of youth and young adults with child welfare or/and juvenile justice system experience. This report describes projects for FY 2023-24.

Young Adults Citizen Review Panel Year-End Report FY 23-24

Prepared by Nebraska Children

This report addresses the actions taken to satisfy the scope of services for the facilitation of a Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services and Nebraska Children and Families Foundation. This report includes activities undertaken to facilitate and maintain a CRP as part of the duties of the Nebraska Children and Families Foundation Advisory Board. These activities are described in more detail below.

Scope of Work: Provide administrative support to the Nebraska Child Abuse Prevention Treatment Act (CAPTA) Citizen Review Panel.

Nebraska Children provides staff support to facilitate all activities of the CRP. This support includes partnering with CRP members to arrange meeting locations, dates, times and agendas; and, providing lodging, meals, and transportation, as needed. By working with CRP members to plan and facilitate meetings, young adults receive professional experience with meeting facilitation and leadership, in addition to the opportunity to share their perspectives as members.

The Youth Adult CRP is funded through braided public and private dollars, including those provided under this grant. This strategy maximizes the youth's ability to apply their voice and experience without asking for too much travel and enhances the opportunities and supports that Nebraska Children can provide to remove any barriers to participation while staying within funding stream parameters.

Additionally, support staff provides informal coaching to young adult CRP members throughout the year. Areas of coaching include conflict resolution, disagreeing respectfully, meeting facilitation, presentation development, among other soft skills. Such support is provided via one-on-one conversations before, during, and after meetings; and, to the entire group during meetings, when needed.

Of final note is the number of CRP members who are parenting. To ensure that parenthood is not a barrier to participation, we provide a childcare stipend for members. Plus, the CRP meetings are open to children. If needed, additional support staff were recruited to provide childcare during meetings. By providing a safe, supervised space for children, CRP members were able to focus on the meeting agenda. We believe that these supports help ensure the panel is inclusive.

Scope of Work: Provide support for meetings that occur at least once every 3 months.

The Young Adult Citizen Review Panel (CRP) met monthly to help increase productivity and follow-through from meeting to meeting. While we resumed our in-person meetings but kept a virtual option for people to attend in case they encountered logistical issues.

<i>2022-23 Meetings</i>
October 8, 2023 – Lincoln
November 19, 2023 – Omaha
December 10, 2023 – Lincoln
January 14, 2024 – Omaha
February 3-5, 2025 – Ashland
March 4, 2024 - Lincoln
April 14, 2024 – Omaha
May 5, 2024 – Lincoln
June 9, 2024 – Omaha
July 14, 2024 – Lincoln
August 3-5, 2024 – Aurora
September 8, 2024 – Omaha

The group's first meeting of the first quarter happened on October 8 in Lincoln at the Nebraska Children offices. We kicked off the year by starting by reviewing the bylaws and doing a group goal setting activity. We welcomed one new member and discussed group expectations and how we wanted to accomplish during the next year. The group revisited the final recommendations before they were submitted to DHHS. In the afternoon, the group did a teambuilding activity and talked about the new HHS guidance about supports for child welfare including guidance for kinship care, supports for LGBTQIA+ and access to more resources.

The second meeting happened on Nov. 19 at the Nebraska Children offices in Omaha. The group started the meeting by talking with Michael Fitzgerald of Imprint They then began work on Legislative Days and divided up into work groups. For the afternoon, the group welcomed the rest of the Connected Youth Initiative staff. They did a leadership activity together about working together and building trust. They then engaged in a conversation about the older youth work and how they can help each other be more effective in our respective roles.

Our third meeting during the quarter happened on December 10 at the Nebraska Children offices in Lincoln. They kicked off the morning by talking with Ellen Reilly about her work with trafficking and violence prevention. They then worked in small groups on Legislative Days and finalizing roles for the event. The merchandise was ordered, and activities set. In the afternoon, the group met with representatives from the Department of Health and Human services to go over the 2022-23 CRP recommendations. They talked about strength-based notations, youth voice in mental health care and housing projects for youth transitioning out of care. The group that attended the Foster Youth in Action conference in New Mexico gave a recap of the conference and what they learned.

The group's first meeting of the second quarter happened on January 21. The focus of the meeting was preparation for Legislative Days. The meeting kicked off with everyone sharing their goal for the new year. The group spent time working on Legislative Days. They also made assignments on who would contact senators and invite them to the luncheon on Monday. They walked through the weekend and went over expectations for the members during the event. They then talked with NCFE employee Joe DiCostanzo to learn about the organization's education efforts and bills in front of the legislature. After lunch, they talked about advocacy opportunities before taking a team-building field trip.

Around 18 young people attended the annual Legislative Day from February 3-5. Those youth represented the young people from around the state that are part of the Connected Youth Initiative (CYI). The Youth Advisory Board planned and facilitated the event and aimed to connect youth from diverse backgrounds around civic engagement and provide an opportunity for them to have a voice. For the first time in three years, we hosted the event in-person

During the first day, the youth build connections between each other and attended training topics including the legislative process, public speaking, advocacy and bills currently in front of the legislature. They also participated in a leadership activity about how we all have a valuable voice to share in the group. On the second day, the youth discussed current legislation impacting young Nebraskans and selected five bills to capture in brief presentations. Members then created, practiced and recorded their presentations on Sunday. They also heard from Lincoln City Council member Tom Beckius and DHHS employee Jarren Breeling about how she used her lived experience to build a career.

On Monday, the young people met with Supreme Court justice William Cassel. The youth shared their bill presentations with senators' staff and NCFE partners over lunch and in an afternoon meeting with Governor Pillen. The group presented four bills about helping 911 and 988 work better together,

implementing the Summer EBT program, allowing mental health sick days and altering the state's approach to youth detention centers. The full presentations and their supporting documents can be viewed here: <https://www.nebraskachildren.org/what-we-do/connected-youth-initiative/2024-youth-legislative-day.html>

Our third meeting during the quarter happened on March 3 in Lincoln. The group debriefed from Legislative Days, reviewed the evaluations and talked about how they could improve the event for next year. They then reviewed new member applications and looked to the future events and meeting.

The group's first meeting of the third quarter happened on April 14 in Omaha. The group kicked off the meeting by welcoming five new members and going over expectations, best practices and the bylaws. They then did a team building activity that examined how to play the game when you don't know the rules and how that relates to advocacy. After lunch, the group talked about year-long goal setting and what we wanted to accomplish as a group. The group then started planning for the LEAD the Summer event. They identified several themes and divided up into work groups to brainstorm ideas. The group then went over the CRP process and what all goes into it. The meeting closed with talking about several summer conference opportunities for members to attend.

On May 5, the group met in Lincoln. They started the day working on the LEAD the Summer event. They decided to focus the curriculum on healthy relationships. We will be heading back to Aurora to host the event at the Leadership Center. In the afternoon, the group started the Citizen Review Panel work. They brainstormed ideas for feedback and ideas to make the foster care system better. Topics discussed included sibling visitation rights, sex education, data on school/health needs, getting more money to foster youth and foster parent training. The day closed with writing biographies and updating the website.

The group met at the Nebraska Children offices in Omaha on June 9 for the last meeting of the quarter. The meeting started with a discussion of CRP recommendation topics. They started the meeting by recapping the discussion from the previous meeting and then figuring out what recommendations we wanted to focus on. Topics included dealing with foster youth with education/handicap needs, stats on disabled youth, focusing on child's needs and hurdles youth face in foster care to get a job. The group finalized responsibilities for LEAD the summer and then met with Colleen Roth from Project Harmony and Theresa Cusic from the Court Improvement Project to go over the court questionnaire.

The group kicked off the fourth quarter with a meeting in Lincoln on July 14. They went over the agenda for the LEAD the Summer event. Carissa Kollath led a quick discussion about PCHNA and got feedback for the program. In the afternoon, the group welcomed DHHS employee Deanna Brakhage to talk about their ideas for CRP recommendations. The meeting wrapped up by reviewing NCFE's legislative priorities for 2025.

The Advisory Board hosted the LEAD the Summer event on August 3-4. The event focused on healthy relationships. The group learned the characteristics of healthy relationships, the different kinds of relationships and how to build better communication with others. The weekend also included social time as the young people were able to build connections with each other.

The last meeting of the year happened on Sept. 8. The group selected new members to join the board. They spent most of the meeting working on writing and editing the recommendations. They also recorded videos of testimonials on the importance of Foster Care Youth Voice Month and debriefed from LEAD the Summer. They wrapped up the day by celebrating the end of our year and everything that was accomplished.

The minutes for all the meetings are in Appendix A.

Scope of Work: Assure that the Panel is composed of volunteer members who are broadly representative of the diversity in the state and include members who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect.

The Young Adult Citizen Review Panel consists of 16-26-year-old unconnected young people. These are young adults with direct experience in Nebraska's child welfare, juvenile justice and/or homeless systems. Members have experienced a variety of placements, services, permanency objectives and, in some cases, multiple state systems. Members serve at their digression and cannot be required to participate under any case plan, court order or other obligatory order, making membership completely voluntary.

The group consists of 13 members who were selected via an application and represents the communities of Omaha, Lincoln, Beatrice, and Columbus. Each of the young people serves renewable one-year terms. Membership is capped at 15 members, and they will seek new members in February and August.

Scope of Work: Inform the members and staff of the CRP that they shall not disclose to any person or government official any identifying information about any specific child protection case with respect to which the Task Force is provided information and shall not make public other information unless authorized by State statute. This assurance shall be documented by the completion of a confidentiality statement.

The group signed confidentiality agreements for the 2023-24 CRP year. The CRP does not review individual child protection cases as part of their work. However, they do gather the feedback of their peers and utilize their own stories of system involvement. Confidentiality of the stories shared by CRP members and their peers or families during meetings is captured within the group's values of confidentiality and safe space. No personal stories are captured in meeting minutes or documents without the direct permission of the owner of that story.

Scope of Work: Assure that the CRP provides for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community to meet its obligations.

As previously described, CRP members are involved in local youth leadership, youth-serving programs, and/or peer groups with other alumni or current participants of the child welfare system. They also reach out to groups that have specific expertise on their projects to capture additional perspective. Further, the CRP is open to any youth with experience in child welfare or related systems to participate. These strategies help provide the opportunity for additional feedback on CRP activities and recommendations.

Scope of Work: Assure that at least one member of the CRP attends the annual Citizen Review Panel Conference.

The National CRP Conference happened in San Diego. Three members of the CRP attended – Grey Leffler, Michayla Stawniak and Fatuma Hassan. They led a presentation about building successful relationships with state agencies and talked about the work of the youth advisory board. It was quite well received and led to lots of interest from other states about how to engage young people more. The conference was a success as they learned about how other states operate their CRPs and made connections with other young people and professionals.

Scope of Work: Assure that the CRP examines the policies and procedures and practices of the State and local agencies and where appropriate, specific cases, evaluate the extent to which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with state plan, the child protection standards and any other criteria that the panel considers important to ensure the protection of children, including a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs.

The Project Everlast Citizen Review Panel (PE CRP) formulated three recommendations based on their lived experience as well as their interactions with other young people at Legislative Days and our LEAD the Summer event. The recommendations are also impacted by the current state of child welfare in the state and

After our discussions, the panel focused their work on three recommendations: making the CIP court questionnaire mandatory, start tracking handicap foster youth and make that data available and improve the access to documents and remove other barriers to help employment opportunities.

Recommendation #1 - Making the youth court questionnaire mandatory

The Court Improvement Project Youth Court Questionnaire is currently not a DHHS requirement, but the Citizen Review Panel believes that making it a requirement would greatly benefit system-involved youth in Nebraska by further including them in their outcomes and giving them more agency and control in decision-making.

The Youth Court Questionnaire was designed to inform a judge presiding over a youth's case of their specific situation. All of the information shared on the form is voluntary. The youth is advised to bring the completed form to their next hearing or give it to someone on their team (GAL, case worker, CASA volunteer, foster parents, etc.). It includes questions, comments, and concerns regarding the care a youth gets while living in the system. The questionnaire also asks the youth about their time in school, extracurricular activities, and getting a job.

Requiring the completion of the form ensures that caseworkers and other personnel are held accountable for how they treat the youth. It can also help give the judge insight into how active the youth is in their personal care choices. If the youth isn't comfortable and/or safe sharing their opinions with specific team members, this form helps bridge that gap between them and the judge overhearing their case. The form will ensure everyone is on the same page by lessening misunderstandings and putting the power back in the hands of the youth.

Making the youth court questionnaire mandatory would be a simple step in the court hearing process. It would cater to the youth's needs and teach them that they are their own best advocate.

Recommendation #2 - Logging, analyzing and sharing data on Deaf and Disabled youth

We currently have no concrete numbers on how many Deaf and/or Disabled youth are in the foster care system. Our recommendation is to collect this data so the system can provide quality care and access to accommodations for these youth.

Quality care in the foster care system looks like many things, but it should especially provide individualized plans of action and routines for disabled youth in care. Accommodations and accessibility

should not be approached with a one-size-fits-all perspective; these measures should be implemented in collaboration with the youth. For example, providing Deaf youth with interpreters, access to their primary language, and as an option, giving technological aids like video relay services (VRS) on an iPad or tablet. Accommodations for disabled youth could include but is not limited to: access to service animals, ADA accessibility aids (ramps), or Braille for those with support needs.

This recommendation would require logging all disabilities (e.g. Deafness, Blindness, Cerebral Palsy, Wheelchair Users, Neurodivergent, etc.) as part of the intake process and incorporating them into the appropriate data systems, such as InFocus, as a core descriptor that can be accessed in a report. Gathering this crucial data will allow us to provide specialized resources and mentors and ensure the best quality care for all youth in care.

If DHHS does not have a contract or connection to interpreting services, we recommend contacting the Nebraska Commission for the Deaf and Hard of Hearing, the Nebraska Commission for the Blind, and other local organizations dedicated to disabled individuals and populations. By being intentional about physical disabilities (providing ramps, transportation) and inviting these commissions into conversations about Deaf and/or disabled youth, we can ensure that Deaf and/or disabled youth involved with DHHS receive holistic care and experiences.

Once we have data on impacted youth in care, other avenues to meet their needs can be explored. DHHS can provide foster parents/group homes/placement with information regarding the youth's disability (how to fingerspell, providing ramps and necessary accommodations for wheelchair users and other disabilities either seen or unseen). Additionally, providing access to mentors within their community (Deaf mentors through Nebraska Hands and Voices). Finally, During the annual foster care review, take some time to review the quantity of disabled youth currently in care and how their care is being centered. Reviewing any new accommodation and how they can be implemented.

Recommendation #3 - Addressing the needs of foster youth seeking employment and income security.

Financial well-being and security start with foster youth having autonomy over their earnings. Foster youth are often disproportionately affected by extra barriers to employment opportunities that can contribute to their lack of overall well-being. These can include requesting vital documents and receiving them on time, being “allowed” to have a job, transportation, and accessibility issues with opening a bank account.

Employment contributes to acquiring financial literacy habits, which will additionally provide the experience of learning important life skills. The additional barriers should be addressed, and solutions should be considered before seeking employment. It is the duty of the foster parent and caseworker to devise a plan to support the youth during this process. These barriers will assist in mitigating as many obstacles as possible and should include making the youth aware of their ability to request and receive vital documents in a timely manner, account for transportation needs and consider alternatives to a traditional bank account when obstacles may arise (i.e., needing a cosigner, Venmo, etc.).

Once the youth have obtained employment, it is essential to provide them with autonomy over their earnings. Youth should not be expected or required to pay bills or provide financially for the household needs. This should all be covered under the monthly reimbursement the foster parent receives, as It is not the obligation of the youth to provide for their basic needs. This should be considered when using the scoring tool to decide on the range of \$26 - \$108 of daily allotment for the youth. Additionally, income

such as Social Security from a deceased parent should not be used as a replacement for the monthly reimbursement provided by the state. Alternative uses should be considered, such as setting the youth up for success and security when leaving the system. For example, placing those funds in a trust the youth can access after 18.

Additional support should be provided to foster families who need it. Currently, the cost of living has surpassed the monthly reimbursement rate and an adjustment of a 5% increase has been pushed for in the legislature, according to the annual report published by The Nebraska Children's Commission. There should be a pool of financial aid that foster parents can apply for if they fall on hard times.

In conclusion, youth should always have autonomy over financial earnings. Additionally, youth should be provided with accurate information on how to request and receive vital documents necessary for employment, this will assist in overall well-being as well as their transition into an independent and productive adulthood.

Appendix A: Meeting Minutes:

NCCF Advisory Board

October 8, 2023

Nebraska Children Offices
215 Centennial Mall South, #200; Lincoln, NE 68508

Minutes

10 a.m. Welcome and introductions

10:30 a.m. Icebreakers

11 a.m. Setting the Table for the year

- Bylaw Review
- Group Goal Setting
- Event Planning for 2024 (Legislative Days Feb. 3-5 or 10-12)

Noon Lunch

1 p.m. CRP finalization

- Finished final edits and changes for recommendations

1:45 p.m. HHS Announcement Discussion

- New guidance about access to resources, kinship care and LGBTQIA supports

2 p.m. Teambuilding activity

- Looked at group roles and how we work together

3 p.m. Wrap up and dismiss

- Future Dates Advisory Board gatherings
 - o Nov. 19 (CYI Team meeting)

- Dec. 3 or 10

November Meeting Minutes:

NCFE Advisory Board

November 19, 2023

Nebraska Children Offices
2610 Harney Street; Omaha, NE 68131

10 a.m. Welcome and introductions

10:30 a.m. Conversation with Imprint – Michael Fitzgerald

- Interview with journalist focusing on national issues about foster care and lived experience
- Shared experiences to help with article about lived experience and issues that are important to them

11:15 a.m. Legislative Days Prep Work

- Feb. 3-5; overview
- What do we want to change?
 - o Be more intentional about activities
 - o provide more prep
 - o Clearly establish group expectations
- Who do we want to invite?
 - o No parents

Noon Lunch with CYI Staff

1 p.m. Teambuilding Activity

Worked with group to get to know each other and work together on project

2 p.m. Discussion of CYI and Advisory Board work

- 476 new enrollments in OPP for the year – 903 total enrolled in OPP at the end of the contract year (September 30th, 2023)
- Participant Savings went up 106% from last year – from \$196k to \$405k
- Vehicle Purchases went up 185% from last year – from 47 to 134

3 p.m. Wrap up and dismiss

- Future Dates Advisory Board gatherings

- Dec. 10 with DHHS
- Jan. 14, 2024
- Feb 3-5

**December Meeting Minutes:
NCFE Advisory Board**

December 10, 2023

Nebraska Children Offices
215 Centennial Mall #200; Lincoln, NE 68508

Minutes

10 a.m. Welcome and introductions

10:30 a.m. Ellen Reilly, NCFE Assistant Vice President Trafficking and Violence Prevention

- Working to get protocols implemented; following the standard set for Minnesota
- Hoping to get protocols out there March

11:00 a.m. Legislative Days Prep Work

- Feb. 3-5; overview
- Committee Work Time

Noon Lunch

1 p.m. CRP Conversation with DHHS

Angela Davis, Deanna Brakhage, Jarren Breeling, Kathleen Stolz, Andrew Keck, Laura Opfer

- Strength-based notations
 - o Doesn't accurately reflect who the young person is
 - o Can create bias for people when they look at the file
 - o Promote better self-image to reflect positive accomplishment
 - o DHHS reaction
 - Talking about here and now; sometimes conversations focus on
 - Working on language – it impacts everyone Should work on with parents too.

- Teenagers are going to make mistakes. It's hard to have that documented;
- Common referral system requires some signs of behavior
- Mental health issues can present challenges with how behavior is categorized
- Training a workforce can be a challenge.
- Youth Voice Mental Health Choice
 - Having a voice in therapy and medication
 - Making group therapy to connect them with their peer
 - Having options until you are ready to therapy
 - Most feel that they closed off if they knew that information during therapy could be shared with caseworkers
 - What information is being shared; is it general attendance or progress or is it actual information;
- Housing Protection for Aging out youth
 - Yes! It's a legal matter – could remove DHHS from the picture
 - Education possible about leasing agreements for foster youth and parents
 - Need to talk to legal department about possibilities – might be tax implications for foster parents for additional income
 - Lots of positives with building up rental history and also gets clarity with a legally binding document

2 p.m. FYIA Recap and takeaways

- Great time! Learned a lot and made connections
- Want more celebrations and recognition
-

2:30 p.m. Role assignment for Legislative Days

3 p.m. Wrap up and dismiss

- Venmo vs Direct Deposit
- Future Dates Advisory Board gatherings
 - Jan. 7 (quick call)
 - Jan. 21 (full meeting)
 - Feb 3-5

NCFE Advisory Board

January 21, 2024

Attendance: Michayla, Rowan, Grey, Fatuma, Nedhal, Chloe, Julia, Jenn, Lincoln

Minutes

10 a.m. Welcome and introductions

10:30 a.m. Legislative Days Final Prep Work

- Feb. 3-5; overview
- Ran through agenda to ensure everyone knew what was happening and who was in charge of each agenda item

11 a.m. NCFE Education Work Update – Joe DiCostanzo

- Reviewed bills in front of Legislature
 - o LB 159 - Full Cost of Attendance
 - Kearney is the most expensive
 - Bill was introduced, had a good hearing, but got caught in the chaos of the year
 - It's going to be a long battle, but it has been started
 - o Talked about what they liked and K-12 and what they would change
 - Like: Stability, Escape, Community, Adult Support, Education and learning, Individualized instruction, advocating by adults, Staying on track and not duplicate, teacher (mental health)
 - Change: Meals, Cultural Inclusion (language), Trauma-informed practices, inclusion practices/policies (physical education), "Adulthood," limited academic rigor, bullying-awareness of SEL, adults better understand "the system" experience," keep class size small
 - Community schools (LB1347)

- Caseworker, family services, local businesses, K-12, municipal departments, etc.
 - o Authentic Family Engagement
 - o Integrated student supports
 - o Collaborative Leadership Practices
 - o Expanded Learning Opportunities

Noon Lunch

1 p.m. Advocacy Opportunities
 - Foster Care Documents
 - Juvenile Justice Fines & Fees

1:30 Field Trip (In-Person only)

2:45 p.m. Wrap up and dismiss
 - Direct Deposit Form time

 - Future Dates Advisory Board gatherings

- o March 3

LEGISLATIVE DAYS 2024

SAT., FEBRUARY 3

- 10:30** Check-in
- 11:00** Overview and Welcome & Community Agreement
- 11:30** Icebreakers and meeting with small groups
- 12:00** Lunch with table topics
- 1:00** Large group icebreaker
- 1:30** Breakout sessions
 - 1:30-2:10 - Session 1
 - 2:15-2:55 - Session 2
 - 2:55-3:10 - Break
 - 3:10-3:50 - Session 3
 - 3:55-4:35 - Session 4
- (Public Speaking, Legislation 101, Advocacy, Bill Overview)*
- 4:35** Break
- 4:45** Review and Recap Sessions
- 5:30** Free time
- 6:00** Dinner
- 7:00** Leadership Activity
- 7:50** Sunday Overview/Evaluations
- 8:00** Free time/Game Time/
Movie Night
- 11:00** In Rooms

SUN., FEBRUARY 4

- 7:30** Breakfast
- 8:45** Energizer
- 9:00** Community issue presentation creation
- 9:30** Community World Cafe
- 10:00** Review Legislative and Vote on Bills
- 11:00** Break up into groups and plan
- 12:00** Lunch
- 1:00** Keynote Speaker:
Tom Beckius, Lincoln City Council
- 2:00** Presentation Work time
- 5:00** Keynote speaker: Jarren Breeling +
DHHS Five-Year Plan
- 6:00** Dinner
- 7:30** Free time/Finish presentations
- 11:00** In Rooms

MON., FEBRUARY 5

- 8:00** Breakfast
- 8:45** Pack up rooms and load cars
- 9:00** Practice presentations
- 10:30** Drive to Lincoln
- 11:00** Watch Floor Debate
- 11:30** Prepare for Luncheon
- 12:00** Senator Luncheon
- 1:00** Committee Hearings
- 1:15** Judge William Cassel,
Judicial Branch speaker
- 2:30** Meet Meeting with Governor
- 3:15** Evaluation and Debrief

NCCF Advisory Board

March 3, 2024

Minutes

Attendance: Sophia, Carissa, Lincoln, Michayla, Grey, Chloe, Fatuma, Nedhal, Julia, Rowan(10:15), Karolina (10:23)

10 a.m. Welcome and introductions- Name, Community, What's going on in your world, fountain drink

10:20 a.m. Legislative Days Recap and Review

- Jen Monroe no longer with NCCF
- Overall great event, engaged, board did great facilitation of weekend
- Reviewed report:
 - Additional highlights
 - Participation was great this year
 - Participants really participated
 - Small incident in the beginning but resolved quickly and moved on
 - Exciting that one group impacted Pillan's decision and maybe other states for EBT funding
 - Gotten applications from youth that attended the weekend
 - Kearney senator signed name on to their bill because of their Kearney presentation
 - Other wins- we will keep posted on bills
 - Prep calls
 - Good attendance
 - 6 out of 22 wanted more info on bills to be discussed
 - Very clear and thorough overall
 - Maybe a google form next year for availabilities with such a small group

- Or send 5 times and have them pick ideal ones – or have them RSVP so we have expectations.
- Breakout sessions
 - Bill review most helpful
 - Maybe update PowerPoints or pick up different topics people from last year remembered
 - Real world applications
 - Next year for advocacy share this years' experience with Gov. Pillan
 - For world café- have them prepare a little so they can have some prior prep to prepare what they are doing and get excitement up and work out logistics and figure out presentations. Send out to adult supporters.
 - Meet with local counsels instead of prep calls possibly
 - Maybe other topic ideas for next year
- Event Day
 - Majority agreed or strongly agreed
 - Felt respected and valued 100%
 - Many said bring back advocacy skills
- Could be improved
 - Time management improved, more prep between sessions, feeling overwhelmed, more connections, more board member participation, de-escalation with youth participants
 - Props to Fatuma for reeling it the situation – let people take a moment and then come back
 - Feeling prepared is different then being prepared-
 - Create a safe space to unwind or emotionally debrief if needed? Like a sensory mental health room, calming room or mindful space

- Find your comfort zone within advocacy- research, still be involved and stay within comfort zone.
 - Can prepare as much as possible but it's very subjective
 - Prepare them for moments of uncomfortableness
 - Maybe mix up from groups they came with so they can get more comfortable
 - Maybe conversations at the first lunch
- Conclusions
 - Successful in successes, satisfaction, Gov. Pillen opt in, and press coverage!
 - Comment on survey- prepare for harsh questions so ready for Gov's hard questions
 - Plant questions at luncheon to show off knowledge and passion
 - We as an advisory board can work on questions to highlight their knowledge and passion that maybe had to get cut for time in presentation so they can comment
 - Leg days started in 2014- was only one day- but would be overwhelming
 - Come prepared whole weekend for snacks and items you need -
 - Food accommodations for dietary requirements- work a little closer with Camp to make sure they meet our requirements
 - Maybe request a vegetarian option with each meal just to be safe

- Would be nice if we could find a way to get them out of their community groups and connect with others
- Shout out to Rowan for stepping up at their first Leg days and doing a great job

11:15 a.m. Membership application review

- New member selection
- Grey put together a rubric based on feedback from group chat
- If person brings perspective not currently represented by the YAB that should be considered – could be added part of lived experience
- 15 members is the threshold
 - Nandi-YES
 - Hunter- YES
 - Dawn- YES
 - Kyaire-YES
 - Emmit- YES

11:45 a.m. Wrap up and dismiss

- Future Dates Advisory Board gatherings

- April 14th –
- review bylaws
- community guidelines for board
- get to know new members
- renew commitment for returning members
- refresher for all
- what does formal convo look like if we see something, does that behavior get called out, how do we improve these situations? – Contact Lincoln to start discussion, at next meeting maybe discuss as a whole or bring up at beginning of meeting. Personal

accountability. Learning to talk through and resolve conflict in a safe non-attack way

- May 5th- Fatuma will not be available if we don't go to Aspen Institute we could bump meeting to May 19th – possibly
- Upcoming conferences in May-send Lincoln message if you're interested
 - Kearney- NJJA Juv. Justice youth day Thursday, May 2nd
 - Presentation about youth voice 2-3 people
 - Michayla may not be able to go if gets new job
 - Go out night before, hotel, and present the next afternoon
 - National Citizen Review Panel Conference- May 20-22nd in San Diego- 1 person
 - Presentation about equitable compensation
 - Also pregnant and parenting representative?

NCFE Advisory Board
April 14, 2024
Nebraska Children Offices
2610 Harney Street; Omaha, NE 68131

Minutes

Attendance: Cole, Nedhal, Dawn, Chloe, Karolina, Michayla, Fatuma, Emmit, Julia, Grey, Nandi, Rowan, Kyaire, Lincoln, Carissa

10 a.m. Welcome and introductions

Who you are?

What community you represent?

What you do in your day-to-day life?

What excited you now?

How do you know it's spring? (Item or activity?)

10:30 a.m. Group norms, expectations –

Read the By-Laws and discussed

11 a.m. Team Building activity –

RED vs Green- talked about when we speak with DHHS or others and they say one thing but then they switch or change it after you leave. Talked about voting when we don't know what it means. Nandi discussed changing Pillen's mind on legislative days and summer EBT, and that she went in thinking his mind was made up but it did change. Talked about the change in the Gov. choice, and how the day went. You can try to make as much change as you want but it takes a group effort and team effort to make the change.

12 Noon Lunch

1 p.m. Year-Long Goal Setting and

1:30 p.m. LEAD the Summer brainstorming- -August 3

LEAD-leaders educating and achieving dreams

Saturday late morning- leave late morning Sunday

Nedhal would be in Nebraska July 25-Aug 1

Discussed upcoming meeting dates but Lincoln will send a doodle poll due to several conflicts

Topics/ideas:

Healthy Relationships? Dynamics, familial, romantic, all relationships, requires self-analysis,

Personality Tests- enneagram, or Myers Briggs, or 5 languages of love, Biases measuring personality test Chloe knows about,

Do we want to bring in a speaker/Expert? Rowen may know someone, Julia has a Stacy to reach out to,

Next month brainstorm leadership activities around healthy relationships

Succulent planting and paint pots

CRP -Citizen Review Panel -Next Month we will start high level issues going on in the system so we have 2-3 recommendations to DHHS to change policy or procedures-

Last year – housing after people age out, youth taking ownership of mental health- group therapy, and strength based communication for social workers

Next month we will brainstorm these topics and throw it all out and get ideas

In June we will narrow down and in July we will have DHHS come to the meeting and share what we are thinking and if we need to tweak and then in Sept. is the writing of them in groups.

2:30 p.m. Summer conference sessions

Nebraska Juvenile Justice association has meeting on May 2nd and Youth day we are presenting at in the afternoon.

Spot for one more person since Rowen can't go, we go out Wednesday night stay in hotels come back Thursday leave by 4 or 5 -

Cole and Emmitt are interested, Karolina and Chloe are going to present.

Why is youth voice important?

Successful placement and outcomes, a lot of 14-15 don't even understand what all is going on if they are being excessively charged because they don't have help, since public defender is telling them to go with it and it could mess up their future.

Advocacy is key and self sufficiency

Why you are in the system, what's going on can you navigate it

What are examples of successful examples of youth voice working- the leg bill that just passed- EBT, showing mock trials of what a trial looks like, at Rowen's and associates bring in families and youth and guide them and read them what

will happen and what it will look like and steps to help them understand and prepare and let them know people support them.

One hour and 15 minute presentation

Need an icebreaker—candy – earned the candy from questions

Use the voting game red/green- everyone on the same page and someone not changing there minds

3 p.m. Wrap up and dismiss

Need to get newbies set up for direct deposit-

Bring check or bank info to next meeting

Will email out form as well as polls for next meetings

-Next Meeting dates

- May 5, Lincoln
- June 9/23

May Meeting Minutes:

NCCFF Advisory Board

May 5, 2024

Minutes

10 a.m. Welcome and introductions-

Present: Chloe, Julie, Karolina, Nedhal, Michayla, Grey, Ky, Rowan, Nandi, Khe'Yana

Excused: Dawn, Emmett, Fatuma

Absent: Hunter

10:30 a.m. LEAD the Summer committee work- Leaders Educating and Achieving Dreams

- Aug. 3-4 – Leadership Center in Aurora
- LEAD the Summer: canoeing, lake area, dorm style rooms with bathroom, hiking, sand volleyball- lots of activity options, campfire
- This year's theme: Healthy Relationships
 - 3 groups-
 - Curriculum- Michayla, Rowan, Karolina
 - Social activities and icebreakers- Khe'Yana, Grey, Nedhal
 - Suggestion self-care, self-reflection activity
 - Merch and promo – Nandi, Chloe, Ky
 - one or 2 items that say LEAD the Summer or NCCFF
 - Recruit from Camp Catch-up

Noon- Lunch Agave

1:00 p.m. Share out LEAD Work

- Curriculum: after lunch teambuilding- 15 minute -energizer instead –
 - Slideshow of healthy relationships
 - Instead of Russian doll- do flower activity – relationships on big white post its- (parent/child, romantic, sibling) etc. healthy vs not so healthy flower- reflect on 3 biggest characteristics/roots of healthy to bloom and what is their making flower wilt- non-negotiables
 - Another PowerPoint- pop culture scenarios – clips of tv shows and reflect/discuss, song lyrics
 - 2nd day breakup planning guide – how to create a safety plan, how to leave relationship if don't feel safe, QR code to link tree with referrals/resources if needed.

- Chloe- implicit bias test? Would need computer or phones to take that- might be worth saving for another??
- Social Activity/icebreakers
 - Design and decorate your own journal
 - Icebreaker- Marry, Date, Ghost
 - Table topics while eating-
 - Who would you survive against in a horror movie and how?
 - Who/what would you have been in a former life?
 - What's your Ick—red flag vs green flag- but updated to self-reflect
 - Cup stacking challenge - energizer
 - What do you Meme game? Telestration Game
 - Classic hangman- instead- use a flower instead of hangman and words from healthy relationships
 - Family Feud-
 - Bottle flip game- like TikTok challenge
- Merch Promo
 - Fanny pack- could use for self-care, lip gloss, first aid
 - Blanket -self care and useful
 - t-shirt
 - journal book – plain – decorate it
 - flyer- date, location, time, and include stipends are provided for participants- contact/registration
 - Resources around the room maybe/posters like healthy relationships, things to look for in the beginning of relationship- yellow/red flags, healthy boundaries

1:30 p.m. CRP Overview and brainstorm

- We have contract with DHHS to provide recommendations every year.
- Meet with DHHS and share ideas to make sure they are practical
- Brainstorming now, September is actual writing of recommendations
 - Kids who are adopted don't have certain rights- like sibling visitation rights after adoption
 - Is this the right avenue or is it legislation? We can ask DHHS
 - Sex Education training for foster parents of how to approach those conversations, especially with LGBTQ youth. Could do a post survey with LEAD the summer so we have our own stats when we write it up.
 - Is there an option to poll the current system youth and see what they are missing?
 - Care for Deaf Youth- culturally appropriate- we don't know how many in foster care this impacts- if cochlear implant -left to adapt- ask DHHS to start collecting data for this.
 - Data- what do they have on file- how successful foster youth are in school – some states have data and some don't- some had graded and extracurricular, dentist appts, vision checkup, etc.
 - Data is incorrect when it comes to demographics

- Classifying middle eastern as white cause they don't have another box to check. (2019-2020) – and should be able to check more than one box as well-
- If you are 15-16 could they get the stipend instead of the foster parent so they can save how they want to, or even a portion of it. Can't take cash out- or maybe like an investment CD, or EBT card, phone bill/car insurance
- Providing education/opportunity to autistic communities- diagnosis, symptoms, mandatory testing if in foster care, and learning disabilities testing
- Mandatory foster parents parenting training- how to deal appropriately-
 - Include topics: conscious parenting, how to catch neurodivergence, how to respond in ways that don't put them in fight, flight, freeze, etc. and what TO do, how to help with creating healthy mindsets, coping skills, boundaries, healthy relationships- making the parenting classes more inclusive- ethnicity, society, bias, LGBTQ,
 - Currently some parenting classes sponsored by religious bias??
 - Ask DHHS how are parents currently being taught?

2 p.m. Website update: biographies and photos

- Include Bio- whatever you feel like sharing and why this work is important to you- if you have a professional photo you can send it in
- [Meet the Youth Advisory Board : About Us : Connected Youth Initiative \(neconnectedyouth.org\)](https://neconnectedyouth.org)

2:45 p.m. Wrap up and dismiss

- Direct Deposit Form time
- Future Dates Advisory Board gatherings
 - June 9 – Omaha
 - July 14-Lincoln
 - No meeting in August due to LEAD August 3 & 4

June Meeting Minutes:

NCCF Advisory Board

June 9, 2024

Nebraska Children Offices
2610 Harney Street; Omaha, NE 68131

Minutes

10 a.m. Welcome and updates

Attendance: Grey, Lincoln, Michayla, Chloe, Dawn, Nedhal, Julia, Rowan, Khe'Yana, Cole,
Karolina, Kyaire

10:30 a.m. CRP Discussion

- Recap ideas from last meeting
 - o Training and classes for more than just autistic- ADHD, etc. Mandatory training classes for youth needs
 - Are all DHHS trainings for foster parents Christian based? (i.e. Priority Family Services)
 - Need more quality, hands on training not just a PowerPoint/online videos.
 - Qualifications for foster parents for youth with special needs
 - Youth going undiagnosed or misdiagnosed
 - o Not focus on cochlear implants, but how many deaf foster youth are being taught and using sign language in homes, over-stimulation, helps neurodivergence as well.
 - o DHHS has no stats on disabled youth –
 - o Does DHHS implement mission statement from the National Association of the Deaf
 - o Guidelines for observing abuse- and when removal happens vs nothing

- Medical staff overreporting- be more careful – asking more questions, fear of seeking care because CPS overly involved
- How do you make sure workers are doing their job? Why do we put our trust in them? Also where are the consequences for the bad foster parents?
- Find themes possible topics
 - Focus on individual child needs – education, training, to meet that child’s need
 - Reassess youth plans- opportunities to revisit youth and let them observe and let youth express (not rushed) - Like a 3rd party psychologist not the case worker- outside of DHHS? Guardian Ad Litem
 - Hurdles for youth in foster care that want to start working jobs
 - Transportation
 - Vital documents- SS card, birth certificate, Driver’s license, etc., leave system with Driver’s license (14 y/o request documents LB945)
 - Ensure youth retains their earned money
 - Setting up own bank acct – what if state ward (contract law)
 - Venmo card? No bank acct required teen acct. 13-17 y/o – some jobs could provide a pay card (no need for parental permission)
- What do we need to know?
 - DHHS will come to the next meeting to see how plausible ideas are and what we need to know (like what kind of training a case worker has on a topic).

11:30 am LEAD the Summer work and role assignments

- Lincoln has agenda
 - We arrive at 10:30- (plan to be there at 10 to get there at 10:30)
 - Set up- welcome them
 - (order fun motivational stickers)
- Promote this to your communities- youth leadership counsels etc.--
<https://bit.ly/LEADtheSummer2024> - registration link

Noon Lunch

1 p.m. Colleen Roth, Project Harmony

- Heard young people speak at conference and wanted to connect with the group
- Looking to connect with the group.
- Watched video on sex trafficking
- Talked about training we do – advocacy training, public speaking
- Community guidelines (permissions for the space)
- Professionals are making recommendations about what is happening to youth, but we need to include lived experience voice
- Possibly Lead a group in decision making for an advisory role
- Start with group, what they want to get out of it, build up to court cases, to help prepare for things that may be triggering- be transparent- “are you far enough away from this to assist”
- Asking youth who haven’t been affiliated for a while- to bring them back in after they are ‘farther removed from the system’ (not as fresh)

2 p.m. Theresa Cusic, Court Improvement Project

- Thoughts and opinions on court questionnaire – hoping for final stamp of approval -- for abuse and neglect cases
- Differentiate between feeling safe and comfortable
- Add getting your vital documents
- Check on updated ‘youth provided’ definitions
- Any concerns about specific team members
- Do you always feel your best interest is in mind- where could you use more support or care
- Are your needs to express yourself being helped “stem” etc.
- Offer before and after court questionnaire and QR code to complete at any time—optional questions so they don’t have to answer all-

- Can we use this for a referral (like to project Everlast for involvement) – judge asking case worker to have you made a referral to PALs if they want a job.
- What do you feel we need to know about this situation or how can we facilitate this situation
- Include gender identity/racial identity
- How or how not have you been given responsibility for your choices
- Do you feel misrepresented/bias- give room for the successes
- Do you agree/understand your court orders
- What are your fears or worries?
- Do you have support/connections- old connections you want to mend
- Do you feel your mental health is being taken seriously
- do you feel secure with your transition plan, what do you need to be more prepared
 - have you been involved In your ILP? If no, follow up questions- how can we help you get involved in your ILP?
- do you have supported friends/adults in your life that you can turn to
- Will make changes and send final version by end of July

2:45 p.m. Wrap up and dismiss

- July 14 – Lincoln – be on time so we can roll on time!
- Aug. 3-4 – LEAD the Summer, Aurora, NE

NCFE Advisory Board

July 14, 2024

Nebraska Children Offices
215 Centennial Mall #200; Lincoln, NE 68508

Minutes

10 a.m. Welcome and introductions-

Where would you go on a dream vacation for a month?

Nandi, Dawn, Karolina, Julia, Rowan Grey, Fatuma, Michayla, Khe'Yana, Kyaire,
Nedhal, Chloe, Lincoln, Carissa

10:30 a.m. LEAD the Summer

- Finalizing Agenda

Saturday, Aug. 3

10:30 Arrive – 25 registered (not including us)
Leadership Center, Aurora NE

11:00 Welcome and Icebreaker- Rowan &
Chloe & Nedhal help find icebreakers

• Self-Introductions

- Marry, Date, Ghost

12:00 Lunch

- Table Topics- Emmit

○ What's your ick?

○ Horror movie survivor?

1:00 Energizer - Cup stacking challenge- Kyaire
& Julia & Emmit (50 red solo cups)

1:15: Relationships Overview- Michayla &
Fatuma

2:00 Break

2:15 Flower activity; Stickers- Grey

2:45 Design and decorate journal – Karolina &
Dawn (journals, paint, decorations, stickers)

3:45: Pop Culture scenarios- Khe'Yana & Julia

5:00 Dinner

6:00 social games- Nandi & Rowan & Khe'Yana

○ What do you meme? – Carissa brings

○ Telestrations- Carissa brings

○ Family Feud

○ Guess the flavor

○ Saran wrap ball

7:00 Games and Social Activities

9:00 Camp Fire

Sunday, Aug. 4

9:00 Breakfast

9:30 Resources- Chloe & Dawn

10:00 Debrief- Grey & Karolina

10:30 Pack up and Depart

- Duty Assignment
- Need Journals, stickers, solo cups

11:30 a.m. ~~CIP Court Questionnaire Review—someone needs to own this who sees youth at court~~
PCHNA Listening session- reviewed questions and discussed upcoming session (Carissa emailed out flyer)

Noon Lunch

1 p.m. CRP discussion with Deanna

- Recommendations review (**RED font is what I heard discussed**)
 - Are all DHHS trainings for foster parents Christian based? (i.e. Priority Family Services)
 - **They are not, some are but not all**
 - Need more quality, hands on training not just a PowerPoint/online videos.
 - **With COVID went online and has helped**
 - **Any post quizzes to make sure they are taking in the information- like a test to pass? Each company has own training and up to them if reoccurring- some do require post training but not all—maybe have questions interlaced in the training so they have to pay attention**
 - **They are required to use MAP – some agencies go beyond that. Required to do Prudent Parent standards for normalcy – Deanna will get info and provide for next meeting.**
 - **Do they require certain trainings if taking in certain youth- like autistic child and training on redirection training etc....specific to child’s needs—cultural diversity and awareness—mandatory?? Deanna will find out what is in that 21 hours and would depend on where the**

child lands in the tiers- if higher tier would be trained more in behavioral or mental health diagnosis. There is cultural diversity in the training—but how detailed? She will look- like hair and skin care, etc. This was one of our recommendations.

- 12 hours of continuing ed required each year (original training is 21 hours)
- Family members aren't required to go through trainings if they foster – and we feel they should be.
- Qualifications for foster parents for youth with special needs
- Youth going undiagnosed or misdiagnosed –
- Starting to use Clinical Team for higher needs youth and Tiers 4 and 5 and what is needed from a care giver for them—this is new--
- Not focus on cochlear implants, but how many deaf foster youth are being taught and using sign language in homes, over-stimulation, helps neurodivergence as well.
- DHHS has no stats on disabled youth – could get a report but would be have to be asked for currently characteristics aren't tracked – don't have reports of deaf youth but could pull it if they have listed in optional characteristics- can't guarantee our system could pull it... would be part of court report and medical report and on referral to foster parent or agency- would be in notes but not section of InFocus that can pull a report-
- Does DHHS implement mission statement from the National Association of the Deaf
 - Hire translators , we don't have them on staff - just involved with deaf youth who came from Iowa to live in ne and we were aware, foster parent know sign language, paid for transportation and got them into the school for deaf and blind. Will see if she can find out how many are in the system, they are taken care of just not sure she can pull report
- Guidelines for observing abuse- and when removal happens vs nothing
- Medical staff overreporting- be more careful – asking more questions, fear of seeking care because CPS overly involved

- How do you make sure workers are doing their job? Why do we put our trust in them? Also where are the consequences for the bad foster parents?
 - Are they reprimanded, flagged for future and other foster care services. Moving to Standard operating procedures and if you are meeting guidelines. Goes to Human Resources.
 - How is it decided if my behavior removed child from home—am I still allowed to be a foster parent? -- CFS meets monthly with foster parents and documents – concerns can be called into hotline and can determine if it should be continued or revoked. We do put them on hold to investigate what’s going on no matter what agency they are with ultimately all goes to DHHS.
- Find themes possible topics
- Focus on individual child needs – education, training, to meet that child’s need
 - Where are the reports coming from? Get IEP from schools
 - How to ensure it’s specialized to their needs- they may be in therapy or have recommendations for behavior-- (maybe a questionnaire like what are your cultural needs, religious needs, shampoo...etc. give youth the voice) Deanna asked would you be willing to fill one out each time you moved homes? Needs an adjustment/grace period- give them time and therapy then what things make you feel safe, caseworker could digitize and give to parents if being moved- and I found a new soap and want that in my file. If not intentionally filled out with foster parent will it be skimmed over? -
- Reassess youth plans- opportunities to revisit youth and let them observe and let youth express (not rushed) - Like a 3rd party psychologist not the case worker- outside of DHHS? Guardian Ad Litem
- Hurdles for youth in foster care that want to start working jobs
 - Transportation
 - Vital documents- SS card, birth certificate, Drivers license, etc., leave system with Drivers license (14 y/o request documents LB945)
 - Ensure youth retains their earned money

foster youth if choose to do so, if they don't the only option is a cash card) Credit union may have different rules. Either not happening or no one tells her because she doesn't hear this as an issue. She reached out to CPCS.

- Venmo card? No bank acct required teen acct. 13-17 y/o – some jobs could provide a pay card (no need for parental permission)
- Tuition reimbursement for bettering self- like learning Spanish? Incentive to foster parent to bilingual/ASL/
- 2024-25 budget possibilities
- Provide environment that will express youth voice
 - PA did blurb/video of their CRP and what they use data for- would be interested in doing a video about importance of listening to youth voice, and bring up all these things you discuss, relationship with workers, what you say matters, issues with foster parents we have had, how do we get youth voice into courtroom and monthly meetings, and then we would share it with entire Judicial System, attorneys etc. Something visual like the pinwheels— October is youth month-
 - Office of juv justice - ojdp conference

2:30 p.m. 2025 Legislative Priorities review

- Alter Child Abuse definition to allow more parental discretion (LB42)
- Change mandatory reporting status (LB 271)
- Students as teacher for after-school programming (Stephanie with BSB)
- Full-Service Community Schools
 - Break down four pillars into smaller bills?
 - Start with school coordinator and then go to other areas
- Foster-Full Ride
 - Needs new champion
- Youth in Care Bill of Rights
 - Needs new champion
- Change state statute to allow compensation for youth and lived experienced experts on boards and commissions
- Law to remove barriers for foster youth to obtain car insurance
 - Missouri has good law for basis

2:45 p.m. Wrap up and dismiss

- Aug. 3-4, Aurora
- Sept. 15th – Omaha

LEAD THE SUMMER 2024

SATURDAY, AUG. 3

- 10:30 a.m. Arrive and check in
- 11:00 a.m. Welcome and Icebreaker
- 12:00 p.m. Lunch
- 1:00 p.m. Group Energizer
- 1:15 p.m. Relationships Overview
- 2:00 p.m. Break
- 2:15 p.m. Flower activity
- 2:45 p.m. Journal activity
- 3:45 p.m. Pop Culture scenarios
- 5:00 p.m. Dinner
- 6:00 p.m. Team Games
- 7:00 p.m. Games and Social Activities
- 9:00 p.m. Camp Fire

SUNDAY, AUG. 4

- 9:00 a.m. Breakfast
- 9:30 a.m. Resources
- 10:00 a.m. Debrief
- 10:30 a.m. Pack up and Depart



Connected Youth Initiative
nebraskachildren

NCFE Advisory Board

Sept 8, 2024

Meeting Minutes

10 a.m. Welcome and updates

Present: Fatuma, Grey, Rowan, Nandi, Khe'Yana, Michayla, Karolina (online), Nedhal (online), Chloe, Lincoln, Carissa, Julia (11:12)

10:30 a.m. CRP Recommendation Finalization-

3 recommendations:

- Court survey/questionnaire – making it mandatory part of reporting given to the judge – falls on case manager to ensure its completed
 - Given with ample time to complete and providing safe space for them to complete it. (Neutral person to get the document to the judge- maybe school guidance counselor? CASA?)
 - Bill of Rights reviewed with youth each time they go to court or more often, so they know what their rights are
 - **GREY, JULIA, NEDHAL, KHE'YANA**
- Collect data and tracking deaf youth and disability
 - Log info in youth file to help make other orgs and services know special accommodations are needed
 - **ROWAN, CHLOE, KAROLINA**
- Keep the money foster youth make—shouldn't have to put money toward foster family bills
 - Financial resources for foster family if needs are being met, to ensure foster parents aren't asking their foster children to assist with gap for that month
 - (Social security funds for deceased parent should go to savings for youth instead of in lieu of foster funding) –

- Hurdles for employment
 - **NANDI, FATUMA, MICHAYLA**

11 a.m. CRP writing time

Noon Lunch

1 p.m. CRP recommendation share and edit time

1:30 p.m. Foster Youth Voice Month idea time-

1:45— Video Interviews

2 p.m. Member expectations and standards

- YAB is a paid job—expected to treat it like work- be present when here, do work needed, professional boundaries
 - Representing YAB at all times and when online
 - If need financial assistance or are struggling, it isn't professional to ask colleagues, but you could reach out to Lincoln or Carissa about services that may be available or resources that could assist you.
- Calendar for next year
- Bylaw review – add minimum clause for attendance requirements and steps for follow-up and removal if needed
- Set meeting dates in advance
- Meeting starts at 10 a.m. (respect others time and show up on time 😊)
- Show up on time/show up to meetings
- Unexcused or no show—not here on months – our application states its required to be at meetings and events-
- Strategic story sharing in future trainings

2:15 pm LEAD the Summer recap-

- More prep/facilitation/clarity for future events

- Great turnout
- 13–15-year-old too young for events-
- Need zero tolerance on substance abuse – liability issue.
 - Our packets specifically say for LEG days no alcohol or drugs at event
 - Adult support needs to take them home if they violate policy –

2:30 p.m. New member application review- application-

- Approved Destiny

2:50 p.m. Wrap up and dismiss

UPCOMING MEETINGS:

- October 20 in Lincoln
- November 10 in Omaha
- December 8 in Lincoln
- January 12 in Omaha



June 23, 2025

Lincoln Arneal
Nebraska Young Adult Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations

Dear Project Everlast Citizen Review Panel Members,

The Division of Children and Family Services (CFS) would like to express our gratitude to the Citizen Review Panel (CRP) for your hard work over the past year. We have received the 2024 Annual Report and truly appreciate the CRP's dedication and ongoing efforts.

CFS recognizes the vital role of the CRP and highly values the opinions of young people. We have reviewed the following recommendations:

1. Making the Youth Court Questionnaire mandatory.

CFS is committed to exploring the implementation of a Standard Work Instruction to emphasize the importance of providing the Youth Court Questionnaire to children and youth. We agree that these young individuals can offer valuable firsthand information about their lives and circumstances, which is essential for thoughtful decision-making and improved outcomes for youth and families.

2. Logging, analyzing, and sharing data on Deaf and Disabled youth.

CFS recognizes the critical importance of identifying children and youth with disabilities. To facilitate this, we use a data tracking system called NFOCUS. Through NFOCUS, we collect demographic information on every child and youth involved with CFS, including whether they have a disability such as hearing, visual, physical, mental, or behavioral impairments. The complexity of NFOCUS allows us to document individual disability information and automatically transfer it to placement referrals, which is essential for meeting the needs of these children and youth.

CFS collaborates closely with public schools, medical providers, Medicaid, Managed Care Organizations, and Assistive Technology Support programs to ensure that children and youth can access necessary accommodations and specialized devices. Additionally, CFS has contracts with various interpreters and coordinates with the Nebraska Commission for the Deaf and Hard of Hearing.

CFS can effectively track disability data. For example, we have included data below that specifically addresses the Panel's interest in information regarding deaf and hearing-impaired children.

Calendar year	Number of Children with an Identified Hearing Impairment
2023	13
2024	11
2025 (year to date)	4

3. Addressing the needs of foster youth seeking employment and income security.

CFS would agree that in today's world, access to a youth's vital records is crucial for their preparation for adulthood. At age 14, each youth in custody of the Department of Health and Human Services (DHHS) and in out-of-home placement must have a Transitional Living Plan. This plan outlines the youth's goals, such as obtaining employment, opening a checking account, and acquiring a driver's license. Once a goal is identified, strategies are developed for goal achievement or overcoming a barrier. Common strategies involve providing the youth with their vital documents. Having these types of goals in the youth's Transitional Plan encourages ongoing conversations about their progress and discussions around any obstacles they may face.

Additionally, the Transitional Living Plan requires documentation of when the youth received their vital documents, signed the Foster Care Youth Bill of Rights, and when they received their vital documents. The Foster Care Youth Bill of Rights outlines their rights to vital records, which must be presented to them at least every six months. To validate the importance of providing vital documents while in foster care, CFS established a Standard Work Instruction in April 2021 that guides CFS Specialists in assisting youth aged 14 and older in the custody of DHHS to obtain identification cards or driver's licenses. To acquire these, the youth must have a certified birth certificate and their Social Security number verification.

When a youth gains employment, their earnings are not considered when determining the foster care amount, and they are not expected to contribute to their own basic needs. To enhance financial literacy, CFS will refer youth interested in learning more about managing their finances. When a child receives funding from Social Security and is in the custody of DHHS, DHHS will request to become the payee. Under Nebraska State Statute 43-907, DHHS is required to save the first \$1000 that is received for the youth, and it can requested to be used directly for the youth.

Thank you for your continued partnership. We look forward to collaborating to implement these recommendations.

Sincerely,



Kathleen Stolz
Deputy Director of Children and Family Services
Nebraska Department of Health and Human Services



COMMUNITY COLLABORATIVES

2023-2024 Evaluation Report | October 2024



nebraska
children™
AND FAMILIES FOUNDATION

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Structure and Purpose of the Report

This report focuses on the work with communities to build locally based prevention systems and the strategies associated with these systems, which exist at both the system and individual levels. Multiple partners, working in coordination through community collaborations, are implementing the strategies.

Evaluation of locally based prevention systems incorporates both implementation and outcome data. Implementation data, for example, is used to answer such questions as, “How much and what type of services were provided?” “How well are strategies being implemented?” and “To what extent are strategies adopted, and to what extent are strategies evidence-based?” Outcome data is used to answer questions such as, “To what extent did strategies improve participants’ well-being?”

Furthermore, for the evaluation of funded prevention strategies, Nebraska Children and Families Foundation focuses on a data-driven decision-making approach to help communities improve the performance of their adopted strategies and to ultimately improve the lives of people and their communities. Data is collected and reviewed for their decision-making and continuous improvement processes. Additionally, Nebraska Children and Families Foundation supports communities in developing their own community-specific learning agendas and helps build their evaluation capacity by providing local support for identifying a community-specific evaluation question for a community to focus on during a specific time period (see Table 15).

Scope of Report

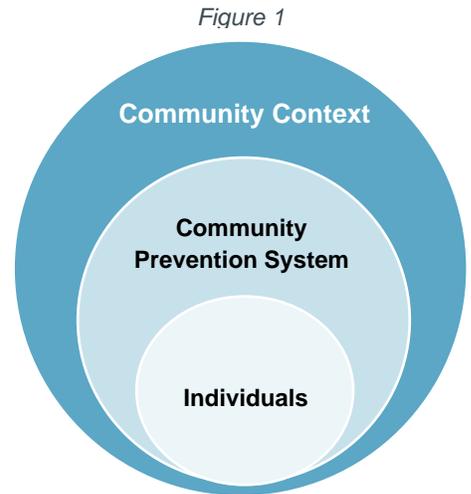
This report covers the work of the 23 collaboratives and 2 Tribal communities participating in the evaluation undertaken over the past year (July 1, 2023, to June 30, 2024) to build their community-based prevention systems. It consists of three main sections. The first section describes Nebraska Children and Families Foundation’s statewide community collaborative work, the second section provides community-level systems findings, and the third section focuses on the community response model programs and practices findings. There are also several appendices that highlight different aspects of community-based prevention work.

Beginning in the 2020-2021 evaluation year, longitudinal data were included where possible to support examining this work over the past several years. Nevertheless, it is important to note that the number of collaboratives participating in evaluation and methods for collecting data have differed across time; thus, year-to-year comparisons should be made with caution. These caveats are noted in their respective data tables.

Nebraska Children and Families Foundation’s Statewide Community Collaborative Work

Nebraska Children and Families Foundation’s Approach to Community-Based Prevention

Nebraska Children and Families Foundation envisions a Nebraska where all people live in safe, supportive environments that provide opportunities for everyone to reach their full potential and participate as valued community members. To accomplish this vision, Nebraska Children and Families Foundation partners with local communities to improve the health and well-being of children, young adults, and families. Specifically, Nebraska Children works with communities to build locally based prevention systems. The underlying assumption is that by building strong community collaborations, a local prevention system is strengthened, resulting in improved child and family protective factors (Figure 1). This collective approach is known as "Community Well-Being." Community Collaborative partners in each community come together through the Collective Impact Model, promoting and addressing local priorities and implementing specific targeted strategies to build Protective and Promotive Factors for all children, youth, and families.



Bring Up Nebraska, administered by Nebraska Children and Families Foundation, is a network that works collaboratively with all the critical players in a community and the state. This includes service providers, educators, health care professionals, law enforcement, businesses, government agencies, and most importantly, parents and youth. Together, these collaborative groups commit to common goals, measurements, and practices, working toward the goal of improving well-being. Through public-private partnerships in the Bring Up Nebraska Network, Nebraska Children has collected community and state partner commitments toward a statewide plan for Community Well-Being. The shared goals in this plan are:

By 2025, we will:

1. Improve authentic collaboration between lived experience partners, system partners, local school districts, and both community collaboratives and community members.
2. Increase community collaborative infrastructure that leads to equitable well-being outcomes.
3. Improve services and supports that build Protective and Promotive Factors in children, youth, families, and communities, including:
 - Education, post-secondary education, and career services and support for children, youth, families, and communities hosted both inside and outside of the traditional school day.
 - Supports and services for youth/young adults and young parents/families.
 - Access to and increased capacity of early childhood services in communities.
 - Access to and increased capacity of physical and behavioral health services in communities.
 - Access to economic stability and concrete supports for children, youth, families, and communities.
4. Strengthen the well-being workforce in Nebraska.

To accomplish this mission, blended funds are made available to strengthen integrated community prevention systems. Major funding sources include Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), the Nebraska Child Abuse Prevention Fund Board (NCAPFB), Child Abuse Prevention and Treatment Act, Nebraska Dept of Education, John H. Chafee Funds, and private funding sources. Nebraska Children funds a range of strategies within each local prevention system, including those aimed at strengthening community systems themselves as well as those focused on individual and family level needs. System-level strategies range from Collective Impact training to best practices to build inclusive communities, while individual and family-level programs and practices are adopted across the lifespan. The dollars leveraged this reporting year include Community Collaborative Infrastructure (previously labeled CWB Funding), Initiatives and Program (previously labeled Additional Initiative Funding), and Local Leveraged Funding (Private funding) for a total of \$18,130,257.

Bring Up Nebraska – Public Awareness and Education

Twenty-two Community Collaboratives/Prevention Councils, Nebraska DHHS Children and Family Services, and other partners hosted local activities and events across the state using the Bring Up Nebraska-Pinwheels for Prevention Campaign toolkit and products. Highlights for April, Child Abuse Prevention Month, includes:

Website

The Bring Up Nebraska website realized a 737% increase in visitors from the previous 12 weeks with 10,484 visitors. There were 14,927 pageviews; the Community Collaboratives page was the most visited page with 11,483 pageviews.

Radio

Radio ads in English and Spanish reached 400,800 people across the state with 1,381,000 gross impressions (the number of times ads are heard or seen).

Paid Advertising

- Targeted digital display ads ran in English and Spanish
- Facebook/Instagram ads: Impressions = 881,140
- Google display ads: Impressions = 532,263

Resources for Collaboratives and Councils

Twenty-two Community Collaboratives/Prevention Councils, several DHHS sites, and other partners used the campaign toolkit and products to host local events and activities across the state. These included mayoral proclamations, Wear Blue Day, and pinwheels plantings with local media coverage and social media promotions. Over 5,000 pinwheels were ordered, and, through the Nebraska Child Abuse Prevention Fund Board, more than 6,600 campaign products were ordered to promote awareness and education of Bring Up Nebraska, the Protective and Promotive Factors all families need to thrive, and what help is available through the Community Collaboratives.





Events

Governor Pillen proclaimed April 2024 as Child Abuse Prevention Month and the NDHHS Director of Children and Family Services made remarks. DHHS also issued a media release about Prevention Month.



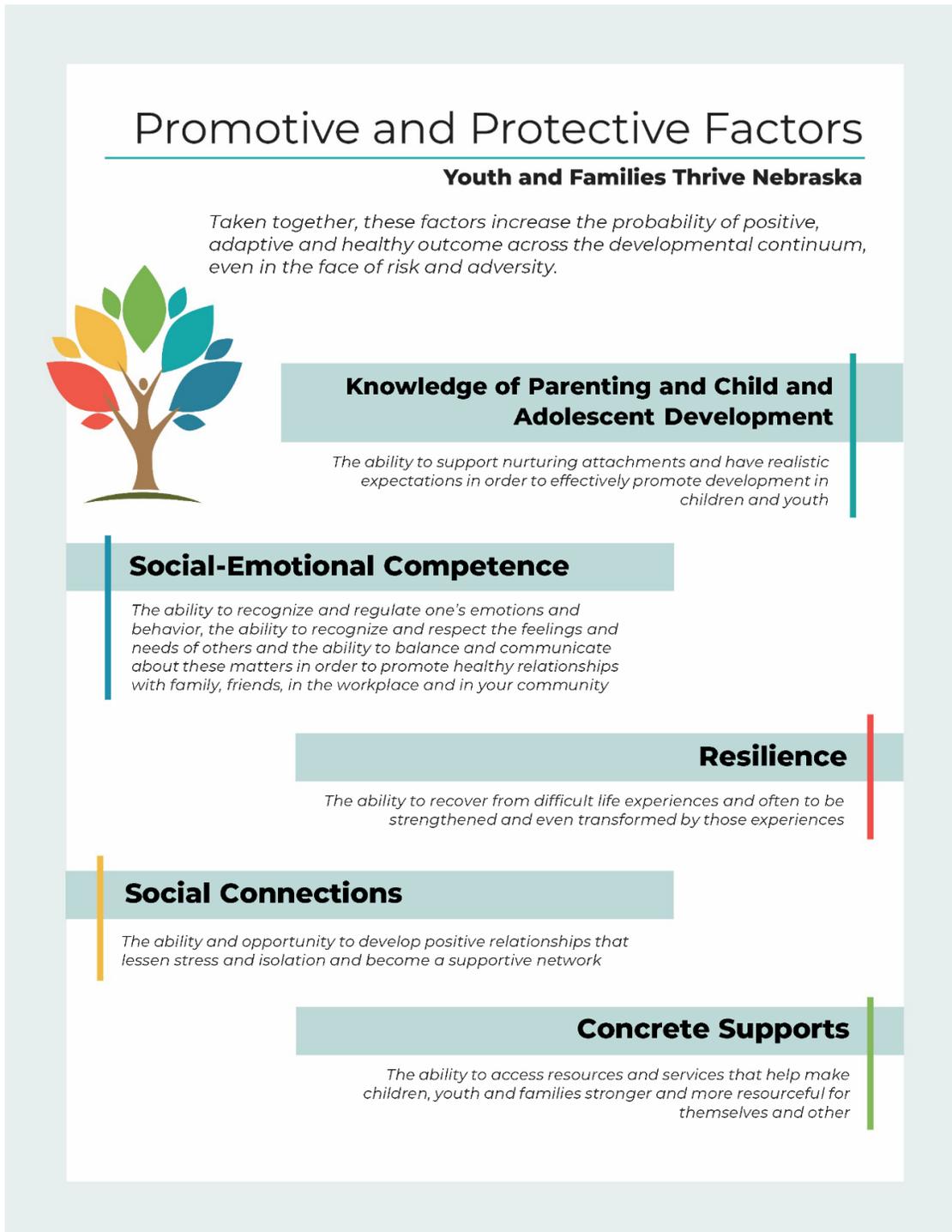
Promotive and Protective Factors

Strengthening children, families, and young adults through strengthening Protective and Promotive Factors is key to successful prevention work. Research indicates that the cumulative burden of multiple risk factors is associated with the probability of poor outcomes, including developmental compromises and child abuse and neglect, while the cumulative buffer of multiple Protective and Promotive Factors is associated with the probability of positive outcomes in individuals, families, and communities. Protective Factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risks. Promotive Factors are conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being (Figure 2). Protective and Promotive Factors are assets in individuals, families, and communities. For young adults, the Protective and Promotive Factors are associated with positive development and help young adults to overcome adversity (Fergus & Zimmerman, 2005). For both families and young adults, these factors increase the probability of positive, adaptive, and healthy outcomes across the developmental continuum. The following is a description of the Protective and Promotive Factors that Nebraska Children and Families Foundation uses to guide its prevention work. The Promotive and Protective Factors are recognized by Nebraska Department of Health and Human Services, the FRIENDS National

Resource Center for Community-Based Child Abuse Prevention, the Center for the Study of Social Policy, and other state and national partners.

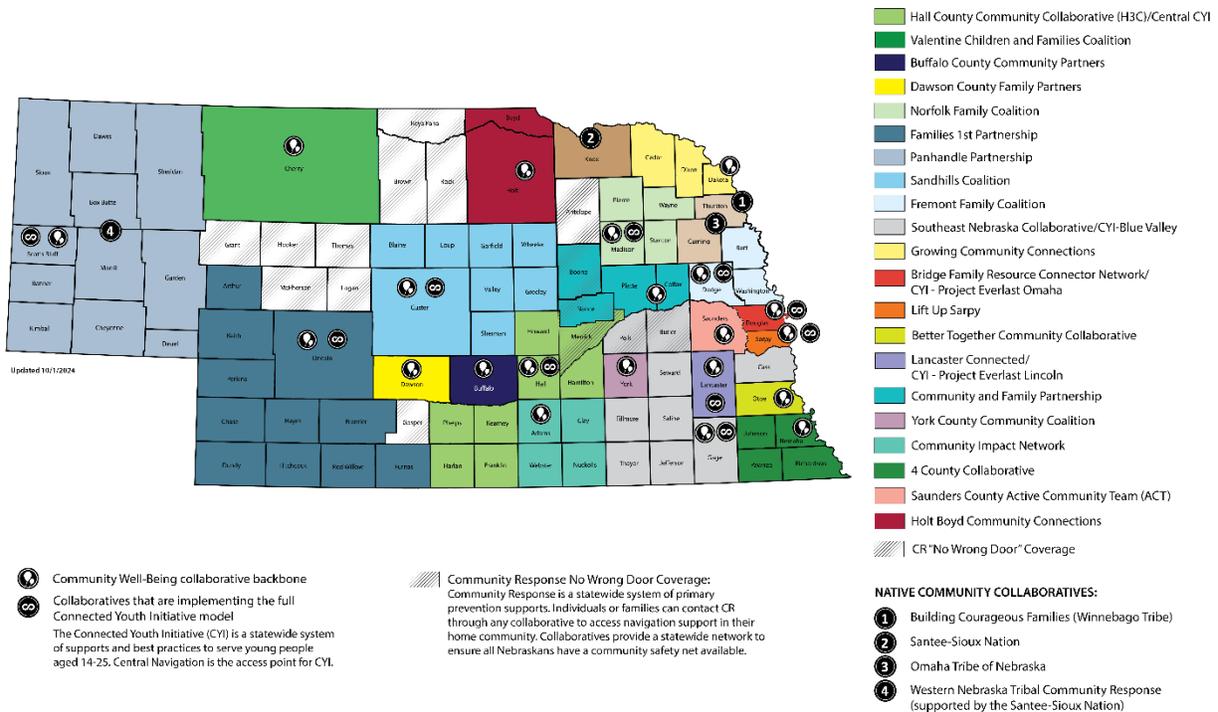
In addition, Hope was also identified as an important factor. Hope is defined here as a feeling of goal-directed energy combined with the feeling of being able to do the planning needed to meet established goals.

Figure 2



Community Collaboratives

In the last year, Nebraska Children and Families Foundation has provided funding and/or technical assistance to 23 developed or developing Community Collaboratives (CCs), including three Tribal nations, as well as tribally affiliated families throughout Western Nebraska. These CCs promote safety and well-being through various prevention programs and practices. While each CC is in its own stage of development, all have provided direct and/or indirect support (e.g., directly through training, coaching, concrete supports, or indirectly through the siblings of children receiving services) that benefit individuals in their community. The full reach of CCs statewide is depicted in the map below. Note that 10 counties in Nebraska are not directly served by a CC. However, all Nebraskans have access to the existing collaboratives via a “no wrong door” approach to primary prevention, meaning that services are not restricted due to county boundaries. Youth and families are served, and community priorities are elevated, through an open way of partnering across community and county barriers.



Nearly every county across the state is supported by a developed or developing Community Collaborative. During the 2023-2024 evaluation year, 23 CCs and 3 supported tribal organizations supported 83 counties directly. All counties in Nebraska have access to Central Navigation what we call a “no wrong door” approach. Anyone can access primary prevention and a referral network via Central Navigation. 24 communities (22 formal CCs and 2 Tribal communities) participated in the statewide evaluation. Participating in the evaluation includes gathering data about the implementation of collective impact strategies, numbers of families supported, collaborative partnerships created, and events hosted by the collaborative.



Table 1 highlights all of the Nebraska Community Collaboratives and the counties they served during the 2023-2024 evaluation year.

Table 1

COMMUNITY WELL-BEING PREVENTION SYSTEMS

Name	Counties Served
Better Together Nebraska City	Otoe
The BRIDGE	Douglas
Buffalo County Community Collaborative	Buffalo
Building Courageous Families	Winnebago Tribe of Nebraska
Community Impact Network	Adams, Clay, Nuckolls, Webster
Community & Family Partnership	Bonne, Colfax, Nance, and Platte
Dawson County Family Partners	Dawson
Families 1 st Partnership	Arthur, Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Lincoln, Perkins, and Red Willow
Four Counties Collaborative	Johnson, Nemaha, Pawnee, and Richardson
Fremont Family Coalition	Burt, Dodge, and Washington
Growing Community Connections	Dakota County and all of Siouxland
Hall County Community Collaborative	Franklin, Hall, Hamilton, Harlan, Howard, Kearney, Merrick, Phelps
Holt Boyd Community Connections	Boyd and Holt
Lancaster Connected	Lancaster

Lift Up Sarpy	Sarpy
Norfolk Family Coalition	Madison, Pierce, Stanton, and Wayne
Panhandle Partnership	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Sioux
Sandhills Community Collaborative	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler
Santee-Sioux Nation Collaborative	Coordinates: Santee-Sioux Tribe of Nebraska, Omaha Tribe of Nebraska, and Western Nebraska Tribal Community Response.
Saunders County Active Community Team	Saunders
Southeast Nebraska Collaborative	Butler, Cass, Fillmore, Gage, Jefferson, Otoe, Polk, Saline, Seward, Thayer, and York
Valentine Children and Families Coalition	Cherry
York County Health Coalition	York

Common Indicators and Common Data System

Nebraska Children and Families Foundation’s mission is to create positive change for Nebraska’s children through community engagement. Through coordination from Nebraska Children, the public and private partners in the Bring Up Nebraska network have committed to a statewide plan to allow Nebraska to have the most robust Community Well-Being prevention model in the nation. As noted previously in this report, by 2025, the statewide plan calls for Nebraska to improve collaboration across communities, develop community collaborative infrastructure, improve services and supports for children, youth, and families, and to strengthen the well-being workforce in Nebraska.

To represent the overarching focus areas for our work and ensure alignment with the statewide plan, Nebraska Children and Families Foundation had previously engaged in a year-long process to clarify the three results areas (Figure 3) that connect the work of Nebraska Children and Families Foundation across the system. These results areas bring attention to the overarching areas of focus that connect the work of the NCFF system and align that work to the Statewide Plan for Community Wellbeing ([link here](#)). In the past year, extensive work has gone into organizing the work of Nebraska Children and Families Foundation into a system-wide logic model and identifying outcomes that establish common targets for the work across the organization. While the Logic Model is dynamic in nature, meant to represent the work of the system as resources shift and or intentions are revised, the current version of the Logic Model reflects the current status of our work and when discussed with the Board of Directors in October 2025, was viewed as an important step in telling the story of our work (see Appendix C). Part of that story includes connecting the targeted outcomes to ‘population’ level indicators of change that can be used in the longer term to show progress in relation to the wellbeing of communities and their citizens. Table 2 lists the indicators identified for the NCFF system Logic Model. Where possible, the Statewide Community Well-being Report, to be published in late January of 2025, will show a two-year pattern for these indicators that can serve as a baseline going forward.

Figure 3



Table 2

Results Area 1: Healthy and Well	
Ratings of General Health; % reported as "Excellent" ¹	Centers for Disease Control
Entries into care (foster care & juvenile justice)	Nebraska State Agencies
Out-of-home placements (foster care & juvenile justice)	Nebraska State Agencies
Two-generation system involvement (foster care & juvenile justice)	Nebraska State Agencies
Results Area 2: Ready for and successful in educational and career opportunities	
Kindergarten Readiness	Unknown
Early Reading	Nebraska Department of Education
Middle childhood math	Nebraska Department of Education

High school graduation rate	Nebraska Department of Education
Chronic Absenteeism	Nebraska Department of Education
Postsecondary enrollment	Nebraska State Agencies
Postsecondary completion	Nebraska State Agencies
Results Area 3: Economically Stable	
Childcare Gap Number	Nebraska State Agencies
Childcare Quality	Nebraska State Agencies
Employee Recruitment and Retention	Nebraska State Agencies
Percentage of household income spent on rent	US Census Bureau
Household incomes	US Census Bureau
Percentage of food insecure households	US Department of Agriculture.

This transition towards a new, more organization-wide set of indicators and an increased emphasis on organizational cohesion is directly related to another major organizational initiative that occurred during the 2023-2024 evaluation year, the introduction of the Findhelp platform across the Community Collaborative Network. Findhelp is a social care platform that provides an electronic platform to connect help-seekers and providers. In addition, Findhelp can, and will for Nebraska’s community-based prevention system, serve as a common data platform and system of record, an electronic referral platform, and, eventually, a case-management tool. All of Nebraska’s Community Collaboratives have access to the platform as of July 1st, 2024 and are actively using the platform. Help-seekers now can see their own referral histories, control their accounts, and are able to access services from Collaboratives and NCFI Initiatives and programs, as well as programs and services offered by partners. Findhelp is also already helping to better track and manage data. As the development of the NCFI sponsored instance of Findhelp matures, increasing numbers of partner organizations will be able to communicate and collaborate via the system, creating efficiencies in the social care network statewide. Moreover, Central Navigation workflows will be put into place to streamline workflows, more accurately and efficiently collect data, and support fair and equitable access to services across the state. Starting with the 2024-2025 evaluation year report, linkages between referrals, concrete supports, coaching, and other aspects of the community prevention system will be linked more closely to the work happening in the broader community and examined in a more sophisticated way. In future reports beyond 2024-2025, even greater sophistication and depth in reporting will be possible. Specifically, we anticipate being able to collect more complete data in a number of areas to allow for a more robust analysis of the impact of the community prevention system. This will allow for better identification of strengths and barriers both statewide and within communities.



Local Leveraged Funding

One of the intermediate community well-being outcomes is that the work of CCs results in communities' increased ability to leverage and align funds. In addition to funding received from Nebraska Children and Families Foundation, collaboratives obtained over \$1.6 million in local private funding this past year, representing 9.3% of their total budgets. Due to changes in data collection, this number does not reflect any of the local leveraged funding beyond private contributions, which accounts for the decrease in the total amount from previous years. It is anticipated that a more complete picture of local leveraged funding will be available in future reports.

Community-Based Prevention Systems

Community-based prevention systems encompass all individual-level strategies implemented across the life span, as well as community capacity building and informing system level priority setting. Through Central Navigation and Coaching, local community prevention systems coordinate existing resources within a community to help children, young adults, and families address immediate needs, as well as increase Promotive and Protective Factors in the long-term. Support Services Funds are flexible funds made available through Central Navigation with the purpose addressing concrete needs to enhance the impact of other targeted strategies, or to fill gaps for needs, regardless of eligibility criteria in publicly funded domains.

In the 2023-2024 evaluation year, local community-based prevention systems statewide served 14,280 participants and 11,815 children. Over \$1.2 million dollars in Support Service Funds were distributed through 3,276 requests. The number of requests in 2023-2024 represented a slight decrease in the number of requests compared to 2022-2023. Overwhelmingly, participants sought assistance for housing and utilities, which together represented nearly 77% of the requests for support service funds. It is worth noting that in this evaluation year, Nebraska was distributing federal Emergency Rental Assistance dollars, which may have impacted the number of requests for Support Service Funds. CCs developed a close working relationship with Nebraska Investment Finance Authority (NIFA), who was coordinating the distribution of these dollars. In doing so, Central Navigation became another avenue by which Nebraskans accessed this resource statewide and braided additional public funding into the local prevention systems.

Evidence-Informed Strategies for Parents

Three evidence-based strategies that are focused on parents were implemented during the 2023-2024 evaluation year: Circle of Security Parenting™ (COSP), Parent-Child Interaction Therapy (PCIT) and Parents Interacting with Infants (PIWI). NCFE directly supported the provision of COSP services which reached 494 parents and 1200 children across the state. These strategies for parents have demonstrated impact on improving parent-child relationships and interactions, reducing parent stress, and increasing parent efficacy - all of which are essential for preventing entry into higher systems of care for vulnerable children and families. While the COVID-19 pandemic reduced the number of parents who could participate in these strategies, there has been a steady increase in the numbers of parents participating in these strategies since 2022.

Local Prevention Strategies

Nine Community Collaboratives also implemented 22 local, community-specific prevention strategies during the 2023-2024 evaluation year, reaching a total of 2,582 participants and 702 children across the state. These local prevention strategies (e.g., community baby showers, diaper pantry, car match) represent the community-driven aspect of collaborative work. They are selected and implemented to meet the needs of

individual communities. These local prevention strategies include multiple additional partnerships and often involve building systems-level infrastructure to support all youth and families within communities. Many of these strategies were newly developed as a response to community needs resulting from the COVID-19 pandemic or to address the growing need for mental health support throughout the state.

Two other strategies: Camp Catch-Up and Legal Services and Supports offered through the Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) were implemented at the statewide level. Camp Catch-Up served 104 children aged 5 to 19 who had been separated from siblings by foster care, while 956 participants received legal services and supports through Legal Aid. Both strategies aim to improve promotive and protective factors for participants, particularly social connections for those served by Camp Catch-Up, and concrete supports for those served by Legal Aid.

Connected Youth Initiative

Nebraska Children and Families Foundation's Connected Youth Initiative (CYI) is a statewide Community Well-Being initiative to create and strengthen equitable outcomes for youth and young adults with experience in public systems and without permanent family and/or community support. CYI supports youth and young adults through both systemic and individual strategies, including Central Navigation and Support Services Funds, Coaching, Youth Leadership efforts, and Financial Education through Opportunity Passport™ offered through Jim Casey Youth Opportunities Initiative®. During the 2023-2024 evaluation year, 2,014 youth and young adults (14-25 years) were served through Central Navigation. Nearly \$245,000 in Support Service Funds were distributed to youth and young adults through 566 requests with 87% of requests allocated to housing and utilities assistance.

CYI work focused on coaching, leadership, and financial education has been fundamental in supporting youth and young adults to increase personal agency and establish goals. 2,297 youth and young adults in CYI participated in goal-oriented and youth-driven CYI coaching during the 2023-2024 evaluation year. Nearly, two-thirds of all youth and young adults served through CYI coaching were female (65%) and nearly half the participants identified as people of color (49%). The majority (73%) of CYI coaching participants were over the age of 19, which indicates these young adults' desire and drive to successfully transition to adulthood. Importantly, 431 youth served in coaching were pregnant or parenting and 841 youth had experience in the foster care system. CYI coaching is a vital tool in the prevention system to support youth and young adults in challenging situations as they transition to independent adulthood. Critically, 426 youth and young adults engaged in financial education through the Opportunity Passport™ program. This program teaches financial management strategies and provides matching funds to support youth and young adults in making asset purchases, including vehicles, educational materials, and equipment/uniforms for professional activities.

Community-Level Systems Findings

Community Collaboratives are working to build their capacity to meet the needs of the children and families in their communities through a Collective Impact approach, Funding, Policy Support, Training Activities, and Community Events. The following is a summary of the community-based prevention system work that was undertaken over the past year by the 25 communities participating in the statewide evaluation.

Funding

One of the intermediate community well-being outcomes is that the work of CCs results in communities' increased ability to leverage and align funds. Table 4 is a summary of the total number of dollars leveraged in the collaboratives. In addition to funding provided by Nebraska Children and Families Foundation, CCs have been successful in leveraging local, private funds worth more than 1.6 million dollars. Additional Funding obtained by partnering agencies and the Collaborative represent 9.3% of their total budgets. It should be noted that Table 4 captures funding from Nebraska Children and Families Foundation broken into two categories, Collaborative Infrastructure funding and Initiative and Program funding. This funding was provided to counties covered by a community-prevention system, including but not limited to those funds flowing directly to the Community Collaborative. Locally leveraged funds are private dollars raised through CCs, including grants, donations, and community-specific fundraising efforts. These funds were used to serve 14,280 families and youth across the community-based prevention system during the evaluation year (see Table 3 below).

Table 3

COLLABORATIVES HAVE LEVERAGED FUNDS FROM MULTIPLE SOURCES

Evaluation Year	Nebraska Children funded Community Collaborative Prevention System Infrastructure	Nebraska Children funded Initiatives and Program	Local Leveraged	TOTALS
2023-2024	\$4,730,359	\$11,713,646	\$1,686,252*	\$18,130,257
2022-2023	\$6,256,333	\$16,765,820	\$15,143,996	\$38,166,149
2021-2022	\$18,869,281		\$10,137,237	\$29,006,518
2020-2021	\$22,841,361		\$695,365	\$23,536,726

Funding from the 2020-2021 year includes CARES Act funding that was distributed during the evaluation year. Expectations and requirements for reporting funding sources have varied over time, so longitudinal comparisons should be made with caution.

Prior to 2022-2023, Collaborative Infrastructure funding and Initiative and Program funding were reported together. The investment in each of these areas is now shown separately.

**For the 2023-2024 evaluation year, data only on private leveraged funds were collected, resulting in a lower total than in previous years.*

Investing in collaborative infrastructure is a key role of Nebraska Children and Families Foundation and the Bring Up Nebraska partners. To operate within the Collective Impact model, the key elements must be given adequate resources. The backbone infrastructure necessary for a Community Collaborative Prevention System includes:

- *Coordination/Continuous Communication among partners, including community members*
- *Central Navigation (Coordination of Services)*
- *Support Services Funds (address concrete support needs to enhance the outcomes of service delivery, flexible funding to address cliffs and eligibility criteria associated with programmatic funding)*
- *Common Operational Framework/Foundations/Principles (Youth and Families Thrive)*
- *Community Capacity Building/Workforce Development and Enhancement*
- *Social Norming*
- *Fiscal/Contract Management (clearly outline roles of a fiscal sponsor when applicable in a Community Collaborative Prevention System)*
- *Shared Evaluation measurements*
- *Root Cause Analysis/Community Context*

Policy Support

Communities, via Community Collaboratives, were active in trying to shape policy at the local and state levels. CCs reported on the policy-related activities they engaged in during the 12-month reporting period in their community reports. Those activities are summarized below. Please reference Appendix B for a complete table of all policy support activities.

Policy Change

Policy changes include changes in statute, regulation, guidance, funding levels, court decisions, or executive orders and other policy vehicles that establish requirements directed at institutions, professionals, and the public. For example, enacting new legislation, establishing statewide minimum training requirements, pilot funding for a new program or study, a new option that would expand available services, or a state executive memo requiring child welfare agencies to adhere to some new agency procedure. See Table 16 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **29 policy changes initiated across 11 Community Collaboratives**
- Examples include:
 - *facilitated discussions and meetings on food insecurity, mental health, childcare, and child welfare system, aiming to influence local policies and programs to better address these issues.*
 - *proposed a transit system between Columbus and Schuyler to the City of Columbus Council, City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners.*
 - *worked with City Council to allow Childcare Home IIs to be allowed in Grand Island.*
 - *Coalition for Strong Nebraska, American Democracy Project, and Civic Nebraska partnered with Buffalo Co. Youth Advisory Board for legislative education and civic engagement discussions (LB929, LB1200).*

Practice Change

Practice changes are systemic changes in the operations of practitioners that are to be institutionalized that may or may not stem from any change or requirement in policy. For example, adopting a best practice that is implemented community (or state) wide, new practices to better engage youth in transition planning, improving community-level collaboration through standard operating procedures, etc. See Table 17 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **39 practice changes initiated across 11 Community Collaboratives**
- Examples include:
 - *hosted a parents and community engagement night to educate parents and supportive adults on their work.*
 - *Engaged in Latino Dialogue to create best practices on SDOH for health departments to adopt/implement in communities.*
 - *Working with Lean Eye to examine processes and practices—ID those that could be streamlined or improved—particularly data system and access.*
 - *Working with area agencies to meet needs of clothing and food insecurities.*
 - *Became site for Health Families America – an evidence-based home visitation program for pregnant persons and children up to age three.*

Community Engagement

Community engagement in policy and practice improvements include, but is not limited to, community support or involvement in promoting improvements through educating key stakeholders (public, judges, agency officials, etc.), supporting the engagement of families, community members, or young people in developing/sharing recommendations, testifying, presenting, analyzing and/or disseminating data, mobilizing young people or community members and/or other key stakeholders, and engaging in various types of communications activities (e.g. news/social media). For example, engaging local elected officials in your community by inviting them to collaborative meetings and/or educating them about issues, submitting public comments at local/municipal meetings or state legislative public hearings, or providing input on administrative policies, rules and regulations (e.g., Medicaid Expansion). See Table 18 in Appendix B for a complete listing.

During the 2023-2024 evaluation year, there were:

- **53 community engagement activities initiated across 14 Community Collaboratives**
- Examples include:
 - *Hosted a statewide partner meeting earlier this year to educate state officials on the collaborative's work and connect with them about CFP's priority areas. The First Lady was present at this meeting.*
 - *Sponsor a hole at a golf tournament to bring awareness of our collaborative's mission and fundraise dollars for the program. This is an event where the county's most prominent constituents are present for and participate in.*

- *Hosted Early Childhood Community Conversations, where we invited a handful of important community partners: the Mayor, NPS superintendent, county attorney, and city economic developers.*
- *Food access, food security meetings within the CAUW/CFP service area to include community conversations on the topic and fresh produce distribution to agencies who provide services to those in need of food.*



Citizen Review Panels

NCFF collaborated on two Citizen Review Panels (CRP) with Nebraska DHHS: the Parent and Caregiver CRP and the Young Adult CRP. The reporting timeline for the CRPs is October to September and does not align with the rest of the report. The most recent CRP recommendations to DHHS from the October 2022-September 2023 report are shared below.

The Parent and Caregiver CRP is composed of volunteer members who are broadly representative of the diversity in the state and include members who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect. The group made three recommendations to DHHS:

1. Create a reference book/glossary as a Family Guidebook. Interacting with DHHS is complex and there are many terms and concepts that are difficult to understand. Moreover, it is incumbent on the families to develop that understanding and it is often families who are blamed for any misunderstandings. The group recommended that DHHS make a reference book or playbook, including a glossary of all key terms that DHHS uses and references all DHHS programs. The reference book should be mandatory material for distribution to all families involved in the foster care system.
2. Integrate all parties into the kinship process. When planning for a kinship placement, the birth parents, foster parents, the child, and all other relevant parties should be engaged in the decision-making process. Moreover, DHHS staff should play a role in facilitating these difficult conversations intentionally helping all parties to navigate what is often a difficult, emotional process.

3. Examine recidivism and elevate prevention. DHHS should explore how they can actively support preventing formal involvement in the foster care system, particularly in cases of informal foster care placement.

The Young Adult CRP consists of 14 community members between 16 and 26 with lived experience in the child welfare, juvenile justice, and/or homelessness systems in Nebraska. The group made the following three recommendations to DHHS:

1. Shift to strength-based notation for caseworkers. Youth noted that deficit-based notation in case notes has a notable role in conferring stigma and bias even following the cessation of involvement with higher-end systems of care. By incorporating strength-based notation, areas of strength to be built on are noted and the overall tone of notes is more hopeful and reduces biased decisions against system-involved youth.
2. Incorporate youth voice into mental health-related decisions and services. System-involved youth have a higher rate of mental health needs than the general population, so mental health services are critical. However, as alignment between youth preferences and the type/format of mental health services is critical to effective mental health services provision, the CRP recommends incorporating youth preferences and opinions.
3. Uphold the right to a notice to vacate for foster youth approaching or past the age of majority. Youth who have aged out of the foster system are regularly told to leave their foster residence with as little as 24 hours' notice. The CRP noted the extremely high rates of homelessness in former foster youth. Ensuring that youth are given at least 30 days' notice to vacate their current housing would help to mitigate the problem of homeless former foster youth.

Training Activities

Over the past 12 months, community collaboratives carried out or participated in numerous professional and community trainings to enhance supported strategies. 18 CCs reported a total of 138 trainings with 3,070 participants representing over 967 organizations engaged in training. Examples of the trainings offered were: Helping Adults Cope with Grief Training, QPR/Suicide Prevention, Migrant Education Recruiter Training, Budgeting and Money Management, and Collective Impact Training for New Non-Profits (Table 4).

Table 4

COMMUNITY COLLABORATIVES HOSTED TRAINING EVENTS TO ENHANCE STRATEGIES

	2023-2024	2022-2023	2021-2022
Number of Training Held	138	167	270
Number of Organizations	967	1,717	3,561
Number of Individuals Trained	3,070	6,502	7,271

Note. The numbers above do not represent an unduplicated count. 18 Community Collaboratives reported training in 2023-2024.

Community Events

18 Community Collaboratives sponsored community and family events (Table 5). The purpose of the events varied, including food distribution/deliveries (e.g., food boxes, pantries, backpacks, vouchers), distribution of diapers and school supplies, motherhood is sacred classes, and other community engagement efforts such as Diaper Pantry, Community Baby Showers, Career Days, engagement, Backpacks with School Supplies, Community Thanksgiving Dinner, and collaborative meetings. Events were available to all community members and served the general public, parents, children, young adults, older adults, and agency and community members (e.g., childcare providers, coaches, and other service providers). These 184 events served approximately 37,603 individuals, although it is important to note that this is an estimate since some events were large, and it was difficult to track the definitive number of attendees. The number of individuals engaged each year fluctuates dramatically based on the reach of the method of engagement (e.g., billboards vs. community events).

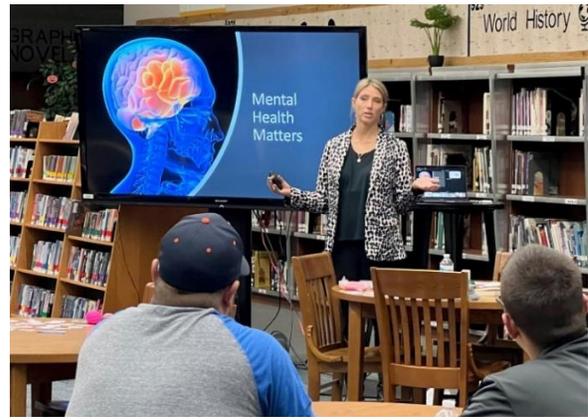


Table 5

COMMUNITY COLLABORATIVES HOSTED EVENTS THAT EXTENDED OUTREACH EFFORTS TO CONNECT WITH FAMILIES

	2023-2024	2022-2023	2021-2022
Number of Events Held	184	228	232
Number of Individuals Engaged	37,603	200,494	73,226
Number of Communities hosting events	18	18	17

Note. Numbers reported for the current evaluation year are estimates and not unduplicated counts. 18 Community Collaboratives reported hosting events in 2023-2024.

Community-Based Prevention: Programs and Practices Findings

Community-based prevention systems are designed to be the coordination and intersection point where children, young adults, families, and service providers work together. This is meant to not only serve participants directly, but also to build workforce capacity and identify, and to address larger, systemic issues that pose barriers to thriving people and thriving communities.

A fully developed community prevention system serves all community members from birth to death through the braiding of resources. A number of public funding sources specifically target support to families who may otherwise enter the higher level of child welfare services or experience significant challenges in areas such as adequate housing, early childhood development, educational goals, meeting basic needs, or addressing a family crisis. These families include children who are 18 years or younger; however, when a community braids resources and involves multi-sector partners in a local community-based prevention system, the focus can be on the lifespan across the community (i.e., the full age spectrum of children, individuals, and partners).

A key goal of local prevention systems is to coordinate existing resources within the community to help children, young adults, and families, either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase Promotive and Protective Factors—particularly around concrete supports, social connections, and resilience—as well as to increase hope.

A robust prevention system is organized into three key components: Central Navigation, Coaching, and Leadership and Engagement. Together with these components, the community system includes the entire array of individual-level strategies available, sharing the common goal of increasing Protective and Promotive factors for all who live in the community (Table 6).

The Connected Youth Initiative (CYI) is a key part of a community-based prevention system, with young adults served through Central Navigation, Coaching, and Leadership and Engagement, as well as community-specific strategies. Shared participant numbers are reflected where appropriate, as noted previously, CYI work focuses specifically on unconnected young adults.

Table 6

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

	2023-2024	2022-2023
Number of Participants Served Directly	14,280	13,228
Number of Children Served Directly	11,815	9,711
Number of Participating Staff	170	44
Number of Participating Organizations	260	154
Number of Communities in Statewide Evaluation	25	18

In the 2023-2024 evaluation year, local community-based prevention systems statewide served 14,280 participants and 11,815 children. Table 7 summarizes the various access points through which people were served. Table 8 describes the population. “Participants” represent the number of households who access a given program or service. A participant may be a family with multiple adults, a young person with or without children, or another household type. Children who are served via various programming and services are counted separately from other participants. Central Navigation is the component through which parents, community members, and young adults are matched to services. Services may be formal or informal, are voluntary, and matched to individual needs. Common evidence-informed strategies for parents connecting to local prevention systems include Circle of Security Parenting (COSPP), Parent-Child Interaction Therapy (PCIT), and Parents Interacting with Infants (PIWI). The Connected Youth Initiative is a system of prevention services and evidence informed strategies targeted for unconnected youth and young adults. Local prevention strategies are those implemented by individual collaboratives that are responsive to community-specific needs. Statewide prevention strategies include Camp Catch Up and Legal Services and Supports provided through the Social Services Block Grant. While not directly coordinated or funded by a local collaborative, these statewide strategies are aligned with community-based priorities, accessed by collaborative prevention systems, and funded or coordinated, at least in part, by Nebraska Children and Families Foundation as a key partner.

Table 7

OVERALL SUMMARY OF NUMBERS SERVED JULY 1, 2023 – JUNE 30, 2024

	Participants	Children
Community-Based Prevention Systems (OVERALL)	14,280	11,815
Central Navigation (total)	5,542	9,913
Central Navigation (14-26)*	2,014	1,767
Evidence-informed Strategies for Parents (COSPP)	494	1200
Evidence-informed Strategies for Young Adults (CYI)	2,639	718†
Local Prevention Strategies	2,582	702
Statewide Prevention Strategies	3,023	-

* Young adults age 14 to 26 accessing Central Navigation are included in the Central Navigation numbers and should therefore be subtracted from the Evidence-informed Strategies for Young Adults (CYI) line to avoid duplicated counts.

† As CYI is a program for youth and young adults, the children served are counted in the participants column, unlike other programs (e.g., Central Navigation, COSPP) where the participant is the head of household and children are served through the participant. The children served by CYI should be subtracted from the overall children number to avoid duplicated counts.



Table 8

RACE/ETHNICITY OF INDIVIDUALS SERVED THROUGH INDIVIDUAL-LEVEL PREVENTION STRATEGIES

	2023-2024	2022-2023
American Indian or Alaska Native	444 (4.7%)	393 (4.2%)
Asian	77 (<1%)	100 (1.1%)
Black or African American	1,552 (16.3%)	1,891 (20.4%)
Hispanic or Latino	1,427 (15.0%)	1,467 (15.8%)
Multiracial	955 (10.0%)	758 (8.2%)
Native Hawaiian/Pacific Islander	23 (<1%)	22 (<1%)
White	4,934 (51.2%)	4,315 (46.6%)
Another Race/Ethnicity	83 (<1%)	90 (1.0%)
Prefer Not to Say	49 (<1%)	70 (<1%)
Total	9,544	9,265

Note. Due to the nature of some of the strategies, race/ethnicity data was not available for some of the local and statewide prevention strategies. Therefore, data was missing for 4,736 (33.2%) in the 2023-2024 evaluation year and 3,963 (30.0%) of participants for the 2022-2023 evaluation year.

Central Navigation

Central Navigation is the component of community-based prevention systems through which parents, community members, and young adults are matched to services. Central Navigation is also the intersection point of community partners to increase community capacity through training, as well as identifying and lifting up barriers to thriving. Table 9 provides an overall summary of the participants and their children who completed an intake during the 2023-2024 evaluation year through central navigation. These numbers include the 25 communities across the state that participated in the 2023-2024 evaluation. Note that more individuals may be served by the collaborative, as the intake may have been completed in a previous evaluation year. As indicated in Table 9, nearly two-thirds of those who entered through central navigation are women, and 42% of participants qualify for public assistance.

Table 9

SUMMARY OF PARTICIPANTS ACCESSING CENTRAL NAVIGATION

	2023-2024	2022-2023
Number of Participants	5,542	4,019
Number of Children	9,913	5,856
<i>Gender</i>		
Male	1,866 (33.7%)	831 (21.6%)
Female	3,572 (64.5%)	2,962 (76.9%)
Other/Prefer not to say	104 (1.9%)	58 (1.5%)
<i>Race/Ethnicity</i>		
American Indian or Alaska Native	259 (4.7%)	184 (4.7%)
Asian	35 (<1%)	23 (<1%)
Black or African American	818 (14.8%)	663 (16.8%)
Hispanic or Latino	619 (11.2%)	588 (14.9%)
Multiracial	870 (15.7%)	418 (10.6%)
Native Hawaiian/Pacific Islander	15 (<1%)	17 (<1%)
White	2,775 (50.1%)	1,925 (48.8%)
Another Race/Ethnicity	17 (<1%)	18 (<1%)
Prefer Not to Say	49 (<1%)	39 (1.0%)
Not Reported/Missing	85 (1.5%)	71 (1.8%)
<i>Age</i>		
Participants under 14 years	1,013 (18.3%)	
Participants ages 14-18	754 (13.6%)	434 (11.2%)
Participants ages 19-26	1,260 (22.7%)	1,263 (32.6%)
Participants ages 27-40	1,399 (25.2%)	1,397 (36.1%)
Participants ages 41-60	849 (15.3%)	678 (17.5%)
Participants 61+	240 (4.3%)	101 (2.6%)
Not Reported/Missing	27 (<1%)	
<i>Disabilities</i>		
Number of Participants with Disabilities Served	702 (12.7%)	637 (15.8%)
Number of Children with Disabilities Served	331 (8.3%)	461 (7.9%)
Number of Participants that Qualify for Public Assistance	2,346 (42.3%)	2,748 (68.4%)
Number of Participating Staff	170	44
Number of Participating Organizations	260	154

Support Service Funds

Flexible and supportive funding (called Support Service Funds) is available through Central Navigation when needed. These funds are intended to “fill gaps” when other funding sources are unavailable or the participant doesn’t meet the criteria for other publicly available programs or resources. Table 10 represents all requests from participants across the state during the 2023-2024 evaluation year that were approved. Over 77% of the requests were for support with housing or utilities, highlighting a need to continue focusing statewide efforts in these areas.

Table 10

SUPPORT SERVICE FUNDS DISTRIBUTED IN 2023-2024

Priority Area	Number of Requests	All Dollars	Percent of Total	Average Dollars per Request
Daily Living	279	\$43,702.67	3.4%	\$156.64
Education	47	\$15,392.37	1.2%	\$327.50
Employment	31	\$2,546.44	0.2%	\$82.14
Housing	1,213	\$751,669.28	58.0%	\$619.68
Mental Health	229	\$62,725.16	4.8%	\$273.91
Parenting	124	\$40,316.05	3.1%	\$325.13
Physical/Dental Health	22	\$5,900.28	0.5%	\$268.19
Transportation	421	\$107,265.44	8.3%	\$254.79
Utilities	839	\$246,040.86	19.0%	\$293.25
Other	71	\$20,687.35	1.6%	\$291.37
2023-2024 Total	3,276	\$1,296,245.90		\$395.68
<i>2022-2023 Total</i>	<i>4,466</i>	<i>\$2,087,819.97</i>		<i>\$467.49</i>
<i>2021-2022 Total</i>	<i>4,395</i>	<i>\$2,100,325.65</i>		<i>\$477.89</i>
<i>2020-2021 Total</i>	<i>5,006</i>	<i>\$2,585,460.72**</i>		<i>\$413.44</i>

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

Coaching

A subset of the people who engage with Central Navigation may also participate in coaching. This coaching is voluntary, tailored to individual needs, and involves participants working with a coach on goals. Based on community capacity and individual needs, the specific strategies used for coaching vary. A number of evidence-informed or community-specific local strategies are leveraged as informal prevention coaching opportunities within community prevention systems.

Several strategies were used to evaluate the efficacy of Coaching in this context. At the time Central Navigation access, participants completed two subscales of the FRIENDS Protective Factor Survey (PFS). One set of items focused on Social Connections and another focused on Concrete Supports. The Social Connections scale consists of four items on a five-point Likert scale with response options including “Not at all like my life,” “Not much like my life,” “Somewhat like my life,” “Quite a lot like my life,” and “Just like my life.”

For one item, “When I need someone to look after my kids on short notice, I can find someone I trust” also allowed for a “Not applicable - I do not have kids” response. The Concrete Supports scale consists of five items and is measured on the same skill. No “Not applicable” option was offered for any items.

For those families that were engaged in coaching, at completion of coaching (which was typically 30 to 90 days), families were asked to complete a post-coaching survey that included a repeated administration of the PFS Social Connections and Concrete Supports scales measured at the beginning of their involvement. Additionally, coaching participants were asked to complete the Brief Resilience scale (Smith et al., 2008) and the State Hope scale (Snyder et al., 1996). The Brief Resilience scale consists of 6 items on a four-point Likert scale including “Not at all true,” “Somewhat true,” “Mostly true,” and “Completely true.” The State Hope scale consists of six items on an eight-point Likert scale including, “Definitely false,” “Mostly false,” “Somewhat false,” “Slightly false,” “Slightly true,” “Somewhat true,” “Mostly true,” and “Definitely true.” For both the Brief Resilience scale and the State Hope scale, participants were asked to rate themselves on all items 3 months ago and now providing a retrospective and current assessment of perceptions of resilience and hope.

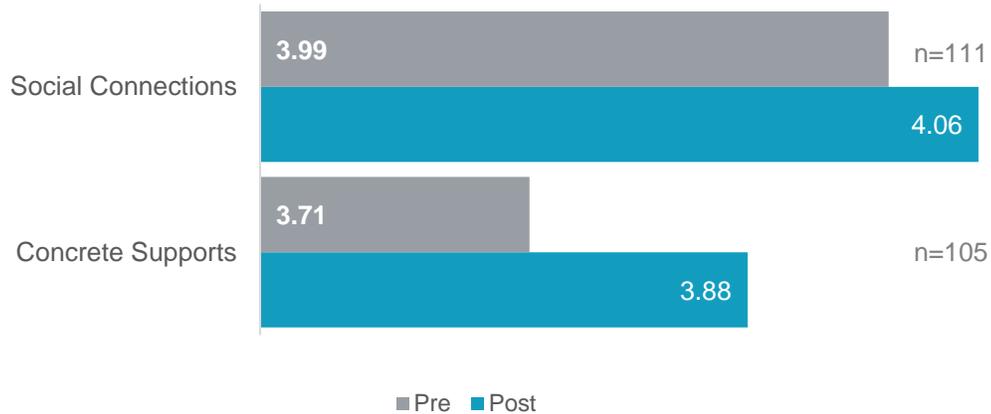
A total of 1,417 participants completed the pre-survey, while a total of 293 participants completed the post-coaching survey.

For the Social Connections scale 1,391 participants provided usable data. Of these respondents, 1,155 endorsed having children and so answered all 4 questions, while 236 indicated that they did not have children and therefore did not respond to the childcare-related question. Both the group with children and those without endorsed an average rating on the Social Connections scale between “Somewhat like my life” and “Quite a bit like my life” (3.78 and 3.73 respectively). A total of 1,363 participants provided usable data on the Concrete Supports scale and endorsed an average rating (3.49) on the Concrete Supports scale, which also between “Somewhat like my life” and “Quite a bit like my life.” Post-coaching scores were usable from 268 participants on the Social Connections scale with 240 respondents indicating that they had children and 28 indicating that they did not have children. The average scores for these groups were 3.87 and 3.79 respectively. Post-coaching scores were usable from 274 individuals for the Concrete Supports scale with an average score of 3.71. While the scores on both scales are slightly higher than pre-coaching scores, the averages still fall between “Somewhat like my life” and “Quite a bit like my life.”

As shown in Figure 2, 111 participants completed the Concrete Supports scale both before and after coaching. The Concrete Supports scale showed a modest increase following coaching (3.71 to 3.88). Usable before and after coaching data were available for 105 participants for the Social Connections scale. Average scores increased modestly on both the Social Connections scale for those with children (3.99 to 4.06) and for those without children (4.11 to 4.29). However, only 9 respondents without children completed both surveys. Moreover, given the very low (<10%) rate of completion of both pre- and post-coaching surveys that were able to be linked, strong inferences should not be made based on this data.

Figure 2

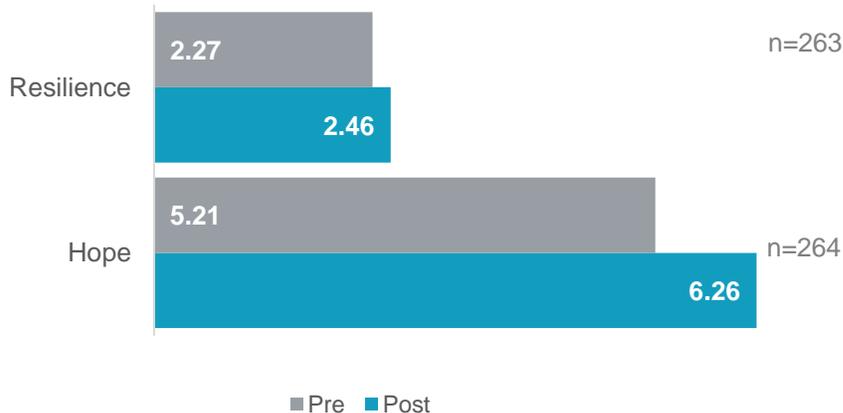
Participants demonstrated increases in Social Connection, and Concrete Supports after coaching



Of the 293 participants that completed the post-coaching survey, both the current and retrospective questions were completed by 263 participants for the Brief Resilience scale and 264 participants on the Hope scale. As seen in Figure 5, resilience ratings increased slightly and average scores remained between "Somewhat true" (2.27) and "Mostly true" (2.46). Hope ratings also increased and average scores moved from between "Slightly true" "Somewhat true" (5.21) to between "Somewhat true" and "Mostly true" (6.26). However, given the very low (<10%) rate of completion rate for the survey, strong inferences should not be made based on this data.

Figure 3

Participants in coaching demonstrated increases in Resilience and Hope based on a retrospective pre-post analysis



Satisfaction with Coaching

Of those who participated in coaching, 268 participants also completed a satisfaction survey follow-up. When responding to the prompt “I feel respected and valued as a participant,” 94% of participants responded affirmatively. Similarly, a majority of participants agreed with the statements, “I have learned new techniques that improve my interactions with my child or children” (87.5%) and “I feel my family relationships are better than before” (79.7%). While these responses are consistent with participants feeling satisfied with coaching overall, the sample size is small (<10%). Therefore, strong inferences should not be made based on this data. As noted above, changes to evaluation processes are being made to address this problem in the future.

Leadership and Engagement

Leadership and Engagement occurs when lived experience experts are welcomed, heard, and have the opportunities and shared power to co-create and co-design community and system solutions at all decision-making levels. Their voices are regarded to be of great importance and beneficial to facilitate appropriate and needed change within the community and at the system level. A person with lived experience is someone who has lived (or is currently living or at risk of living) with the issues the community is focusing on and who has valued insight to contribute about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).

Here, Youth and Family Engagement is a youth and family-centered, strength-based approach to establishing and maintaining relationships with families and accomplishing change together (Children’s Bureau). Leadership is an intentional and meaningful opportunity(s) to participate in planning, implementing, and evaluating system efforts that support personal growth of the knowledge and skills to function in leadership roles and represent a “parent voice” to shape the direction of their families, programs, and communities.

Community Cafés

Community Cafés are an evidence-informed approach to parent engagement and leadership for positive change in individuals, families, neighborhoods, and communities. Cafes foster the relationships needed for better-informed, compassionate, and equitable practices and policies. Local teams work with the coaches to build readiness, form planning teams, and host series of six-connected Cafés. There were two urban and two rural sites this past two years.

Local team successes included:

- Hosting thirty-eight Community Cafes with attendance ranging from approximately one dozen to sixty participants at each Café.
- Adding new supports to develop parent leadership.
- Creating new ways to equitably compensate parents.
- Developing better communication processes between parents and community leaders through schools and other local partners.
- Opportunities for additional leadership and system building through The National Center for Families Learning for one grantee.

Coaching Team successes in the past year included:

- Co-creation and facilitation of three, 3-to-5-hour orientations, in two locations, in two languages in one session, and with approximately fifteen parent hosts and organizational partners in each session.
- Increased competence in tailoring support to fit the context and development of each site.
- Co-creation of tools and materials to support planning, hosting, and capacity building for effective Cafés.

One of the local teams says, “Community Cafés... (are) nurturing parent-leadership and facilitating communication among parents, schools, the city, and community partners.” This team hosts Cafés primarily in Spanish and connects families with Adult Education, Family Literacy, Sixpence Early Childhood, Migrant



Education, McKinney-Vento programs, and afterschool Community Learning Centers.... As a connecting thread among these initiatives, Community Cafés promote synergy, cohesion, and collective empowerment. Ultimately, by empowering families and strengthening community ties, Cafés have contributed to the success and prosperity [of the community] as a whole.”

This summer, a tragedy occurred in a town that is a part of the Community Cafe work. This tragedy impacted all community members but was especially impactful to the Latino members of this town. Because Cafés had already been at work in the community, with Latinos in place as parent leaders, the Café leadership team was uniquely positioned to provide a safe space for conversation, both for the parent leaders and the community. Parent leaders spent time supporting each other, considering how trauma affects us, and examining positive strategies for dealing with trauma. Parent leaders then chose a topic for the next Café that gave voice to concerns community members might have regarding the incident. Likewise, the ripple effect of Cafés was seen as the newspaper editor who had been a Café participant was deliberate in reporting the incident by publishing newspaper articles related to the situation in English and Spanish, supporting equal access to information for Spanish speaking members of the community. One of the local teams says, “Community Cafés.... [are] nurturing parent-leadership and facilitating communication among parents, schools, the city, and community partners.” This team hosts Cafés primarily in Spanish and connects families with Adult Education, Family Literacy, Sixpence Early Childhood, Migrant Education, McKinney-Vento programs, and afterschool Community Learning Centers.... As a connecting thread among these initiatives, Community Cafés promote synergy, cohesion, and collective empowerment. Ultimately, by empowering families and strengthening community ties, Cafés have contributed to the success and prosperity [of the community] as a whole.”

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Nebraska Children and Families Foundation evaluators conducted a thematic analysis of interviews with Café leaders from four teams over the past two years. Five themes emerged: Community Engagement and Support, Relationships and Connections, Inclusivity and Accessibility for All, Leadership Development, and Generativity and Positive Change.

Evidence-Informed Strategies for Parents

Within the network of community collaborative prevention systems statewide are a variety of strategies, some evidence-informed with targeted populations, some localized to specific priorities, and those that are available statewide and accessed through prevention systems. The following sections demonstrate a set of strategies in each category that are common across prevention systems statewide.

Circle of Security Parenting (COSP™)

COSP is an evidence-informed strategy implemented in multiple communities that has a focus on parents and caregivers’ interaction with their child or children. Circle of Security Parenting is an 8-week parenting program based on research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child’s needs in a way that enhances the attachment between parent and child. Parent education groups are a primary means of delivery.

Research has demonstrated that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure.

The following (Table 11) is a summary of the demographics of the children and families served by all CCs currently implementing COSP™. Due to the success that communities have had braiding funding to support COSP™, collaboratives utilize funding and support from multiple sources, which can include but is not limited to Nebraska Children and Families Foundation coordinated efforts.

Table 11

OVERALL SUMMARY OF PARTICIPANTS SERVED THROUGH COSP™

	2023-2024	2022-2023
Number of Participants Served Directly	494	367
Number of Children Served Directly	1200	935
Gender		
Male	112 (22.7%)	92 (24.9%)
Female	330 (66.8%)	273 (74.0%)
Missing/ Not Reported	52 (10.5%)	4 (<1%)
Race/Ethnicity		
American Indian or Alaska Native	15 (3.0%)	4 (1.1%)
Asian	5 (1.0%)	5 (1.4%)
Black or African American	26 (5.6%)	31 (8.4%)
Hispanic or Latino	105 (21.3%)	70 (19.0%)
Multiracial	0 (0%)	--
Native Hawaiian/Pacific Islander	3 (0.6%)	--
White	274 (55.5%)	245 (66.4%)
Another Race/Ethnicity	13 (2.6%)	8 (2.2%)
Missing/ Not Reported	53 (10.7%)	6 (1.6%)
Number of Participants that Qualify for Public Assistance	261 (52.8%)	204 (55.3%)
Number of Participating Staff	46	70
Number of Communities Offering COSP™	44	12

Impact of COSP™ on Parents and Families

Previous evaluation reports have shown that participation in COSP has valuable impacts on families. In the most recent evaluation report covering 2021-2022, participants in COSP (n= 635) reported improvements in critical areas such positive parent-child relationships, positive parent-child interactions, and reduced parenting-related stress. The majority of parents surveyed (n= 633) also indicated that they felt respected and valued as a participant (95%); that the group leader did a good job (96%) and that meeting with a group of parents was helpful (87%). The complete report is available (https://www.necosp.org/sites/default/files/2023-03/2021-2022%20COSP%20Evaluation%20Report_final.pdf) and an updated report for 2023-2024 is anticipated in mid-2025.



Parent-Child Interaction Therapy (PCIT)

PCIT is an evidence-based strategy being implemented in multiple communities that has a focus on parents and caregivers' interaction with their child or children. PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness.

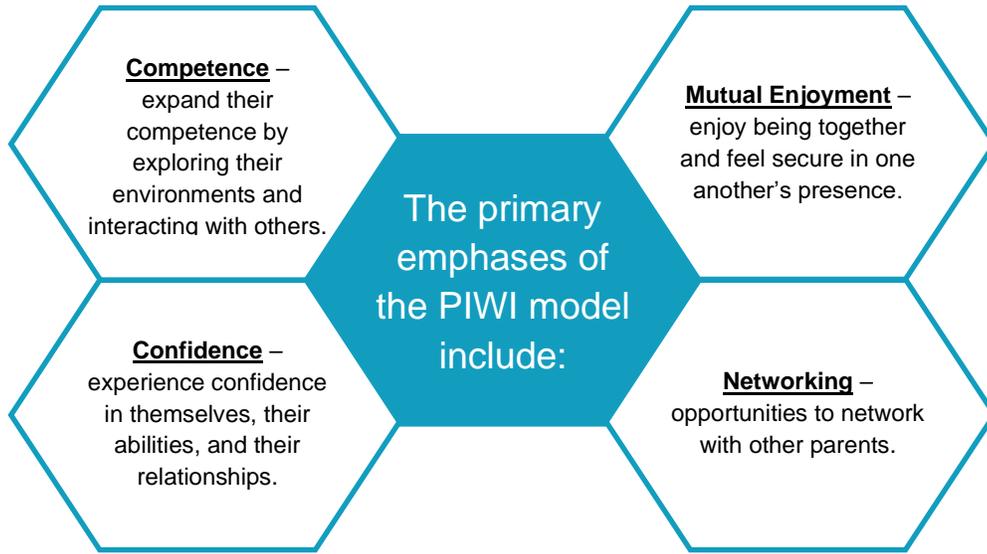
You can find additional information about PCIT in the 2023-2024 Evaluation Report linked [here](#).



Parents Interacting With Infants (PIWI)

PIWI is an evidence-informed strategy being implemented in multiple communities that focuses on parents and caregivers' interaction with their child or children. The Parents Interacting with Infants (PIWI) model (McCollum, Gooler, Appl, & Yates, 2001) is based on a facilitated group structure that supports parents with young children from birth through age two. Parent participants often do not have the information or experience to know how to provide responsive, respectful interactions with their young children. PIWI is targeted to increasing parent confidence, competence, and mutually enjoyable relationships (see Figure 4). PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

Figure 4



Local Prevention Strategies

In addition to the individual-level strategies described above, communities also implemented a variety of locally developed or locally identified strategies. These local prevention strategies represent the community-driven part of the CCs prevention work and are selected and implemented to meet the individual needs of communities. The list (Table 12) below includes the local strategies that were implemented in each community during the evaluation year, followed by descriptions of each strategy and numbers served.

Table 12

LOCAL PREVENTION STRATEGIES

Community Collaborative	Strategy	Participants	Children
Growing Community Connections	Family Cafes	38	24
	Summer School	37	37
	FSCS Literacy Program	60	60
	FSCS Cultural Support	2	0
Saunders County Active Community Team	Parenting Education and Support	35	14
	Youth & Family mental health programming	31	22
	Youth & Families Thrive Training	1	0
	Backpack Program	160	160
Norfolk Family Coalition	Public School Mental Health	29	31
Sandhills Community Collaborative	Mental Health Vouchers	3	2
	All Stars	30	30
	Preventure	8	8
Santee Sioux Nation	Substance Misuse Prevention Program	1769	290
The BRIDGE Family Resource Connector Network	Food delivery partnership with ENCAP	81	

Families 1st Partnership	Straight Up Advocates	8	7
	Strengthening Purpose for Inmate	3	0
Better Together/ Partners for Otoe County	AWARE Grant	17	17
Southeast Nebraska Collaborative	Digital Navigation/Inclusion	25	
	Youth Chapters	12	
	Financial Literacy	33	
	Child Abuse Prevention	200	
	CYI		

Additional Prevention Strategies

The following strategies are available statewide and universally accessible through community prevention systems. These strategies are coordinated and funded, in part, with resources from Nebraska Children and Families Foundation.

Camp Catch-Up

Camp Catch-Up (CCU) reunites siblings through events geared towards fun, adventure, and connection. CCU hosts several multi-day, sleepaway camps as well as single overnight and day events across Nebraska each year. Campers are generally between the ages of 8 and 19 years and must have at least one biological sibling with a separate foster care placement. Campers do not pay to attend any CCU event and are provided with any necessary items to be successful at camp events such as sleeping bags, pillows, camp t-shirts, water bottles, sling bags, masks, and other activity items.

Community collaboratives and Connected Youth Initiative local youth leadership chapters promote CCU events and help siblings access them. Additionally, Community Collaboratives and local youth leadership chapters encourage young people who access CYI programming and services to apply as camp staff and promote the CCU Leaders-in-Training youth development program as another youth leadership opportunity.



During CCU events campers are given the opportunity to participate in healthy risks and are encouraged to cheer each other on and make new friends. Connection is a primary goal of CCU, providing opportunities for campers to gather in genuine ways that are not part of a case plan. Additionally, CCU aims to create

opportunities for campers and staff alike around skill and leadership development through camp and training activities. Favorite camper activities include the zipline, pool, and gaga ball.

Camp Catch-Up would not be successful without the many dedicated and trained staff at each event, and camp staff are required to attend training prior to camp. Most staff are volunteers that are compensated with a small stipend. Staff are supported to connect with each other and with campers in ways that make each camp event special. This past year, three former campers returned as Leaders-in-Training to support staff and other campers in a leadership role. Leaders-in-training facilitated the camp store, assisted in the art room, supported the camp photographer, and helped with other duties during camp.

CCU uses many tools to gather information from campers, staff, and the teams responsible for the well-being of the campers. Evaluations are collected at the end of every camp event and the information gathered is used to inform CCU improvements.

CCU hosted several events across the state during the past evaluation year including:

- Camp Comeca, Cozad, NE- July 11-14, 2023
- Camp Solaris, Firth, NE: Sept 27-29, 2023
- Camp Catron, Nebraska City, NE: May 30- June 2, 2024



Governor Pillen declared April 10, 2024 as Siblings Day in Nebraska.

Table 13 summarizes the children and families served through Camp Catch Up during the 2022-2023 evaluation year. 104 children from 36 different families participated in camp events this year; some campers participated in multiple events. This year, over half of campers were between the ages of 7 and 12 years.

Table 13

SUMMARY OF CHILDREN AND FAMILIES SERVED THROUGH CAMP CATCH-UP

	2023-2024	2022-2023
Number of Participants/Youth Served Directly	104	77
Number of Families Served Indirectly	36	31
<i>Race</i>		
Native American, or Alaska Native, or Pacific Islander	15 (14.4%)	9 (11.7%)



Asian	0 (0%)	1 (1.3%)
Black or African American	13 (12.5%)	11 (14.3%)
Hispanic or Latino	23 (22.1%)	18 (23.4%)
White	41 (39.4%)	37 (48.1%)
Another Race/Ethnicity	12 (11.5%)	1 (1.3%)
Gender		
Male	52 (50%)	34 (44.2%)
Female	52 (50%)	42 (54.5%)
Another Gender	0 (0%)	1 (1.3%)
Age		
Participants ages 5-6	2 (1.9%)	1 (1.3%)
Participants ages 7-12	60 (57.7%)	36 (46.8%)
Participants ages 13-19	44 (42.3%)	40 (51.9%)
Geographic Area		
Camp Solaris, Firth, NE	41 (39.4%)	28 (36.4%)
Camp Catron, Nebraska City, NE	37 (35.6%)	33 (42.9%)
Camp Comeca, Cozad, NE	26 (25.0%)	25 (32.5%)

Legal Services and Supports

Access to quality legal services has been a reported gap and priority in local communities for some time. Social Services Block Grant/Temporary Assistance for Needy Families (SSBG/TANF) is public funding that has provided the opportunity to enter into a relationship with Legal Aid of Nebraska to improve access to legal supports. At a local level, Community Response prevention systems can access these services from the statewide organization. The specific referral pathways and implementation are evolving in each area. Work with Legal Aid began in March 2021. During the current evaluation year, legal services were provided across the majority of Nebraska. Participants are described in Table 14.

Between July 1, 2023 and June 30, 2024, Legal Aid received requests for assistance from 1,478 unique clients for 1,307 legal issues across the state. Cases were closed for 956 individuals for 1,031 legal issues. A demographic breakdown of the individuals served (closed cases) statewide is provided in the table below. When stratified by Legal Aid priority area, just over half of all cases were for children and family-related legal issues (51.7%), followed by housing-related legal issues (20.0%), income and benefits-related legal issues (15.0%), and debt and finance-related legal issues (13.3%).

Approximately 3,365 people were part of households that received some level of service of which about 2,287 (68.0%) were children. A majority of clients served were female (81.4%) and approximately half (47.6%) of the clients served were people of color. All eligible families had incomes of less than 200% of the federal poverty line and at least 1 child in the household.

Table 14

SUMMARY OF PARTICIPANTS SERVED THROUGH LEGAL AID

	2023-2024
Number of Participants Served Directly	956
Number of children in households served	3,357
Race/Ethnicity	
American Indian or Alaska Native	10 (1.0%)
Black or African American	175 (18.3%)
Hispanic or Latino	158 (16.6%)
White	501 (52.4%)
More than one Race/Ethnicity	18 (1.9%)
Asian, Pacific Islander, or Another Race*	41 (4.3%)
Ethnicity Not Reported	13 (1.4%)
Gender	
Male	174 (18.2%)
Female	778 (82.4%)
Other Gender	4 (0.4%)

During the reporting period, LAN achieved a case outcome success rate of approximately 86.7%. Legal Aid Nebraska successfully realized about \$3.64 million in total economic impact on behalf of clients, including approximately \$972,000 in increased assets, \$879,000 in increased income, and just under \$1.8 million in decreased debt during the reporting period. About 49% of the total impact achieved came from debt and finance-related cases.

Due to changes in the reporting cycle as the program began, consistent data cannot be presented for comparison purposes. There was no Legal Aid contract for the fourth quarter of 2023 and no individuals were served. Moreover, there was a steep decrease in individuals reported as served in 2024. This is due to more accurate reporting where the specific individuals served with the Social Services Block Grant funds were reported on. In previous cycles, all participants served by Legal Aid were reported.

Landscape Assessment

Purpose

In early 2024, the Nebraska Children and Families Foundation, in partnership with the Munroe-Meyer Institute, conducted a Landscape Assessment with Community Collaboratives across the state of Nebraska. This Landscape Assessment was conducted to assess and create recommendations for better articulating and coordinating the functions and potential of statewide efforts aimed at addressing the needs of children and families, with a primary focus on early childhood. Nebraska has many programs and partnerships that support this aim, including NCFE initiatives and strategies including Communities for Kids, Rooted in Relationships, the Sixpence Partnership, Nebraska Growing Readers, Full-Service Community Schools, and the Nebraska Community Collaboratives. These collaborative bodies have some overlapping goals/functions and target audiences related to supporting children, youth, and families, but a comprehensive 'crosswalk' on how they can more effectively and efficiently work together to align with and lift up the state's priorities has not



been attempted. This year's Landscape Assessment process is viewed as one piece of the longer-term goal of mapping their structures and functions within and across the collaboratives to build an understanding of how the state can achieve greater cohesion. The current Landscape Assessment will help complete a picture over time and inform what the next steps could be to improve collaboration across the state.

Overview

The primary focus of the Landscape Assessment was on the relationships between early childhood and school systems integration, early childhood and mental health supports and resources, and access to basic needs for families with young children. The Landscape Assessment included gathering data through a stateside survey and through community conversations held in person for 12 communities. The in-person conversations focused on what is happening to support children and families particularly in the early childhood space. Diverse community voices were included to create a more complete picture of community services, connections, and experiences. A survey that expanded this to understanding the current status of integration of school systems, mental health supports/resources, and access to basic needs into the work of the collaboratives was sent to targeted groups across each collaborative. Findings will be used at local and state levels to reveal coverage and accessibility of services, overlaps that could be streamlined and gaps or challenges to address.

Each community will receive a summary of the localized findings. Communities can use these findings for planning and action steps that will best meet their local goals and needs. Considerations, next steps, and recommendations will be developed in collaboration with communities. Statewide, as well as local, findings will help guide future planning, evaluation questions and grant opportunities. The completed community and statewide reports will be available in early 2025.

Preliminary Highlighted Results

Complete results of the Landscape Assessment will be available in early 2025; however, preliminary highlighted results are available from the in-person conversations and the survey results.

Childcare. Community support for childcare was noted as a strength. However, a major issue in childcare is the limited availability of childcare and the high cost of the spaces that are available. Moreover, it was noted that transportation is a barrier to access, as are limited hours of childcare. It was also noted that it is difficult to recruit and retain staff for reasons that include low pay and limited benefits. Families with children with special needs, who are at risk of homelessness, and who do not primarily speak English were identified as having the most barriers to childcare access. The need for deeper involvement of the business community in expanding childcare access was noted.

Early Childhood Education. Lack of access to early childhood education was noted statewide. Cost, availability, and transportation were all raised as significant barriers. Despite these challenges, a few communities have seen improvements in the overall capacity for early childhood care and education. These improvements were often seen in communities where early childhood work was well integrated into the efforts of the CC. For example, the Norfolk Family Coalition recognized the Power of Preschool early childhood professional group as a model for successful collaboration. This group is committed to preparing children for kindergarten, showcasing how shared goals among multiple entities can lead to positive outcomes.

Connections with Local Schools: In most domains surveyed, only moderate levels of connection were endorsed with the local school system. In all categories 40-60% of respondents indicated that the school is "Connected: Attends some meetings and work is connected; not involved in decision making," as opposed to "Involved: Attends regular meetings; does not influence decision making" and "Actively Involved: Attends regular meetings and participates in making decisions." In short, there appears to be room for improvement in terms of collaboration between the local school systems and community partners.

Concrete Supports. In terms of accessing concrete supports, critical needs in affordable housing and transportation were endorsed. Importantly, respondents indicated that there are a wide variety of barriers to accessing concrete support services, including a lack of knowledge, a lack of transportation, limited availability of resources, and difficulty in completing applications. Churches and informal networks were identified as critical modes for individuals to get concrete support services.

Mental Health. Communities identified a lack of mental health services as a major problem. Accessing mental health was rated as more difficult than parenting supports or other therapeutic interventions (e.g., physical, occupational, or speech therapy). The critical need for more providers, particularly providers accepting Medicaid and those having appointments outside of business hours was cited. Moreover, stigma in receiving mental health services was a major barrier and the need for services to be offered in spaces other than mental health offices was discussed.

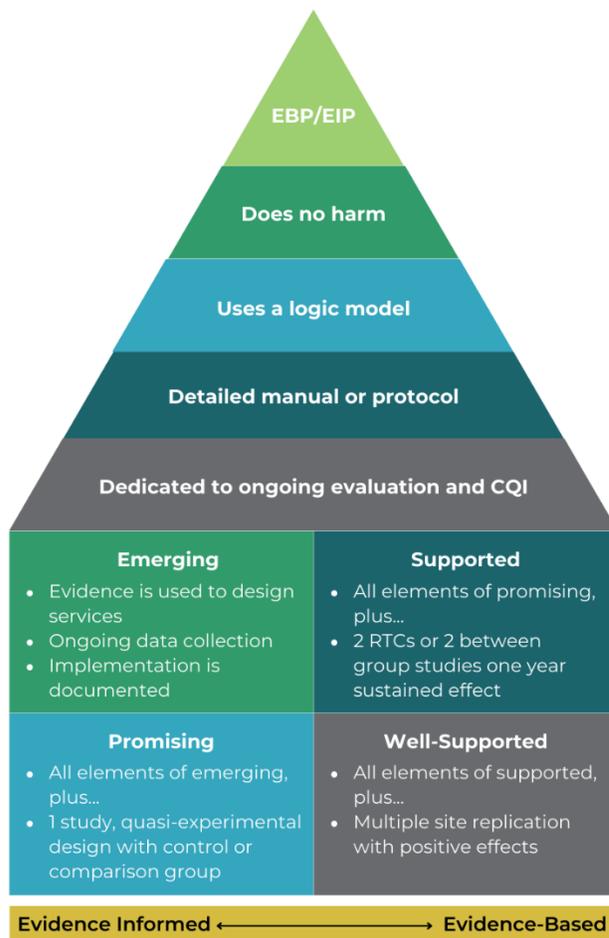
Appendix A: Evidence-based Programs and Practices

What is evidence-based practice?

Engaging in evidence-based practice is becoming an expectation in many different human services settings. In this appendix, the evidence-based practices of Nebraska Children and Families Foundation will be detailed. However, it is first necessary to define evidence-based practice. All evidence-based practice is derived from quality research. The proposed mechanisms of change that an evidence-based practice seeks to alter are drawn from this research, as are the approaches to create change. Evidence-based practice includes selecting evidence-based programs but also engaging in ongoing quality improvement and documentation practices. Multiple definitions for evidence-based practice and criteria for levels of evidence exist.

Nebraska Children and Families Foundation uses a classification system developed by the Family Resource Information, Education, and Network Development Service (FRIENDS) on behalf of the National Center for Community-Based Child Abuse Prevention (CBCAP), a federally mandated Training and Technical Assistance Provider for CBCAP lead agencies (Figure 8). In this system, all evidence-based practices have a grounding in research, have a clear theoretical framework, often articulated in a logic model, have a detailed protocol or manual, engage in on-going evaluation and continuous quality improvement (CQI), and does not cause harm (<https://friendsnrc.org/evaluation/evidence-based-practice/>).

Figure 8



Building on this base are four levels of evidence: emerging, promising, supported, and well-supported (Figure 8).

- Emerging:** Emerging practices are designed based on research and evidence of effective practices. Developers and practitioners collect data continuously during the application of the practice in order to monitor effectiveness and the implementation processes that support the practice are well documented.
- Promising:** Promising practices contain all the elements of emerging practices. Additionally, Promising practices have demonstrated effectiveness in one study with a quasi-experimental design (QED). A QED is a study where a group of individuals engaging in the practice is shown to have greater improvement or fewer problems than a similar group of individuals not engaging in the practice.

- **Supported:** Supported practices contain all the elements of Promising practices. Promising practices additionally have two QED or randomly controlled trials (RCTs) with at least one year of follow-up data showing the effectiveness of the practice. An RCT differs from a QED in an important way. In a RCT one group of people is *randomly* assigned to the control group or the group engaging in the promising practice. RCTs are considered superior to QEDs, because while QEDs try to have two very similar groups, there may be (and often are) systematic differences between the two groups. An RCT, because of the random assignment, is likely to only have random differences between the two groups. This allows for stronger conclusions to be drawn.

It is important to note that evidence-based practice ratings are as much a measure of how long a practice has been in existence as a measure of its quality. The absence of evidence does not imply that a program is necessarily ineffective, simply that its effectiveness has not yet been demonstrated. Nebraska Children and Families Foundation is actively working to demonstrate the effectiveness and impact of our practices and different practices are in different stages of development.

Evidence-Based Ratings for Specific Practices

Nebraska Children and Families Foundation and the Community Collaboratives utilize a number of practices with varying degrees of evidence currently available. They are described below and in Table 17.

Coaching. Coaching is currently rated as “Emerging.” Coaching takes place through both Central Navigation and the Connected Youth Initiative (see section “Community Response Coaching”). Academic research provides some evidence of the effectiveness of coaching in preventing or reducing homeless (Holmes & Burgess, 2021), increasing employment (Hoven et al, 2016), and reducing juvenile justice involvement in those involved in the child welfare system (Davis et al, 2018). While these studies are of high quality, their designs do not allow for a rating of Promising currently.

Concrete Support. Concrete Support is currently rated as “Promising.” Concrete supports include the direct payment of bills for essentials, including rent, utilities, and transportation (see section “Support Services Funds”). The direct provision of concrete supports has been shown in a QED to have a positive impact on placement stability in child-welfare involved children (Winters et al., 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Connected Youth Initiative (CYI). CYI is currently rated as “Promising.” CYI consists of a number of practices, including coaching and concrete support, that is coordinated explicitly for youth and young adults between the ages of 14 and 26. CYI as a whole was assessed by Nebraska Children and Families Foundation in collaboration with WestED. This evaluation consisted of a QED which found CYI participation was associated with improvement in the safety and stability of housing, financial stability, and reduced utilization of emergency care (WestED, 2020). As only one study is currently available, a “Supported” rating is not possible for this practice.

Parents Interacting With Infants (PIWI). PIWI is currently rated as “Emerging.” PIWI is grounded in research on child development (McCollum, et al, 2001). A sufficiently rigorous evaluation of PIWI has not yet been conducted to allow for the rating of “Promising.”

Parent-Child Interaction Therapy (PCIT). PCIT is one of the best studied parent-child interventions and is “Well-Supported.” (<https://www.cebc4cw.org/program/parent-child-interaction-therapy/>)

Table 15

Evidence-Based Ratings for Select Programs and Practices

Programs and Practices	Evidence Rating Level	Community(ies) Implementing the Program or Practice	Additional Source(s) of Supporting Evidence
Concrete Supports	Level II: Promising		Winters, D.E., Pierce, B.J., & Imburgia, T.M. (2020). Concrete services usage on child placement stability: Propensity score matched effects. <i>Child and Youth Services Review</i> , 118:105353. Doi 10.1016/j.chilyouth.2020.105362
Coaching	Level I: Emerging		<ul style="list-style-type: none"> Hannah Holmes & Gemma Burgess (2021) Homelessness Prevention through One-To-One Coaching: The Relationship between Coaching, Class Stigma, and Self-Esteem, <i>Housing, Theory and Society</i>, 38:5, 580-596, DOI: 10.1080/14036096.2021.1887348 Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2016). Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People. <i>Research on Social Work Practice</i>, 26(6), 668-674. https://doi.org/10.1177/1049731514562285 Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. <i>Psychiatric Rehabilitation Journal</i>, 41(4), 266.
Parents Interacting with Infants (PIWI)	Level I: Emerging	Community & Family Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	McCollum, J.A., Gooler, F, Appl, D.J., & Yates, T.J. (2001). Enhancing Parent-Child Interaction as a Foundation of Early Intervention. <i>Infants and Young Children</i> , 14(1), 34-45.
*Connected Youth Initiative (CYI)	Level II: Promising	All Communities	<p>WestEd. (2020). Evaluation of the Connected Youth Initiative: Final Report. https://www.wested.org/wp-content/uploads/2020/10/CYI_Final_Report_FINAL-1.pdf</p> <p>The California Evidence-Based Clearinghouse. (2018). Opportunity Passport. https://www.cebc4cw.org/program/opportunity-passport-sup-tm-sup/</p>

Circle of Security Parenting (COSP)	Level I: Emerging	Families 1 st Partnership, Growing Community Connections, Hall County Community Collaborative, Panhandle Partnership	Circle of Security International . (2021). Research. https://www.circleofsecurityinternational.com/circle-of-security-model/research/
Parent-Child Interaction Therapy (PCIT)	Level IV: Well-Supported	Community & Family Partnership, Families 1 st Partnership, Fremont Family Coalition, Growing Community Connections, Norfolk Family Coalition	The California Evidence-Based Clearinghouse . (2021). Parent-Child Interaction Therapy (PCIT). https://www.cebc4cw.org/program/parent-child-interaction-therapy/

Appendix B: Policy Change, Practice, and Community Engagement Efforts

Table 16

POLICY CHANGES

Community Collaborative	Policy Changes
Growing Community Connections	GCC has been actively involved in various policy-related activities. Here are some key areas: GCC Policy: GCC has worked with the board of directors on creating policies and procedures to ensure consistency, transparency, and accountability in operations and decision-making. Food Insecurity, Mental Health Advocacy, Childcare, and the Child Welfare system: GCC has facilitated discussions and meetings on food insecurity, mental health, child care, and the child welfare system, aiming to influence local policies and programs to better address these issues. Community Resources and Support: The organization has been involved in gathering and sharing information about local resources, which helps shape community support policies. Monthly and In-Person Meetings: GCC hosts regular Zoom meetings and in-person gatherings to discuss and advocate for various community needs and policies. These meetings serve as a platform for networking, sharing resources, and discussing policy impacts. Shout-Outs and Networking: The organization supports and facilitates policy-related networking opportunities through shout-outs and breakout rooms, allowing for discussions on policy issues and community needs. Collaborations with Local Organizations: GCC partners with local organizations to support their policy initiatives and collaborate on projects that align with GCC's goals. See successes
Community & Family Partnership	<p>Three childcare providers were licensed within the last year (in-home and center-based), along with the Collective Impact Director, presented barriers to becoming licensed to the NE DHHS Childcare Licensing Advisory Committee. Along with barriers, providers suggested how, from their lens, changes could be made to reduce the barriers mentioned.</p> <p>Receiving email updates from the Nebraska Legislature and DHHS</p> <p>Receiving email updates from First Five Nebraska</p> <p>Funding from Nebraska Presbyterian Church effective July 1, 2024, for implementing a Community Response Coach embedded into a Columbus manufacturing plant. The coach will be housed at the plant strategically before and after shift changes to be available to those needing navigation assistance.</p> <p>Along with the NE Dept of Transportation, CAUW/CFP presented the proposed transit system between Columbus and Schuyler to the City of Columbus Council, the City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners. Platte County Superintendents committed \$30K per year for three years for the proposed transit system. NDOT, CAUW/CFP to return to governmental bodies and request a financial commitment from them in quarter 3 2024.</p> <p>Schuyler Economic Development votes to approve change to Schuyler Economic Development plan to include LB840 revision to approve childcare as an approved business.</p>
Hall County	Effectively worked with City Council to allow Child Care Home IIs to be allowed in Grand Island. Only one other city in the state did not allow CCHIIIs. We worked with Economic Development and city government as well as childcare providers, DHHS, and community members to develop testimony for the City Council. Teresa testified as well. The ordinance was passed.

Saunders County Active Community Team	Assisted Nebraska Crime Commission Community-based Aid and Director of Diversion in partnership with UNO in developing and piloting the NSAT (Nebraska Screening and Assessment Tool). This tool is tailored to Nebraska youth being screened for diversion eligibility in Nebraska. It's a tool made for Nebraska youth to match our youths' needs. This was implemented at the end of last year and began in full swing across the majority of the state in 2024.
Santee Sioux Nation	Flex funding shall be provided to residents who reside on the Santee Indian Reservation
	There shall be a \$250 issuance limit for flex funding per 120 days
	Use of flexible funds shall be tied into an individual's plan of care (i.e., treatment plan)
Holt/Boyd Community Connections	Partnered with National Center for Families Learning to pilot a new parent engagement program at O'Neill Middle School.
4-County Collaborative	Collab Coordinator testified before the Unicameral committee regarding proposed cuts to behavioral health funding to the Behavioral Health Regions
Dawson County Family Partners	PLA Involvement
	LB1173 work
Lift Up Sarpy	Landlord/Tenant Rights
	School Nutrition
	Encampment Laws
	Childcare
Valentine Children and Families Coalition	community meetings to bring knowledge of the activities of VCFC
	UNMC Assessment
Buffalo County Community Partners	Double Up Food Bucks Partnership with Farmer's Market and the University of Nebraska Kearney improved data collection methods
	Youth Legislative Days
	Through The Eyes of the Child
	Partner feedback and food security data influenced the roll out of the federal summer EBT food program.
	County Commissioners funding Early Childhood Scholarships and Licenses (TM)
	Board Resolutions honoring Buffalo County Youth Advisory Board
	Coalition for Strong Nebraska, American Democracy Project, and Civic Nebraska partnered with Buffalo Co. Youth Advisory Board for legislative education and civic engagement discussions. (LB929, LB1200)

Table 17

PRACTICE CHANGES

Community Collaborative	Practice Changes
Growing Community Connections	Training credit for Iowa and Nebraska childcare providers -The Child Care Solutions Group, comprising partners from Iowa and Nebraska, collaboratively supported the Nebraska Early Learning Coordinator's application to become a partnering approved training entity in Iowa. This collective effort enables Iowa childcare providers to earn training credit by participating in the Childcare Provider Gallery Walk. By working together, the group has streamlined the process for cross-state recognition of professional development opportunities, enhancing the quality and accessibility of training for providers across both states. This partnership fosters regional collaboration and strengthens the overall support system for childcare professionals.
Community & Family Partnership	<p>Creation of a Community Response policy designed to deliver professional, trauma-informed services in one document for standardization of our work as all coaches and Central Navigators are in-house staff with CAUW/CFP.</p> <p>CFP's Community Response team decides to decrease the cap on mental health vouchers from 10/person to 8/person due to increased requests and to be fiscally responsible.</p>
Hall County	<p>Part of the Childcare Coalition evaluation of current gaps in childcare and participating in Healthy Nebraska's efforts to increase adequate prenatal rate in Hall County.</p> <p>HELP- part of the Leadership Team. Assisting with distribution.an assessment of SDOHs within the city of Grand Island</p> <p>The City of Grand Island is conducting a housing assessment- and assisting with translation and distribution.</p> <p>CDHD conducting the Community Health Needs Assessment in partnership with the four area hospitals.</p> <p>Became site for Health Families America – an evidence-based home visitation program for pregnant persons and children up to age three.</p>
Saunders County Active Community Team	<p>Require all families who receive funding to complete the required demographics paperwork, identify needs and resources available, complete the survey, and meet with us in person to develop an ongoing plan if the person is unemployed and/or doesn't have a concrete plan for future financial sustainability.</p> <p>Require families who return for assistance within 6 months to participate in referred services prior to receiving assistance again. Only allow the family to receive assistance 2x annually if it doesn't participate in referred services.</p> <p>Partnership with area providers to accept referrals from ACT Community Response for referred services to assist families. Examples of referred services include, but are not limited to, the following: Early Development Network, Head Start, Family Youth Investment, YESS Program with Workforce Development, Southeast Community College programs, Vocational Rehabilitation, and more.</p> <p>Require all families to be entered into Find Help.</p> <p>Development of a coaching and central navigation format</p> <p>Require those with lived experience to voice ideas and experience when implementing new programs</p>

Norfolk Family Coalition	Turnover was high for the agencies that we contracted for our coaching. So, we created an onboarding packet for the advocates who do coaching for our families. We included budget guides to help make a budget, local resources and forms that are needed. This was to help make coaching the same at each agency.
Community IMPACT Network	Employ Hastings Workgroup convening
	Housing Leadership Group
	Community Response Assistance Tracking
Sandhills Community Collaborative	Qualifications for community well-being assistance
	Focusing on prevention funding, we changed our language to reflect one-time category assistance so public funding is not abused.
	Working with area agencies to meet needs of clothing and food insecurities
Families 1st Partnership	Question/answer flow for the new Central Navigator
	Continuous promotion of ER Funds to cover the housing needs of residents
	Working with Lean Eye to examine processes and practices—ID those that could be streamlined or improved—particularly data system and access
Holt/Boyd Community Connections	Partnered with local communities to continue to stock the new Emergency Food Pantries in their towns.
Dawson County Family Partners	More involved Coaching for clients than just help financially
	State plan work
	coaching program detailed work
Lift Up Sarpy	Truancy
	Fair Housing
	Foster Care - Aging Out
Buffalo County Community Partners	DHHS- Engaged in Latino Dialogue to create best practices on SDOH for health departments to adopt/implement in communities.
	Updated Employee Policy and Procedure
	Updating procedure/process of recruiting and training volunteers for the Collaborative and Steering Committee
	Youth reviewing legislative bills to select a priority bill to educate others
	Youth Advisory Board hosted a parents and community engagement night to educate parents and supportive adults on their work.
	Coaching changes or practices (pay \$200 upfront for immediate needs, \$1000 incentives); worked with local agencies to change processes to improve efficiencies
	Implemented READI volunteer survey to recruit and gauge diversity within coalition groups
	ERA2 staff building and strengthening tenant/landlord relationships for housing stability



Table 18

COMMUNITY ENGAGEMENT

Community Collaborative	Community Engagement
<p>Growing Community Connections</p>	<p>Growing Community Connections is collaborating with South Sioux City Community Schools to gather community feedback for the 24-25 academic year, focusing on Engaging Community and District Facilities. As part of this initiative, we are conducting a research project to understand community perspectives on key issues within the school district. This summer, we are hosting a series of input sessions and inviting partners to participate in one of these groups. South Sioux City Community Schools has engaged Creative Entourage Research, an independent firm, to facilitate these sessions.</p>
	<p>GCC has facilitated networking opportunities through its meetings, including 'birds of a feather' breakout rooms where attendees can discuss specific issues and collaborate on solutions. This networking helps in identifying gaps and working towards practice improvement.</p>
<p>Community & Family Partnership</p>	<p>Proclamation of April as Child Abuse Prevention Month – City of Fullerton</p>
	<p>Proclamation of April as Child Abuse Prevention Month – City of Genoa</p>
	<p>Proclamation of April as Child Abuse Prevention Month – City of St. Edward</p>
	<p>Proclamation of April as Child Abuse Prevention Month – City of Schuyler</p>
	<p>Along with the NE Dept of Transportation, CAUW/CFP presented new transportation survey data from community members and businesses to Columbus and Schuyler to the City of Columbus Council, City of Schuyler Council, Platte County Superintendents, and Colfax County Commissioners. Education was provided on the topic of transportation being a barrier for many of our families and community members. Platte County Superintendents commit \$30K annually for three years for transit system pilot. CAUW/CFP to return to governmental bodies and request a financial commitment from them in quarter 3 of 2024.</p>
	<p>Invited judges in the four-county area to the April CFP collaborative statewide partner meeting.</p>
	<p>CFP hosted a statewide partner meeting earlier this year to educate state officials on the collaborative's work and connect with them about CFP's priority areas. The First Lady was present at this meeting.</p>
	<p>Contract staff in Schuyler for Continued Communities for Kids+ work met with Schuyler Economic Development (SED) on the topic of LB840 funds and amending the plan to include childcare businesses to access LB840 funds. SED approved this recommendation, and the next step for the SED board was to take this recommendation to the July City Council meeting for approval.</p>
<p>Food access and food security meetings within the CAUW/CFP service area to include community conversations on the topic and fresh produce distribution to agencies who provide services to those in need of food.</p>	

Hall County	The practice change here is that the local health department agreed to take on programs that are evidence-based and effective programs when the collaborative dissolved. This was done for the community and in the interest of serving families. The goals and objectives of the H3C programs align well with CDHD priority areas, which are access to health care, quality childcare, and access to behavioral health. We are demonstrating that local public health departments can serve as backbone agencies if that is the community's will and if the health department has the capacity and will to do so.
Saunders County Active Community Team	<p>Provide the county board with an annual update on community response efforts and data in our county to demonstrate the great work that's being done.</p> <p>active on social media to spread the message and resources community response provides</p> <p>Saunders County Fair- run rides to bring awareness to our agency's mission</p> <p>Sponsor a hole at a golf tournament to raise awareness of our collaborative's mission and funds for the program. The county's most prominent constituents attend and participate in this event.</p>
Norfolk Family Coalition	<p>During our Early Childhood Community Conversations, we invited several important community partners: the Mayor, NPS superintendent, county attorney, and city economic developers.</p> <p>The Norfolk Family Coalition also partners with the Norfolk Area Childcare Collaborative, which is working to bridge the childcare GAP with business partners to open childcare centers in Norfolk. Our community has focused a lot of attention on this.</p> <p>Senator Dover organized a meeting to discuss child care needs at a legislative level and efforts in Northeast Nebraska to address early childhood care and education issues. The meeting was postponed to November 2024.</p>
Community IMPACT Network	<p>Spanish radio outreach and marketing of the ERA</p> <p>Pinwheels for Prevention</p> <p>Prenatal Plan of Safe Care Outreach</p> <p>Inclusion of Coalition for a Strong Nebraska in planning for Coordinator Convening and 2 collaborative meetings to help update the network on legislative actions</p> <p>Invitation to report on senator's priorities during the December collaborative call</p> <p>Opposition email and call to LB388 to Senators Murman and Halloran</p> <p>Invitation of City Council members to Bridging Forward graduations</p>
Sandhills Community Collaborative	Reconnecting with County Judge on Through the Eyes of the Child
Santee Sioux Nation	A focus group hosted by Santee's collaborative evaluator was held in Santee. In the focus group, they discuss issues within the community, such as the lack of childcare. The group held members of the community.
The BRIDGE Family Resource Connector Network	<p>Connecting families to navigation through the Juvenile Assessment Center</p> <p>BRIDGE Advocacy Committee comprised of board members, funders, and advisory members</p>

Families 1st Partnership	Have several different notetakers at Quarterly Collaborative meetings to get coverage of information from various perspectives—also engages organizations more
	More aggressive social media push to keep partner information shared continuously, as well as state-wide agency information pushed out. (NAMI, SAMHSA, Zero-Three, Nebraska 1st Five, NCFF, Dept of Transportation, PTI NE, Boys Town, UNL Extension, NE Game & Park, Sparky the Fire Dog, Region 51 Emergency Management)
	Bring in more statewide resources to offer to the community—NE PTI, Dept of Transportation, Munroe-Meyer Institute (Disabilities Case Management)
Holt/Boyd Community Connections	The Mayor and a city council member are on the core group for the new Family Learning Community project in O'Neill
Dawson County Family Partners	Landscape Assessment
	Through the Eyes of the Child
	Increased interactiveness with coaching clients
	Increased use of social media to notify community (food pantry)
	Sock and school supply giveaway
	Diaper Give Away
Lift Up Sarpy	Collaborative Mtgs - Weekly invites
	Housing for Veterans & Workforce
	Legislative Coffees
	City Council Meetings
Buffalo County Community Partners	Buffalo County Youth Advisory Board meetings
	Nonprofit Association of the Midlands Roundtable Conversation
	Monthly Buffalo County Collaborative and Collaborative Steering Committee Meetings
	Monthly Buffalo County Housing Task Force Meetings
	Monthly Positive Pressure/Opioid Task Force meetings
	Monthly Salud Para Todos Meetings
	Monthly Food Leaders Task Force Meetings
	Monthly Board Committee Meetings

Appendix C: Logic Model



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LOGIC MODEL

INPUTS

Organizations and assets being leveraged to conduct strategies and activities.

- Nebraska Children backbone, programs, and initiatives
- Community Collaboratives
- Lived-experience partners
- Government partners: local, state, and federal
- Partner organizations (e.g., United Way, Central Plains, Munroe-Meyer Institute)
- Funders
- Business Community
- Healthcare providers/ healthcare system
- Local school systems
- Early Childhood, Childcare, and Extended Learning Opportunity Providers



STRATEGIES AND ACTIVITIES

Actions and approaches that NCFE and partners are taking to make change.

- Assessing and understanding the needs of youth and families and connecting them to supports and resources aligned to their needs
- Supportive Coaching for youth and families
- Direct Concrete Supports to Youth and Families
- Training/TA/PPD
- Coaching for professionals
- Policy/Advocacy work
- Infrastructure Support
- Channel funding to partners
- Coalition building/community convenings
- Family and youth engagement/Lived-experience partner engagement



Results Area 1: Health and General Well-Being

Access to Quality Care				
	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	<ul style="list-style-type: none"> # referrals to and from healthcare providers, including medical and behavioral healthcare and early intervention services Increased support when establishing and maintaining a medical home # applications to insurance programs (Medicaid, CHIPs) Increased support for and education on the importance of seeking help # of community actions/ activities focused on improving access to medical and behavioral healthcare # of health departments, federally qualified health centers, and regional behavioral health entities engaged as partners 	<ul style="list-style-type: none"> Increase knowledge of healthcare options and how to access care Increase medical insurance coverage Increase referral rates to and from medical/behavior providers Change in knowledge and skills aligned with social-emotional well-being across all sectors of the community 	<ul style="list-style-type: none"> Increase the proportion of youth and families with a medical/behavioral home Increase capacity for communities to access appropriate mental health services Change in behaviors demonstrating Social-Emotional well-being Decreasing stigma around accessing services 	<ul style="list-style-type: none"> Positive changes in Social Determinants of Health, specifically: <ol style="list-style-type: none"> Housing Utilities Food Security Transportation Employment/Income Community Support Physical & Mental Health access Education
	STRATEGIES AND ACTIVITIES			

Reducing Child Welfare and Other Systems Involvement

Reducing Child Welfare and Other Systems Involvement					
INPUTS	STRATEGIES AND ACTIVITIES	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
		<ul style="list-style-type: none"> • # of referrals to services for vulnerable youth and families • # and \$ of concrete support/resources to vulnerable youth and families • # trainings/technical assistance for providers/community on root causes of system involvement • Advocacy for improved policies towards vulnerable youth and families • # of youth and families with Plan of Safe Care in place • # of calls to the warm line • # of calls to DHHS/CPS hotline • Proportion of substantiated vs unsubstantiated cases of abuse 	<ul style="list-style-type: none"> • Decrease rates of screened-out calls • Increase the proportion of parents/families with plans of safe care • Increase referrals to community supports • Increase availability and access to Community supports • Increase number of youth receiving targeted supportive services when exiting government systems of care (e.g., child welfare, justice systems) 	<ul style="list-style-type: none"> • Reduce child welfare rates • Increase the efficacy of the no wrong door system • Youth and families exiting government systems of care have increased support and resources to succeed and not re-enter the system 	<ul style="list-style-type: none"> • Reduction in multi-generational involvement in government systems of care • Decrease rates of CFS removals of newborns due to substance abuse • Decrease rates of repeated formal entrance government systems of care



Access to Community Resources Promoting Wellness

Access to Community Resources Promoting Wellness					
INPUTS	STRATEGIES AND ACTIVITIES	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
		<ul style="list-style-type: none"> • # Community engagement/ community building activities • Youth and Parent leadership/advocacy: <ul style="list-style-type: none"> ◦ # activities; ◦ # people ◦ # of extended learning opportunities • #Parks Departments engaged as partners • # of community actions/ activities focused on improving community wellness 	<ul style="list-style-type: none"> • Increased community voice in spending on community wellness 	<ul style="list-style-type: none"> • Increased participation in recreation and wellness activities 	<ul style="list-style-type: none"> • Increased community wellness



Results Area 2: Education and Career

Early Learning Systems				
	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	<ul style="list-style-type: none"> # childcare operators receiving assistance in opening/licensure # trainings/PD for childcare providers, early childhood educators and home visitors \$/\$ scholarships, tuition assistance # Childcares participating in programs to increase quality # and attendance at whole family growth and development opportunities Policy/advocacy work to support the early childhood space Dollars invested in early care and education infrastructure # referrals to community prevention system from early childhood programs and providers (and vice versa) 	<ul style="list-style-type: none"> Increase access to quality early childhood care and education Increased family literacy behaviors Positive change in parent skills, parenting skills and parent-child interactions 	<ul style="list-style-type: none"> Increase in the capacity of early childhood care and education Increase children's early literacy Increase children's social-emotional skills Increase in resourcing for education 	<ul style="list-style-type: none"> Integrated high quality early childhood care and education infrastructure Increase rate of kindergarten readiness Qualified and committed early childhood care and education workforce Decrease educational disparities based on SES and race
	STRATEGIES AND ACTIVITIES			



K-12 Grade Level Success					
		OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	STRATEGIES AND ACTIVITIES	<ul style="list-style-type: none"> • # and attendance at whole family growth and development opportunities • #referrals to community prevention system from schools • # of community/school partnerships • Student attendance rates • # of out of school time programs • Attendance in out of school time programs • # of grants or dollars distributed for community/school activities • Policy/advocacy work to support the K-12 space 	<ul style="list-style-type: none"> • Increase Kindergarten readiness • Increases in family engagement with their child's education • Increase integration of community prevention systems into the school system • Increase attendance in out of school time programs • Increase in school/community-based activities 	<ul style="list-style-type: none"> • Increase on-time grade level progression and success • Decrease educational disparities based on SES and race • Increase in attendance rates • Increase in mindsets supporting school/community partnerships (for example Global Rubric) • Increase in resourcing for education 	<ul style="list-style-type: none"> • Increase in graduation rates • Increase enrollment in post-secondary opportunities • Increase in sustained community/school collaborations • Decrease in Absenteeism • Decrease in juvenile crime (3-6 pm) • Increase in number of out of school time programs across the state

Post-Secondary and Career Pathways

	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	STRATEGIES AND ACTIVITIES <ul style="list-style-type: none"> • # referrals to community prevention system from schools • # participants in coaching among vulnerable/disadvantaged youth in existing Career Academy high school programs • # of grants or dollars to support post-secondary education • # of workforce development projects • # of students engaged in workforce development • # of post-secondary partnerships • # of career pathways partners • # of workforce development pathways • # of students participating in workforce development pathways • # of STEM Family Engagement activities • # of partnerships in communities where workforce development pathways are built 	<ul style="list-style-type: none"> • Increase high school graduation rates • Increase enrollment in postsecondary opportunities including job training (internships, apprenticeships, etc.) • Increase knowledge of disparities • Increase awareness of how out of school time opportunities in middle & high school • Increase first-year retention/completion in postsecondary education programs 	<ul style="list-style-type: none"> • Reduce disparities in Educational Attainment • More students involved in workforce development pathways and opportunities in diverse workforce development pathways • Increase investment by communities in workforce development pathways 	<ul style="list-style-type: none"> • Increase earning power • Increase job mobility and stability



Results Area 3: Economic Stability

Childcare Capacity and Access					
		OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	STRATEGIES AND ACTIVITIES	<ul style="list-style-type: none"> # childcare operators receiving assistance in opening/licensure # policy changes advocated for # coordination activities with statewide partners 	<ul style="list-style-type: none"> Build capacity to increase workforce for and access to childcare Increase in resourcing for families with childcare needs Decrease stigma around accessing services/assistance 	<ul style="list-style-type: none"> Increase in workforce and access of childcare Increase in business involvement in childcare solution 	<ul style="list-style-type: none"> Improvement in childcare landscape to support parental choice Changes in policy that impact childcare subsidies Reduction in childcare gap number High return on investment for early childcare investment in community

Safe and Stable Housing

Safe and Stable Housing					
		OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	STRATEGIES AND ACTIVITIES	<ul style="list-style-type: none"> # referrals to community partners for housing related support (Community Action, legal aid, etc.) #/\$ distributed for concrete supports in housing (e.g., utilities, security deposits) # of youth and families participating in coaching with housing as a goal 	<ul style="list-style-type: none"> Increase in flexible funding resources to support direct concrete supports to families in housing/utilities Increase utilization rates of public benefits (LIHEAP, TANF, PHAs, Medicaid, SNAP) Decrease stigma around accessing services/assistance 	<ul style="list-style-type: none"> Following receipt of direct concrete supports for families in housing/utilities, fewer families return for additional support 	<ul style="list-style-type: none"> Increase in earned income Increase in non-cash benefits Increase in employment Increase in educational attainment



Wages and Income

Wages and Income					
		OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	STRATEGIES AND ACTIVITIES	<ul style="list-style-type: none"> • # of job training referrals • # of job applications through coaching • # of students enrolled in post-secondary education/apprenticeships/certificate programs • # of students engaged with career academies in high school • #first time participants trained in Youth and Families Thrive 	<ul style="list-style-type: none"> • Increase in attending job trainings • Increase in completing job trainings • Increase funds for trainings/access • Build relationships with employers • Build relationships with tech programs/colleges 	<ul style="list-style-type: none"> • Increases in employment rates • Increase post-secondary completion rates (certifications/apprenticeships/college/training) 	<ul style="list-style-type: none"> • Increases in overall wages and income. • Increases in job mobility and stability • Decrease unemployment rates • Increase in benefits

Food Security

	OUTPUTS	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Outcomes
INPUTS	<p style="text-align: center;">STRATEGIES AND ACTIVITIES</p> <ul style="list-style-type: none"> • Expand local food distribution channels • Increase local market opportunities • Statewide collabs have food security plans • Local food marketing and advertising plan • Robust technical assistance network 	<ul style="list-style-type: none"> • Decrease stigma around accessing food • Increase accessibility to food resources including coaching/training • Increase utilization of underused resources like Double-Up 	<ul style="list-style-type: none"> • Decrease in the number of food deserts across the state • Reduction in the number of families facing food insecurity. 	<ul style="list-style-type: none"> • Lower disproportion of minority families experiencing food insecurity • Reduce the # of families needing public food support • Communities have food security plans like LNK 2045 master plan



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Children's Justice Act Three-Year Assessment and Annual Report, 2025

Nebraska Commission for the Protection of Children
Submitted February 28, 2025

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Executive Summary

The report that follows serves as the State of Nebraska’s Children’s Justice Act (CJA) Three-Year Assessment and reviews and evaluates Nebraska’s handling of cases of child abuse and neglect, required pursuant to 42 U.S.C. §5106(c)(d). It also serves as the annual report on CJA activities from March 2024 – February 2025. During this timeframe, the Commission met four times quarterly and worked towards addressing the recommendations from the 2022 Assessment.

This report was prepared on behalf of the Nebraska Commission for the Protection of Children (Commission), which serves as Nebraska’s CJA Task Force. For this assessment, the Commission drew information from the work of its subcommittees, results from a comprehensive survey of MDT members across the state, activities conducted at two Commission meetings, and work of the MDT Committee, and publicly available data. The following areas were identified as priorities by the Commission for review as part of its 2025 Three-Year Assessment:

- Information sharing between multidisciplinary team members during Child Abuse and Neglect Cases
- Information gathering amongst multidisciplinary team members during Child Abuse and Neglect Cases
- The purpose of medical exams provided by child advocacy centers

Based on the results of this 2025 assessment, the Commission makes the following recommendations to the State of Nebraska to improve children’s justice:

1. Continue efforts to enhance MDT functioning through training and technical assistance on protocols, roles and responsibilities, and case review.
2. Identify strategies to improve communication and the sharing of reports between multidisciplinary partners in order to complete a comprehensive assessment and facilitate a thorough investigation.
3. Create statewide recommendations and best practices for immediate MDT coordination on open investigations in sensitive cases, like fatalities, near fatalities/serious injuries, human trafficking.
4. Increase awareness and access to mandatory reporter training.
5. Identify strategies to increase education and awareness of medical examinations conducted at child advocacy centers.
6. Enhance collaboration with child advocacy centers through training and education.
7. Increase awareness and access to existing resources created by the MDT Committee.

The Commission will monitor and assist with the implementation of these recommendations as it is able over the course of the next three years.

This report also contains a comprehensive update on the action taken on the 7 recommendations which were made through the State of Nebraska’s 2022 assessment. The full chart can be found in the Appendix.

Introduction and Overview

This report represents Nebraska’s Three-Year Assessment, a requirement for maintaining eligibility for the Children’s Justice Act (CJA) grant. It provides a comprehensive update on three areas. The first area is the progress made in response to the previous recommendations from Nebraska’s 2022 CJA Three-Year Assessment. The second area includes an in-depth evaluation of multidisciplinary team (MDT) member practices in information sharing and information gathering, as well as their understanding of medical examinations conducted at child advocacy centers, with a focus on the years 2023 and 2024. Finally, the report outlines strategic recommendations that will guide the efforts of the Nebraska Commission for the Protection of Children (Commission) from 2025 through 2027.

Background on the Nebraska Commission for the Protection of Children

The Commission has two active subcommittees which have contributed important work to the assessment and have helped with system improvements identified in the prior three-year assessment:

- **Multidisciplinary Team (MDT) Committee:** This Committee was formed in 2016 to review the current practices and protocols of multidisciplinary teams (MDTs) across the state, the use of forensic interviews and CACs, the effectiveness of MDTs, and joint investigations between law enforcement and DHHS. It includes both Commission and non-Commission members from the larger community. This Committee was tasked with leading the Three-Year Assessment for the Commission in 2024.
- **Citizen Review Panel (CRP):** The CRP was developed in 2016 to focus on the review of serious injury and near fatality cases due to child abuse and neglect. It includes both Commission and non-Commission members from the larger community.

Three-Year Assessment Process

The Nebraska Commission for the Protection of Children (Commission) serves as the state’s Children’s Justice Act (CJA) Task Force. The MDT Committee was tasked by the Commission to lead the Three-Year Assessment throughout 2024 and the first few months of 2025 that resulted in this final report.

In the last quarter of 2024, the MDT Committee conducted a comprehensive assessment through an anonymous survey of MDT partners and judges statewide. Nearly 500 participants completed the survey, providing the MDT Committee with a broad overview of the needs to inform the next strategic plan. These results were reviewed at the December 2024 Commission meeting, where members participated in an activity to provide insight and feedback. The Commission agreed to prioritize the review of information sharing between MDT members, information gathering among MDT members, and the purpose of medical exams provided by child advocacy centers. The Commission tasked the MDT Committee with finalizing the report, focusing on these three areas.

Throughout 2024, the MDT Committee met regularly to gather resources, combine information, and review feedback from Commission members. Committee members offered their expertise to help formulate the report. The Commission then reviewed the information, assessment results, and discussed recommendations at its December 2024 and February 2025 meetings. Final revisions were made based on feedback from these meetings.

Progress since 2022 Three-Year Assessments

The Commission submitted its prior three-year assessment in 2022 with 7 different recommendations:

1. Continue efforts to enhance MDT functioning through training and technical assistance on protocols, roles and responsibilities, and case review.
2. Identify strategies to improve communication and the sharing of reports between multidisciplinary partners in order to complete a comprehensive assessment and facilitate a thorough investigation.
3. Create statewide recommendations and best practices for immediate MDT coordination on open investigations in sensitive cases, like fatalities, near fatalities/serious injuries, and human trafficking.
4. Recommend policy reforms to ensure key professionals (e.g. - medical, education) receive mandatory reporting training.
5. Assess the current Central Registry process as it relates to sexual abuse and sex trafficking for any needed policy and process improvements.
6. Create a statewide, culturally competent mandatory reporter training curriculum.
7. Provide training and education on youth problematic sexual behavior (PSB).

Over the past three years, the Commission has taken steps towards addressing recommendations from the previous assessment. The Appendix contains the full strategic plan with the status of each of the items identified.

Please note only two of the recommendations were completed. Barriers to the completion of the additional recommendations are outlined further in this report.

Completed Recommendations (2 of 7)

[Recommendation #5: Assess the current Central Registry process as it relates to sexual abuse and sex trafficking for any needed policy and process improvements.](#)

The Commission assembled heard a presentation from the Department of Health and Human Services about the Central Registry Process. This included information on expungement processes with cases that were court involved, involved specific types of abuse, or were repeat cases. At the same meeting, a panel of representatives of different disciplines presented on their data tracking systems, information sharing and the positive impact on team collaboration, and barriers such as staffing capacity and limited resources for rural areas. The lessons from information sharing are being included in the investigative protocol guide, which will encompass recommendations 1-3.

[Recommendation #7: Provide training and education on youth problematic sexual behavior \(PSB\).](#)

The Commission heard a panel of representatives across different disciplines present on the current community-based responses to youth with problematic sexual behaviors. Commission members learned about identification of problematic sexual behaviors, effective approaches to addressing those behaviors, and recommendations for improvement by multidisciplinary team members. Some of these suggestions were utilizing appropriate language across systems, educating and supporting schools, engagement and involvement of caregivers, and increasing the number of therapists that are qualified to treat this population.

Due to the barriers, the Commission focused efforts in additional areas that impacted the 2022 Three Year Assessment recommendations, such as:

- Expanding the triage center model that exists in urban child advocacy centers across the state.
- Enhancing the Child Abuse and Neglect hotline to include additional training, an online reporting portal, and statistical insights on emerging themes.
- Facilitating activities with Commission members around the investigative protocol guide, led by the MDT Committee.
- Providing legislative updates on bills affecting the child welfare system and their potential impact on investigations.
- Sharing information on child advocacy center's efforts to serve youth experiencing trafficking.
- Discussing programmatic efforts to serve high risk and missing youth in Nebraska.
- Presenting education and outcomes related to system-involved youth.
- Highlighting several initiatives by the Department of Health and Human Services.

Investigative Protocol Guide

In response to the recommendations outlined in the 2022 Three Year Assessment, the MDT Committee initiated the development of an Investigative Protocol Guide. This comprehensive tool is designed to equip MDT Coordinators and County Attorneys with essential resources, including statutory requirements and language examples. These resources can be utilized to create new investigative protocols or to cross-check and enhance existing ones, ensuring they meet current legal and procedural standards.

The development of this guide is an ongoing project, reflecting the Committee's commitment to continuous improvement and adaptation to evolving needs. With recommendations 1-3 in the 2022 Three Year Assessment, the project will extend into 2025, with the aim of incorporating it into the 2025 Three Year Assessment. By providing a standardized framework, the Investigative Protocol Guide will support more consistent and effective investigations across the state, ultimately contributing to better outcomes for children and families involved in the child welfare system.

2025 Three-Year Assessment Results

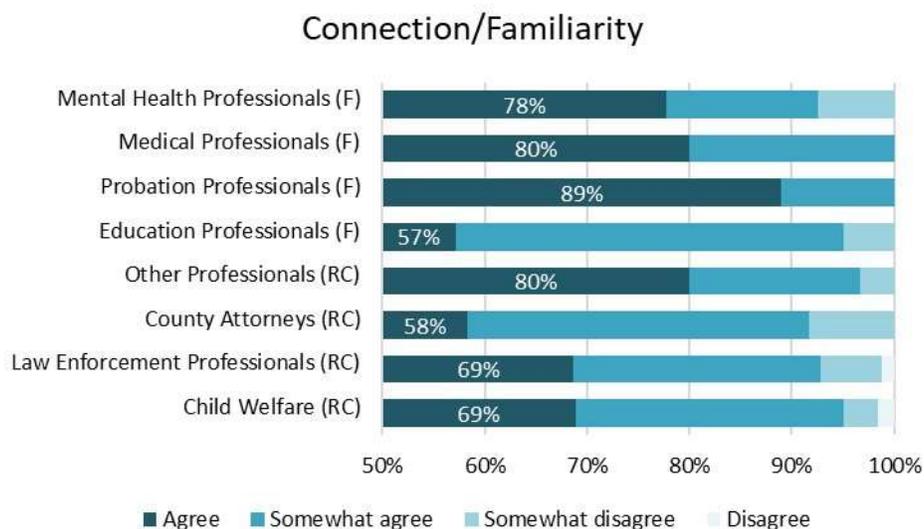
In 2024, the MDT Committee was tasked with conducting the assessment for the 2025 Three Year Assessment. A comprehensive survey with nearly 500 respondents was conducted. Those results were reviewed by Commission members through facilitated activities as well as MDT Committee members. The MDT Committee also reviewed publicly available reports on trends in the child protection and child welfare system over the past few years from the Office of Inspector General of Nebraska Child Welfare, the Foster Care Review Office, and the Department of Health and Human Services, Children and Family Services (DHHS).

The results of the survey and research were categorized into three areas of focus: Information gathering by MDT members, information sharing by MDT members, and medical exams provided by child advocacy centers.

1. Information Gathering by MDT Members

Respondents to the 2024 CJA Three Year Assessment survey were asked about their collaboration with local Child Advocacy Centers (CACs). The majority of respondents reported agreement with various items related to their connection or familiarity with their CACs and the collaborative information gathering activities. This indicates a general positive perception of collaboration with CACs among the respondents.

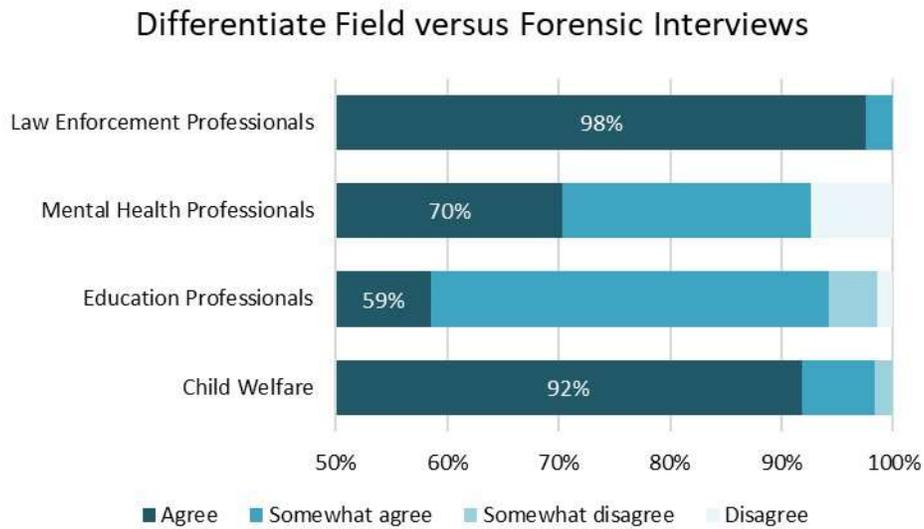
Figure 1: MDT member connection and familiarity with child advocacy centers



Nebraska Alliance of Child Advocacy Centers. (2024). Children’s Justice Act Three-Year Assessment Survey.

Further analysis reveals that the majority of law enforcement indicated they understand the difference between field interviews and forensic interviews. However, other professions reported a lower level of understanding. Addressing these gaps is crucial for ensuring that all team members are well-equipped to contribute information during multidisciplinary team meetings.

Figure 2: Understanding of the difference between an interview in the field versus an interview at a child advocacy center

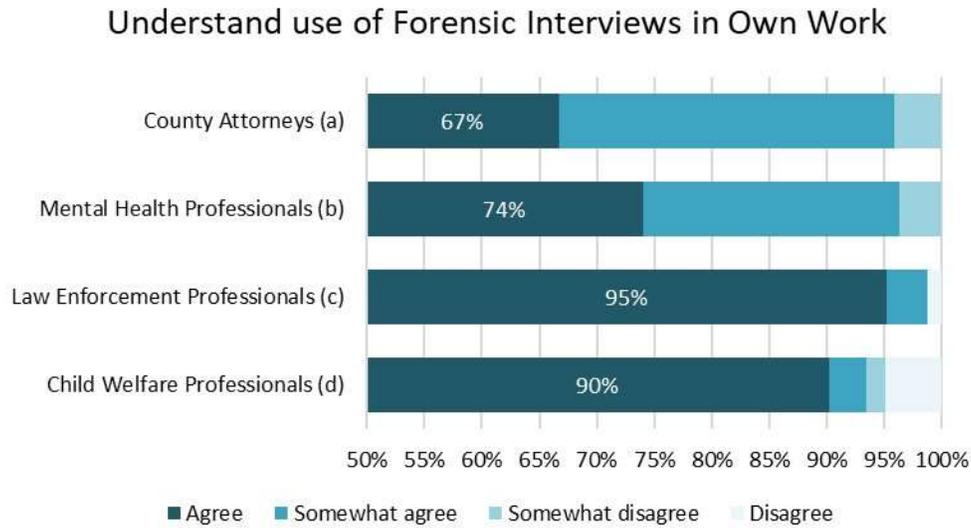


Nebraska Alliance of Child Advocacy Centers. (2024). Children’s Justice Act Three-Year Assessment Survey.

Figure 3 below includes the results of a combination of coded data from the following questions:

- I know how to prepare direct questions to ask forensic interviewers and medical personnel at trial.
- I understand when to coordinate with my local forensic interviewer when disclosures or recantation occurs during therapy.
- I understand my role in observing forensic interviews is to provide input and ask clarifying questions for the forensic interviewer to strengthen my investigation.
- I understand that in my role I can observe forensic interviews.

Figure 3: Understanding how a forensic interview can inform my work



Nebraska Alliance of Child Advocacy Centers. (2024). Children’s Justice Act Three-Year Assessment Survey.

The CAC plays a pivotal role in the child welfare system, providing specialized, trauma-informed assessments of children's health and safety. However, data collected highlights a gap in knowledge among some MDT members regarding their collaboration with CACs and the information gathering activities conducted collaboratively. This gap underscores the critical need to strengthen the collaboration between MDT members and CACs to ensure effective information gathering and comprehensive investigations.

Roles and Responsibilities

In the 2022 Three-Year Assessment report, it was noted that there continues to be concerns about the lack of knowledge around roles and responsibilities with MDT members.

The Outcome Measurement System (OMS) is a National Children’s Alliance tool that helps Child Advocacy Centers define their successes in serving children and families while helping them benchmark their progress against the work of a nationwide movement. The MDT OMS system is designed to collect feedback from MDT partners, the then results are used to demonstrate the impact of the team as well as improve services by identifying training needs. Upon reviewing the 2023 OMS results, it was found that only **52%** of the 512 respondents statewide felt that other team members understood their role on the team. Open-ended comments suggested this could be due to irregular attendance at MDTs and high turnover in the field.

The MDT Coordinator plays a crucial role in onboarding and orienting new MDT members. In 2023, the Nebraska Alliance of Child Advocacy Centers, the MDT Committee, and MDT Coordinators across the state developed an MDT Orientation Guidebook to help new members acclimate to the team. Given the data above, there is a continued need for training on existing tools to enhance the knowledge of MDT members across the state.

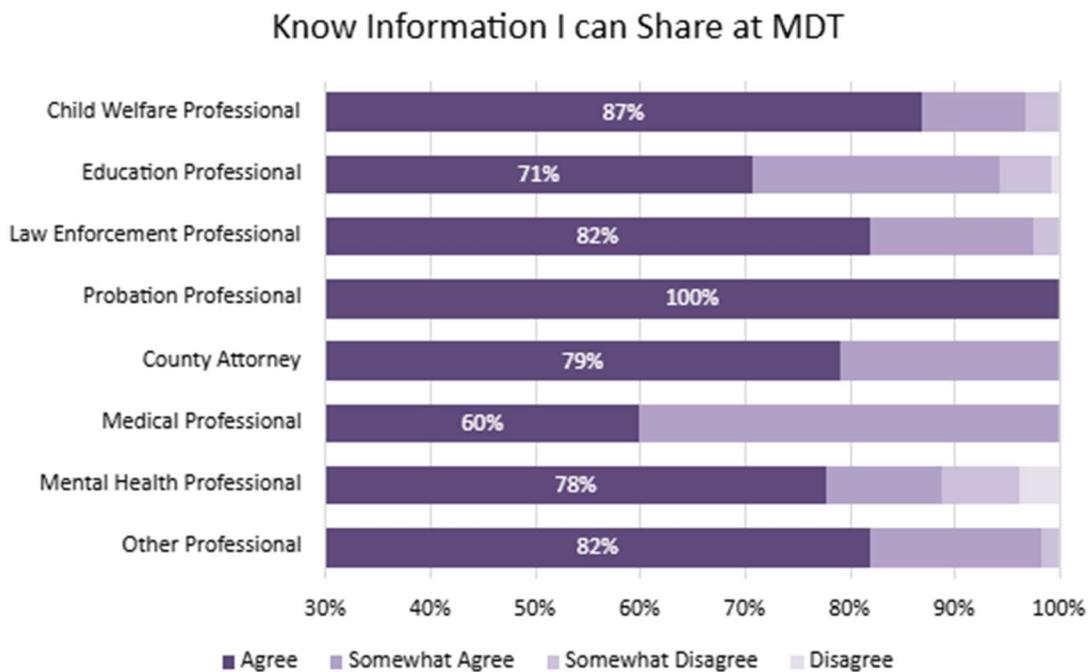
2. Information Sharing Amongst MDT Members

Respondents to the 2024 CJA Three Year Assessment survey were asked about their knowledge around information sharing amongst MDT partners and at MDT case reviews. The data reviewed by Commission and MDT Committee members indicated a continuous need to strengthen knowledge in this area.

Report Sharing at a MDT

Report sharing was identified as a need in the 2019 and 2022 three-year assessments. There are still reports of confusion regarding the reporting process. Upon reviewing the 2023 OMS results, out of 535 respondents statewide, **72%** of respondents indicated team members willingly share information relevant to their cases. This is consistent with the 2024 CJA Three Year Assessment survey, with an average response of **71.5%**. However, when broken down by profession in the figure below, one can see the mixed response levels throughout different disciplines. The Commission believes there is still education and training needing to be done in this area.

Figure 4: Knowledge of information I can share at a MDT



Nebraska Alliance of Child Advocacy Centers. (2024). Children’s Justice Act Three-Year Assessment Survey.

These responses from MDT members indicate that some team members are not getting the necessary information to complete a comprehensive investigation. Along with other reasons indicated, report sharing continues to be a concern amongst team members. One solution the Commission would like to explore is the adoption of a policy for emergency MDT meetings, and to ensure that this process is outlined in team protocols. An emergency meeting would allow all MDT partners to come together and discuss their concerns in an effort to obtain all pertinent information and make sure no details were missed.

Mandatory Reporter Training

As highlighted in the 2022 Three-Year assessment, Nebraska currently lacks a standardized curriculum for mandatory reporter training. While some child advocacy centers offer Child Abuse and Neglect 101 (CAN 101) as a form of mandatory reporter training, this is not uniformly adopted across the state. To address this gap, it is crucial that mandatory reporter training be made widely accessible to all professionals and mandatory reporters involved in child welfare.

Ideally the training curriculum should encompass comprehensive information addressing those disproportionate in the system specific to Nebraska. Reviewing a national model of best practices can provide a foundational framework, but it is essential that the training be customized to address the unique needs and context of Nebraska.

The 2023 Child Abuse and Neglect report indicates the following in Nebraska:

- School representatives were the highest reporters at **27%**, with only **26%** of those reports assessed, and a very low **5% of this reports are substantiated**. Oppositely in 2023, law enforcement were **20%** of reports with **20%** of those being assessed and **25% of those reports being substantiated**.
- Another notable mention are medical reporters. In 2020, they were **13%** of all reporters, with **18%** of those reports being assessed but only **11% being substantiated**.

These percentages have changed minimally since the 2022 Three-Year Assessment.

The Commission did not take action on the following recommendations from the 2022 Three Year Assessment:

- **Recommendation 4:** Recommend policy reforms to ensure key professionals (e.g. - medical, education) receive mandatory reporting training.
- **Recommendation 6:** Create a statewide, culturally competent mandatory reporter training curriculum.

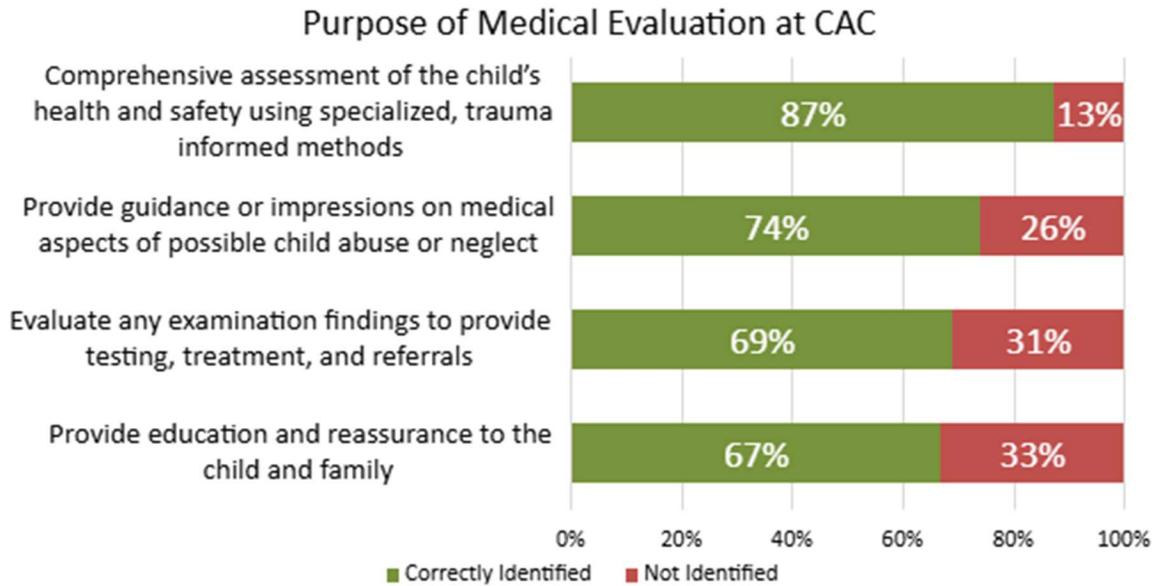
During the reporting period, the Department of Health and Human Services reported they were internally developing a mandatory reporter training that would be released in March 2024. Through quarterly updates shared by the Department of Health and Human Services to the Commission, The Department of Health and Human Services has reported no advancement of this project. Through facilitated activities with the Commission, Commission members want to continue exploring this topic in the 2025 Three Year Assessment, though reported they wanted to revise the recommendation to be around increasing awareness and access to mandatory reporter training.

3. Medical Exams Provided by Child Advocacy Centers

Through its assessment process, the Commission examined data on MDT member knowledge of medical exams provided at child advocacy centers and found information of note.

In the CJA Three Year Assessment survey, participants were asked to select the purpose of a medical examination conducted at a child advocacy center through a series of multiple-choice questions. The correct answer includes all four options given. The results are as follows in Figure 5:

Figure 5: Knowledge of the purpose of a medical evaluation conducted at a child advocacy center



Nebraska Alliance of Child Advocacy Centers. (2024). Children's Justice Act Three-Year Assessment Survey.

Per these results, the most understood element of a medical exam conducted at a child advocacy center is that it includes a comprehensive assessment of the child's health and safety using specialized, trauma-informed methods. This thorough evaluation is crucial for identifying any physical or psychological harm the child may have experienced, ensuring their immediate and long-term well-being.

However, the least understood element is that the medical professional conducting the exam can provide education and reassurance to the child and family. This aspect is vital as it helps alleviate the fears and anxieties that children and their families may have about the examination process. By offering clear explanations and emotional support, medical professionals can foster a sense of safety and trust, which is essential for the child's recovery and cooperation during the investigation.

The field would greatly benefit from more education about how a medical examination conducted at a child advocacy center can be a valuable tool in the investigative process. These exams not only document evidence of abuse but also play a critical role in the holistic care of the child, addressing both their physical and emotional needs. Educating MDT members and other stakeholders about the full scope and benefits of these medical exams can enhance their effectiveness and ensure that all parties involved understand their importance.

Given these insights, the Commission agrees that this should be a key recommendation in this three-year assessment. Emphasizing the dual role of medical exams in both investigation and support can lead to better outcomes for children and more informed, cohesive efforts among MDT members.

2025 Recommendations

As part of its three-year assessment, state task forces are required to provide a number of recommendations in the categories of the investigative, administrative, and judicial handling of cases; demonstration programs; and reform of state laws and policies.

The Commission looks forward to assisting the State of Nebraska in adopting these recommendations and making progress to improve the handling of child abuse and neglect.

- Continue efforts to enhance MDT functioning through training and technical assistance on protocols, roles and responsibilities, and case review.
- Identify strategies to improve communication and the sharing of reports between multidisciplinary partners in order to complete a comprehensive assessment and facilitate a thorough investigation.
- Create statewide recommendations and best practices for immediate MDT coordination on open investigations in sensitive cases, like fatalities, near fatalities/serious injuries, human trafficking.
- Increase awareness and access to mandatory reporter training.
- Identify strategies to increase education and awareness on medical examinations conducted at child advocacy centers.
- Enhance collaboration with child advocacy centers through training and education.
- Increase awareness and access to existing resources created by the MDT Committee.

System Improvement – Section 107(e)(1)(A)

- Continue efforts to enhance MDT functioning through training and technical assistance on protocols, roles and responsibilities, and case review.
- Identify strategies to improve communication and the sharing of reports between multidisciplinary partners in order to complete a comprehensive assessment and facilitate a thorough investigation.
- Identify strategies to increase education and awareness on medical examinations conducted at child advocacy centers.
- Enhance collaboration with child advocacy centers through training and education.
- Increase awareness and access to existing resources created by the MDT Committee.

Policy Reform – Section 107(e)(1)(C)

- Create statewide recommendations and best practices for immediate MDT coordination on open investigations in sensitive cases, like fatalities, near fatalities/serious injuries, human trafficking.

Model Projects for Expansion and Research - Section 107(e)(1)(B)

- Increase awareness and access to mandatory reporter training.

Commission Work Plan for Recommendations

Over the course of the next three years, the Commission will monitor and assist with the implementation of its recommendations through:

- **Strategic planning:** The Commission will develop and adhere to a strategic plan containing the recommendations. Each recommendation will contain tasks that will help the Commission successfully address the recommendations in the next three years.
- **Updates from key agencies and groups:** The Commission will continue to receive regular updates from its members and other system stakeholders on work related to the recommendations it has made.
- **Committee work:** The Commission will assist in providing leadership and technical assistance related to several recommendations through its committee work. In addition to its existing committees, the Commission will consider whether new committees may need to be formed based on its recommendations.

Appendix

Strategic Plan: Commission for the Protection of Children CJA Recommendations, 2022-2025

#	Recommendation	Action	Final Status
1	Continue efforts to enhance MDT functioning through training and technical assistance on protocols, roles and responsibilities, and case review.	Create a child abuse best practices guide for investigation protocols that includes best practices, Nebraska statutory requirements, language examples, and resources.	
2	Identify strategies to improve communication and the sharing of reports between multidisciplinary partners in order to complete a comprehensive assessment and facilitate a thorough investigation.		
3	Create statewide recommendations and best practices for immediate MDT coordination on open investigations in sensitive cases, like fatalities, near fatalities/serious injuries, human trafficking.		
4	Recommend policy reforms to ensure key professionals (e.g. - medical, education) receive mandatory reporting training.	The Commission will gather information on what mandatory reporter training looks like in other states and will engage in a facilitated discussion around next steps.	No Action Taken
		The Commission will recommend a statutory change requiring education and medical providers to complete mandatory reporter training.	No Action Taken
5	Assess the current Central Registry process as it relates to sexual abuse and sex trafficking for any needed policy and process improvements.	The Commission will participate in a presentation given by the Department of Health and Human Services regarding the Central Registry process.	Completed – December 2022
		The Commission will assemble a panel of statewide representatives to share their standards of practice for assessing and tracking sexual abuse and trafficking victims.	Completed – December 2022
6	Create a statewide, culturally competent mandatory reporter training curriculum.	The Commission will engage in a facilitated discussion and brainstorm which educational and medical professionals should be involved in the development of the mandatory reporter training.	Completed – September 2022
		The Commission will research how other states include multicultural	No Action Taken

		sensitivity in their mandatory reporter training.	
		The Commission will assemble a panel of representatives from throughout the state to share ideas on mandatory reporter training.	No Action Taken
7	Provide training and education on youth problematic sexual behavior (PSB).	The Commission will assemble a panel of representatives to share information on the current community-based responses to youth problematic sexual behaviors.	Completed - May 2022
		The Commission will receive an update from the mental health panelists on the programming offered in 2022.	Completed - December 2022

**DHHS – Parent and Caregiver Citizen Review Panel
Annual Report: October 1, 2023 – September 30, 2024
Submitted: October 22, 2024**

This report addresses the actions taken to satisfy the scope of services for facilitation of the Parent and Caregiver Response Citizen Review Panel (CRP) as outlined in the agreement between the Nebraska Department of Health and Human Services (DHHS) and Nebraska Children and Families Foundation (NCFF). This report fulfills the annual reporting requirement of the 2023-2024 contract cycle, and includes activities undertaken to facilitate and maintain the Parent and Caregiver CRP recommendations from 2023 and implemented from Oct 1, 2023, to September 30, 2024.

Scope of Work: Provide administrative support to the Nebraska Child Abuse Prevention Treatment Act (CAPTA) Citizen Review Panel for Parent and Caregivers.

Nebraska Children provides staff support to facilitate meetings of the Parent and Caregiver CRP. This support includes arranging meeting locations, dates, times, agendas, minutes, copying and arranging for childcare when necessary.

Scope of Work: Assure that the Panel is composed of volunteer members who are broadly representative of the diversity in the state and includes members how have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse and neglect.

Nebraska Children and Families Foundation continues to be grateful for the opportunity to administer the Caregiver Citizen Review Panel (CRP) and provide recommendations to the Nebraska Department of Health and Human Services (DHHS). After making a change in the 2022-23 group, we continued the work with lived experience experts from across the state. The members are also part of Nebraska Children’s Pregnant and Parenting Workgroup Advisory Committee. This will allow more specialized training of the participants and better consistency of the outcomes every year.

Scope of Work: Provide Support for meetings that occur at least once every three months.

Starting in the summer and going through early autumn, members of the panel met to discuss issues facing parents and caregivers with the goal of providing recommendations to the Department of Health and Human Services. The group includes representatives from the education, human services, health department, community organization and residents with lived experience.

The group met four times starting in June 2023 and wrapped up in September. The group met in person on July 10 and virtually on June 20, August 29 and September 12. The group also met on Sept. 26 to go over the recommendations and make final edits.

The minutes for the four meetings can be found in Appendix A.

Scope of Work: Assure that the CRP examines the policies and procedures and practices of the State and local agencies and where appropriate, specific cases, evaluate the extent to

which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with state plan, the child protection standards and any other criteria that the panel considers important to ensure the protection of children, including a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs.

This year, the Citizen Review Panel met five times from June to September to produce recommendations for DHHS that represent our local community's voices to lift up the immediate concerns our regions have been facing about the child welfare system.

The group started with six members of the NCFE Pregnant and Parenting group. This group includes people with lived experience in foster care or juvenile justice and are currently parenting.

The final recommendations include teaching financial literacy for foster parents, offering mental health for foster families and encouraging caseworkers to take more vacation time.

Recommendations:

Recommendation #1 – Financial Literacy for Foster Parents

It is vital to teach foster parents financial literacy so they know and understand how much money they receive from the state will go toward direct expenses for the child who lives with them. One of the hardest things to talk about is money. It's such a hard conversation but it's extremely needed. We're paying individuals to help take care of foster children.

This education should start during foster parent training. Budget management should be part of the lessons included, and it should be a priority to teach them how to budget for their increased expenses. While they could pocket some of the money from the state, most should be directed toward the foster child's well-being, needs and self-expression, including clothing, hygiene, toiletries and hair care.

Because these are young foster children, they may grow out of the clothes quickly. There's no reason why any child in care should have clothes that they've grown out of, clothes that are too big because they are hand-me-downs and clothes that they are uncomfortable in. Understanding that self-expression through clothing may cause a child to not only look good but feel good and develop a better sense of self-worth and self-confidence.

Hair care is another vital form of self-expression and cultural identity. If the foster parent can't care for the child's hair, they should put money towards taking the child to a salon or barber to ensure they feel comfortable in themselves. In addition, the foster child needs access to personal hygiene items to promote general well-being and social acceptance.

These examples are just some of the considerations that parents and caregivers must make when caring for a foster child. By budgeting properly, they should be able to meet the child's needs through the payment they receive from the state.

Recommendation #2 – Offer mental health supports and check-ins to foster families

Therapy and mental health services for foster parents can help them and other household members adjust to the changes of having new members in the household. Foster youth sometimes have unprocessed trauma, and while caring for the youth, foster families may also become emotionally impacted by the stories that they hear. It can also be helpful for families to adjust to having multiple temporary connections and adjustments to the household. To ensure the best possible outcomes for foster youth, they need to be placed with caregivers who prioritize mental health.

DHHS could also help create a supportive environment by offering annual mental health evaluations for the caregivers. Mental health evaluations would help gauge whether foster parents may need to take time off before taking in another youth or if they may need some additional support to continue caring for foster youth. This doesn't have to rise to the level of a formal therapy session. It could be an informal check-in with the caregivers to ensure their needs are being met and to see if DHHS can offer any other support or training to help them care for foster children.

DHHS should also check in after a child is removed or another one is placed in the home. This will help provide closure before they take on another foster child and help avoid burnout. The caseworker can learn how the placement went well or what caused the removal. This will allow DHHS to learn what works for the family and what type of placement would work in the future with the family.

If a newly placed foster youth is offered family therapy with the entire family, it will create a more supportive environment for them to live in. When a new foster child moves in, family therapy will help create a smoother transition for the foster youth, especially if other children are in the house. The therapy will introduce them to the family dynamics and also the norms and expectations of the house. This will also make them feel like they are part of the family and not on the outside trying to fit in.

Recommendation #3 – Vacation Time and Workload for Caseworkers

This panel recognizes the critical role that DHHS caseworkers play in safeguarding the children and families within our communities. However, we also acknowledge the significant stress and burnout that many caseworkers experience due to heavy workloads and the challenges associated with taking time off. To address these issues, we recommend implementing strategies to better support caseworkers in managing their workloads and utilizing their vacation time efficiently.

It is essential to create a more manageable workload for caseworkers. This could involve evaluating case assignments and redistributing cases among staff to ensure no caseworker is overwhelmed. Additionally, the establishment of a system for regular check-ins and support from supervisors or other upper management could help caseworkers voice concerns about their workload and seek assistance when needed. By fostering an environment where caseworkers feel comfortable discussing their challenges, we can promote better mental health and job satisfaction, ultimately benefiting the children and families they serve.

To further this goal, we encourage DHHS to promote a culture that prioritizes the well-being of its caseworkers by promoting the use of vacation time. Caseworkers often hesitate to take time off due to fear of falling behind, the difficulties of catching up upon their return, or the guilt of requiring coverage due to vacation leave. To alleviate this concern, we recommend developing a structured plan that allows for seamless case management during a caseworker's absence and provides additional support to caseworkers taking on additional assignments from coworkers taking time off. By ensuring caseworkers receive adequate resources and support, we can create an environment where taking time off is seen as necessary, beneficial, and manageable for everyone.

We emphasize the importance of fostering a workplace culture that actively supports and encourages using vacation time. Time away from work is essential for recharging and maintaining mental health, leading to improved productivity and focus. When employees feel empowered to take their vacation time without guilt or concern, it enhances their overall well-being and job satisfaction. We urge DHHS to invest in initiatives that promote this culture, including workshops on the benefits of taking breaks and strategies for managing workloads during absences. In a dream world, DHHS would have several extra caseworkers who could fill in for others while they are taking vacations or breaks from work. By prioritizing the well-being of caseworkers, we can significantly contribute to fostering a healthier work environment that benefits both staff and the children and families they serve.

Appendix A Meetings Minutes

June 13, 2024

Attending: Lincoln, Sophia, Alexis, Emma, Azar, Julia

- Connection
- Citizen Review Panel (Lincoln)
 - NCFE has a contract with DHHS to provide recommendations each year
 - Parent and Caregiver CRP
 - Recommendations around policies, practices, and anything that could help the lives of parents/caregivers
 - Past examples:
 - Create a glossary for the family guidebook for parents and families when they are introduced to Child Protective Services
 - Integrate entire families of both families during kinship process - make sure all parties are involved
 - Examining recidivism and prevention
 - Reviewing fingerprint background process for childcare providers
 - Examine Title XX process
 - Increased awareness of services available - especially for non-English speaking residents
 - Submit in October and have a meeting with DHHS to discuss recommendations
 - Invite others to join the group - cap at 10 individuals
 - Things to think about:
 - Imagine your idea world/interactions with DHHS
 - What would be different

- What would be better
- Final review/approval of [Organizing Documents](#)
 - Sophia will adjust the new NC Charter to reflect what is in the organizing documents and share with the group for feedback and approval.
- Structure of the group
 - Time to expand the group - recruitment
 - Invite 2 people to the group
- Presentations
 - We are postponing this for now as I am gaining clarity from NC on direction for this group. I will continue to share that the group has a strong interest in community involvement in addition to policy/advisory roles.
- Next Steps
 - Sophia will adjust the new NC Charter to reflect what is in the organizing documents and share with the group for feedback and approval.
 - Group will focus on Citizen Review Panel (CRP) work for the next four meetings. This will be facilitated by Lincoln. We can also include work for the group in the agenda - we will not be adding additional meetings for CRP work.
 - Meeting schedule (Sophia will send calendar invitations) this can be adjusted if needed
 - Thursday, June 20 @ 5:00pm - via Teams
 - Wednesday, July 10 @ 5:00pm - IN PERSON - Omaha office
 - Thursday, August 1 @ 5:00pm - via Teams
 - Thursday, August 15 @ 5:00pm - IN PERSON - Omaha office
 - Thursday, August 29 - may need to be rescheduled due to NCFE Learning Day
 - Thursday, September 12 @ 5:00pm - IN PERSON - Omaha office - Sophia is unavailable, but may be fully dedicated to CRP

June 20, 2024

Attending: Sophia, Lincoln, Emma, Sydney, Julia, Alexis H, Alexis W.

- Connection
 - Sydney - joining CRP, 3 year old son, worked in childcare for 10 years
 - Alexis H - joining CRP, from Beatrice
 - Alexis W - has been in Pregnant and Parenting work group, wants to help make a difference
 - Emma - from North Omaha, lives in Beatrice, believes we can make a difference
 - Sophia - Nebraska Children point person for Pregnant & Parenting
 - Lincoln - Nebraska Children point person for CRP
 - Julia - also part of NCFY Youth Advisory Board
- Parent & Caregiver CRP
 - Overview & Goals
 - Contract with DHHS to provide feedback on how to make their experiences and support of child and parents/caregivers involved in process
 - There is also a youth oriented CRP
 - GOAL - end of September want to turn in 3-4 recommendations to DHHS on how to do job better and/or things they can change
 - Focused largely on Child Protective system
 - Today - brainstorming, next meeting finding themes and what we know/don't know, third, contact with DHHS, fourth, writing
 - BRAINSTORMING
 - In a dream world where DHHS exists, how do they interact with parents and caregivers?
 - Only have interaction if absolutely necessary (life in danger/last resort/potential danger to child)
 - Not having kids separated/taken from parents
 - Parent are struggling primarily because of financial instability and children are taken away
 - Would hear out parents for why they are doing things parenting (how they were raised and if same/different)

- Also involve parents in decision making (ex: what daycare)
- Parents have representation that care and is capable, someone that knows them and knows the child
-
- What do you wish DHHS does that they would do better
 - Look into people that are foster parents/adopt better (mental/emotional abuse)
 - Stop this from happening: Foster parents that adopt, put them back in foster care.
 - Ongoing training for foster parents
 - Therapy for foster parents
 - Look into neighbors/extended family of foster parents
 - Help caseworkers from being overworked/burnt out
 - Trust parents regarding truancy (especially illness) related cases
 - Alternatives to HHS getting involved when less serious concern (HHS involvement can be traumatic in itself for those with previous experience)
- Have you had any positive interactions with DHHS?
 - Caseworker going out of way to support/help get child back (just wish there were more)
 - Relieved after first DHHS interaction. Caseworker understood.
- How can DHHS do a better job for parents?
 - Expand access to resources/understanding of resources
 - Offer resources initially
 - More therapy access (and financial support) for parents (and everyone)
 - There needs to be more childcare availability
 - Childcare provider can't reach out to DHHS on behalf of family for Title XX paperwork

- What kind of supports and services do parents need?
 - More childcare availability
 - Transportation (especially in rural areas)
 - Parenting classes (highly suggested)
 - Role models
 - Co-parenting classes/support
 - Communication classes/support/guidance
 - Healthy relationships class
 - One thing you can tell DHHS what would it be
 - Don't rush
 - Please break the whole system and rebuild it
 - Asking more of kids in foster care (what can be done differently, their insight)
 - The people that have worked me have given me a good experience
 - Simplify the childcare provider process
 - Oxford houses (voluntary, sober houses for people getting out of substance use/jail). Have a place like that for youth who age out. (Jacob's place in Omaha)
- Next Steps
 - Schedule (dedicate meetings to CRP? August 15?)
 - Wednesday, July 10 @ 5:00pm - IN PERSON - Omaha office
 - Thursday, August 1 @ 5:00pm - via Teams
 - **Wednesday, August 14 @ 5:00pm - IN PERSON - Lincoln office**
 - Thursday, August 29 - may need to be rescheduled due to NCFE Learning Day
 - Thursday, September 12 @ 5:00pm - IN PERSON - Omaha office - Sophia is unavailable but may be fully dedicated to CRP

July 10, 2024

Attending: Sophia, Lincoln, Emma, Alexis W., Sydney, Julia

- Parent & Caregiver CRP
 - Review
 - Themes we can rally around - [see brainstorm here](#)
 - Training and therapy
 - Therapy for foster parents/parents
 - Support for family collaboration
 - Continued mandatory training for foster parents (like continuing education)
 - Place for foster parents to go to ask questions, get reassurance, help with something they've never experienced
 - Standardize foster care agencies
 - More community based placements (kinship or trusted adult)
 - Financial help for parents/families
 - Support for parents/families rather than to foster parents
 - Childcare costs and copays
 - Capacity of caseworkers (caseloads, vacations/time off, paid therapy, prevent burnout)
 - Listen more to the family and/or child
 - What don't we know - questions we want to ask someone from DHHS
 - What is the actual caseload for caseworkers?
 - How many caseworkers actually take vacation?
 - Turnaround for people vacating positions
 - What is grievance policy/discipline policy for caseworkers?

- What does it take to become a foster parent? What trainings are required? minimum standard?
- What are the standards for the foster care agencies?
- How is foster parent pay decided? What are they getting?
- What are state resources vs agency resources vs community resources?
- Information on success rates for successful transitions out of care?

August 29, 2024

Attending: Sophia, Sydney, Alexis, Lincoln, Emma

- Connection
- Parent & Caregiver CRP
 - Review: themes we can rally around - [see brainstorm here](#)
 - Training/Education/Therapy
 - Training for foster parents and therapy
 - Therapy with family and foster family
 - Continued mandatory training for foster parents (like continuing education)
 - Therapy for foster parents/parents
 - Support for family collaboration
 - Place for foster parents to go and ask questions, get reassurance, help with something they've never experienced
 - Financial Support
 - Financial help to parents instead of placing in foster care where the state pays people
 - Childcare costs and copays
 - Find more kinship or trusted adult - community-based placements

- Standardize foster care agencies
- Capacity of caseworkers, vacations/time off/paid therapy to prevent burnout
- Review: Questions to ask DHHS
 - Alexis - What is the actual caseload for caseworkers?
 - Can vary. Several kinds of caseworkers -
 - initial assessment- meet family, see what is going on, talk with family, 30 days to complete investigation - 12 max (4 max while in training status)
 - Ongoing caseworks - when children are removed/need services/safety threat and have safety plan - up to 17)4 max in training status)
 - Also dependent if in home or out of home. 5 kids in-home is a case of 1. If children are removed it is a case of 5.
 - How often are these numbers in compliance? Shayla can look for that information and get back to us.
 - Emma - How many caseworkers actually take vacation? Do they take the full amount of vacation?
 - You earn time as you go. Every pay period earn xx hours of vacation. Personal experience as being a worker and being a supervisor: taking vacation is stressful. You have to make sure everything is taken care of while you are gone. When you come back there is so much that feels blown up and need to catch up. Feels easier to not take vacation. Mind is generally also with work while on vacation.
 - Some workers take vacation religiously. Some take no vacation. Kind of a 50/50 if they take it or not.
 - Is there a good workplace culture encouraging employees to take vacation? Shayla thinks so. But it can be difficult. There is still the expectation of having coverage while on vacation. Everyone feels bad for putting their stuff on someone else.
 - Does someone covering while others on vacation count towards max? No. they are not assigned the cases, just covering.
 - Sydney - Turnaround for people vacating positions

- Turnaround is never ending. There are people who have been there forever and people who have been there a few months. Some people come and go. They think the job is something that it's not. They think its coming into homes and providing services for families. It's not. The job is middle man - documenting needs, what happened in home, law enforcement notes, reasons children are not safe in the home. A lot of people don't like us coming into their homes. It's stressful. People threaten you and say negative things to you a lot. Its' a really hard job with not much thanks. Turnaround will probably forever be high. There has been an increase in pay over the last few years. Hasn't seemed to impact people staying in caseworker position. People with really thick skin are the ones that stick it out the longest.
- Have you tried to implement anything else that makes workers feel more appreciated? Wellness app - calm - get for free. Reimbursed for gym memberships. EAP counseling, etc. A lot of benefits for workers. You're away from your family a lot - a lot of personal guilt.
- Alexis - What is grievance policy/discipline policy for caseworkers?
 - All is completed through HR. They would get in touch with HR.
 - A parent or child can file a grievance - concerns the caseworker is not following policy/procedure or Nebraska law with their case. There is a link on public website to fill out info. Name, what's going on. Shayla or Morgan will call to follow up. Schedule a meeting with the worker, supervisor, administrator, and service area administrator. Making sure following policy/procedure. Call back person who filed grievance and inform what's going on and send letter with that information as well.
 - Discipline for caseworker. All through HR. First level is performance improvement plan. Notice of Action. (several before termination.
 - How do parents know that's the grievance process? For younger children or someone without internet access how do they file a grievance? All families should be given the family guidebook. The rights families have and grievances are included in the family guidebook. Talks about the website. Can contact Jarren, the family advocate - she would give direction. Can fill out the form, send an email, take by phone.

- Emma - What does it take to become a foster parent? What trainings are required? minimum standard? Are there requirements for “continuing ed”/training?
 - Standard trainings for all foster care agencies and DHHS
 - Must have 21 hours of pre-service training before can become foster parent. (TIPSMAPP) Have to have a home study completed, home check, car seat, human tracking, reasonable prudent parenting standard (when foster parent with foster children-we don’t want them to feel different than any other child. Example: foster parent can allow foster child to go to a birthday party without background checks for everyone), suicide prevention
 - Every year 12 hours of training to renew
 - Do the children in the house go through any training/program? No. Children older than 16 have to have a background check.
 - How often do you check what other adults or family members that are around get background checks? How often do you check to see if any new adults have moved in? Every month the caseworker has to visit in the home. Would hope the child would say something if someone who shouldn’t be in the home. Whatever agency is sponsoring the foster care placement also has to visit once per month. The home study is extensive. Many pages about the lives of the adults in the house.
- Sydney - What are the standards for foster care agencies?
 - What do the agencies need to do to become foster care agencies?
- Alexis - How is foster parent pay decided? What are they getting?
 - Nebraska Caregiver responsibility tool. 10 questions. Sit with foster parent and agency/whoever supports home. Questions about what they will have to do to help this child every day. Live skills, behavior, family relationships, medical. If they are high needs they will score higher. Higher the score, the higher amount paid per day. Lower score will be around \$26/day; highest need is \$108/day.
 - Re-evaluated every six months or if there is a change of placement
 - Foster parent teaches mom life skills would be a higher need. Child with a higher medical need (OT/PT/appointments). Might be a middle

level. Teaching a 16 year old life skills. (how to drive, cook, bank account)

- Emma - What are state resources vs agency resources vs community resources? (for caregivers)
 - Everyone can access community resources - sometimes community resources won't let you utilize if you're already getting resources from other sources (state or agency)
 - Some resources can cover somethings others can't
 - State - rent, gas, groceries
 - community/agency - may be able to help with car
 - Figure out a lot of this in community partner meetings
- Sydney - Information on success rates for successful transitions out of care?
 - Shayla doesn't have information on this one. Can you clarify
 - Adopted, reunification
 - How well is this working? Permanency.
 - Shayla says when she thinks of success she thinks of children reunifying with their parents and not going back into care
 - Recidivism rates
 - Reunification rates
 - Come into care and age out
 - CAC annual data - Kids Count Nebraska
- Conversation with DHHS
 - Recommendation is to steer clear from kinship - already a recommendation from last year
- Next Steps
 - September 12 - will write recommendations - you'll get homework

Sept. 12, 2024

Attending: Lincoln, Sydney, Alexis

- Talked about Shayla's visit last month.
- Ideas for recommendations:
 - Vacation time and workload (Sydney)
 - Don't let poor company culture get in the way of a recommendation
 - Still important
 - Talked about financial compensation (Alexis)
 - Could offer financial literacy course as part of foster parent training
 - Do they still have foster care vouchers for clothing/essential items?
 - Will send to Shayla.



April 14, 2025

Lincoln Arneal
Nebraska Parent and Caregiver Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South, Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations 2023-2024

Dear Parent and Caregiver Citizen Review Panel Members,

We want to thank all Parent and Caregiver Citizen Review Panel (CRP) members for their valuable time and effort in recommending that the Nebraska child welfare system promote safety, well-being, and permanency for children and families.

The Department of Health and Human Services (DHHS) has reviewed the recommendations and responded below.

1. Financial Literacy for Foster Parents

-Financial literacy training is needed to assist foster parents with budgeting for their increased expenses.

DHHS is committed to providing stable and supportive foster placements, prioritizing children's well-being. DHHS ensures that youth in care have their needs met while fostering a sense of belonging. Home studies are completed for prospective foster parents, assessing their financial obligations, income, and budgeting to ensure responsible use of state stipends. The stipend amount depends on the child's age, needs, and required services, with flexibility for adjustments based on unforeseen changes. DHHS and the foster care agencies provide oversight to ensure children's needs are met, offering additional resources and referrals for expanded support. Although financial literacy is not a required training for foster parents, it could be provided or resources identified to assist if identified as a need for the home.

2. Offer Mental Health Support and Check-ins to Foster Families

-Mental health supports, family therapy, and a supportive environment can prevent burnout, help with transitions when a child enters or leaves the home, and help maintain placements.

DHHS recognizes the importance of mental health support for both foster parents and children. Fostering can be emotionally challenging, considering the trauma children may have

experienced. DHHS partners with service providers to offer critical support, including family therapy, play therapy, and crisis intervention, to help manage stress and prevent burnout.

Case Managers meet with foster parents at a minimum monthly, and these visits include conversations about the needs of the foster child in their home and the support the foster parents may need. DHHS Foster Care Resource Development staff or Agency Supported Foster Care staff also visit the foster homes to discuss respite, placement stability, and resources. Respite provides foster parents with necessary breaks to help prevent burnout. DHHS may offer additional services like Intensive Family Preservation (IFP) in the foster home to address behavioral or mental health challenges. Permanency Specialists train and coach foster parents to enhance daily routines and interactions. Our goal is to foster strong, collaborative relationships supporting the well-being of foster children and their caregivers, ensuring a nurturing environment for all.

DHHS contracts with the National Foster and Adoptive Parent Association (NFAPA), whose goal is to increase information, resources, and support for Nebraska resource families. NFAPA provides training and support groups that all foster parents can access.

3. Vacation Time and Workload for Case Managers

-Implement strategies to better support case managers in managing their workloads and utilizing their vacation time efficiently to prevent burnout.

DHHS supports its case managers by fostering a positive work environment with substantial benefits, vacation time, and flexible hours to help employees maintain a healthy work-life balance. Supervisors regularly meet with case managers to build relationships and address caseload challenges. Supervisors work with staff to help identify coverage, and many teams plan out their leave time together to ensure they are available to cover for each other. Case managers are afforded the ability to flex time to attend youth events when they can. DHHS also offers the Calm app and an Employee Assistance Program, providing access to mental health services and resources for better well-being. After a traumatic work-related event, case managers are offered the Restoring Resiliency Response (RRR) program. The RRR program aims to address work-related traumatic stress through debriefing sessions and promoting coping skills. We are committed to continuously improving how we manage caseloads and time-off challenges to support our case managers.

Sincerely,

Alyssa Bish

Dr. Alyssa Bish
Director of Children and Family Services
Nebraska Department of Health and Human Services

Trainee Manual

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New Worker Training Introduction

As a result of actively participating in New Worker Training, CFS Specialists/Trainees will:

1. Refine critical thinking skills.
2. Enhance effective communication techniques.
3. Become an expert in family engagement.
4. Build evidence-based and trauma-informed case management practices.

This Manual will assist you throughout your New Worker Training.

New Worker Training Expectations

New Worker Training Information Sheet	
Contact Information:	
Assigned Lead Name: _____	Phone Number: _____
Training Expectations:	
A training schedule will be provided with the days and times for all trainings. You will receive breaks throughout the scheduled trainings.	
Ensure your camera is on and you are actively participating in the training. All trainings should be done from a computer and not a cell phone.	
If unable to attend a training, you will need to work with your L&D Lead and CFSS Supervisor to develop a plan as to when the missed training can be rescheduled. The L&D Lead will update the training schedule.	
Please arrive early to all scheduled trainings. For all Rotational and SDM trainings, if you are more than 10 minutes late and more than 5 minutes late for Small Bite Trainings you will be required to retake the training.	
If you need to leave early from a scheduled training, you must notify your assigned Lead in advance. You and your Lead will determine whether you're approved to attend as scheduled with accommodations, or if the training is required to be rescheduled.	

Learning and Development Website

This website is one of the resources available related to New Worker Training. On the website, Trainees and Supervisors can access training links and materials and helpful resources to support a successful training experience.

How to access the website:

To access the training website, visit the following link: [New Worker Training Website](#). On the left side of the website, you will find several tabs, including New Worker Training, Professional Development, Contacts, Trainee Documents, and more. Click on each tab to view additional information and useful links.

When to access the website:

Trainees should visit the website at the beginning of New Worker Training to review and familiarize themselves with the available information. Before each training session, trainees should access the related training materials on the website.

What information is on the website:

- New Worker Training – The New Worker Training Tab provides helpful links, including C.A.R.L, PolicyTech, Manuals, and the Readiness Assessment.
- Professional Development – This tab provides different learning opportunities, including in-person and webinars. The calendar shows details about the available trainings and how to enroll.
- Learning & Development Contacts – This tab contains contact information for the Learning and Development Team.
- Self Paced Training – This section provides additional self-paced professional development training available for all employees.
- Trainee Documents – The Trainee Documents tab includes training resources, desk aids, presentations, and more.

Roles and Responsibilities

Successful training is a collaborative effort, and every member of the team—Lead, Supervisor, Trainee, and Field Teammates—plays a crucial role in ensuring that the learning process is effective, engaging, and seamless. To clarify the expectations and contributions of each team member, we’ve created the following chart, which outlines the specific roles and responsibilities for each party involved in the training process. This shared understanding helps foster a supportive learning environment where all participants can succeed and contribute to the overall success of the training initiative. Please review the chart to understand how each role supports the training goals and how we can work together to achieve the best outcomes for everyone involved.

New Worker Training			
Trainee	L&D Lead	CFSS Supervisor	Field Teammate
<p>Actively participate in training and collaborate with the L&D Lead, CFSS Supervisor, and CFS Specialists.</p> <ul style="list-style-type: none"> Be knowledgeable of all expectations throughout New Worker Training. Participate in the initial Progress Meeting and all bi-weekly Progress Meetings throughout the training. Be punctual when attending all trainings, workshops, and field experiences. Complete all trainings, workshops, and field experiences that are required. Ask questions to clarify when you do not understand something, and never assume anything. If in doubt, ask. Meet regularly with your CFSS Supervisor to provide feedback on how 	<p>The Lead is the first line of support for a trainee.</p> <ul style="list-style-type: none"> Organize the New Worker Training Calendar and ensure it stays current. Schedule and facilitate the initial Progress Meeting and all Progress Meetings bi-weekly throughout New Worker Training. Facilitate coaching conversations. Collaborate with Specialists/Supervisors for Field Experiences. Review documentation from Field Experiences and provide feedback. Complete the Readiness Assessment throughout New Worker Training. Provide feedback to the trainee on their progress in the trainings and Field Experiences. Provide additional support to the trainee 	<p>Supervisors partner with Leads to ensure an effective New Worker Training experience.</p> <ul style="list-style-type: none"> Discuss job and work performance expectations. Discuss timekeeping procedures to include Kronos, requesting time off, who to notify when the trainee is absent or late. Familiarize the trainee with the local office protocols/procedures. Meet with Trainees to provide helpful, regular feedback. Support Field Experiences. Assist in completing the Readiness Assessment bi-weekly. Participate in Progress meetings throughout New Worker Training. Be available to the trainee for 	<p>Trained CFS Specialist partners with the Leads to ensure an effective New Worker Training Experience.</p> <ul style="list-style-type: none"> Partner with Trainees for Field Experiences. Communicate and provide feedback to the assigned Lead Worker. Help provide directions and information to the trainee while in the field. Communicate with the trainee regarding any schedule changes for Field Experiences. Partner with the Trainee for on-call Field Experiences.

<p>training is going and to get clarification on office protocols when necessary.</p> <ul style="list-style-type: none"> ▪ Follow the dress code identified in the DHHS Human Resources Workplace Policies. ▪ Participate in coaching conversations with the L&D Lead. ▪ Complete the Readiness Assessment prior to all Progress Meetings. ▪ Notify the L&D Lead of any changes or conflicts with the training calendar. ▪ Maintain a respectful attitude towards other trainees, trainers, teammates, and families. ▪ Complete surveys after completion of trainings. ▪ Contact the L&D Lead or CFSS Supervisor for any additional support during the training process. 	<p>when necessary and or requested.</p> <ul style="list-style-type: none"> ▪ Identify a coverage L&D Lead when unavailable during the workday. ▪ Assure that the trainee knows how to access DHHS Standard Operating Procedures, Standard Work Instructions, and guidebooks. ▪ Ensure the trainee is aware of their Readiness Assessment levels and discuss their responsibilities at each level. 	<p>consultations and questions.</p> <ul style="list-style-type: none"> ▪ Assist the L&D Lead locating Field Experiences for the trainee. ▪ Check in with the trainee at least one time per week during training. 	
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Trainee Assigned Cases

Trainee	L&D Lead	CFSS Supervisor	Field Teammate
<ul style="list-style-type: none"> ▪ Review and familiarize yourself with assigned case files. ▪ Participate in case transfer meetings. ▪ Consult with CFSS Supervisor on mandatory case consultation points. ▪ Engage in case reviews with the CFSS Supervisor. ▪ Be aware of your levels on the Readiness Assessment and discuss with the L&D Lead and CFSS Supervisor when independent work is possible versus when supervision is required. ▪ Continue participating in New Worker Training until promotion, coordinating with the L&D Lead for coverage during in training sessions. ▪ Take responsibility for all casework related to assigned families. 	<ul style="list-style-type: none"> ▪ Help the trainee identify mandatory consultation points and support discussions with the CFSS Supervisor. ▪ Collaborate with the CFSS Supervisor on case assignment. ▪ Participate in case transfer meetings at least once for each trainee. ▪ Attend face to face visits with families, visits with professionals, family team meetings, and/or court hearings with the trainee. ▪ Assist the trainee in developing time management techniques for completing case management duties timely. 	<ul style="list-style-type: none"> ▪ Collaborate with the L&D Lead on case assignment. ▪ Schedule case transfers and invite the L&D Lead to participate when available. ▪ Support to the trainee during work with families. ▪ Help the L&D Lead in identifying coverage for the trainee during trainings sessions. ▪ Attend face to face visits with families, visits with professionals, family team meetings, and/or court hearings with the trainee when available. 	<ul style="list-style-type: none"> ▪ Attend face to face visits with families, visits with professionals, family team meetings, and/or court hearings with the trainee when available and determined necessary by the L&D Lead and CFSS Supervisor. ▪ Provide feedback and guidance to Trainees regarding Field Experiences and case management. ▪ Provide feedback to the assigned lead.

Transitioning to Independent Case Management

Trainee	L&D Lead	CFSS Supervisor	Field Teammate
<ul style="list-style-type: none"> ▪ Assist in completing final Readiness Assessment. ▪ Ensure all trainings and Field Experiences are completed. ▪ Consult with the CFSS Supervisor on case management decisions and mandatory consultation points. ▪ Review assigned cases being assigned and attend case transfer meetings. ▪ Sign up and participate in on-call duties. ▪ Reach out to the L&D Lead for ongoing support post training. 	<ul style="list-style-type: none"> ▪ Ensure the completion of all training, workshops, and Field Experiences. ▪ Assist in completing the final Readiness Assessment. ▪ Prepare the trainee for on-call post training. ▪ Provide ongoing support to newly promoted CFS Specialists as determined appropriate by the CFSS Supervisor and L&D Supervisor. 	<ul style="list-style-type: none"> ▪ Submit final Readiness Assessment to HR. ▪ Identify and assign cases to the newly promoted CFS Specialist. ▪ Identify growth and development opportunities for the trainee. ▪ Complete surveys after the completion of training. ▪ Communicate with the L&D Lead if additional support is needed post training. 	<ul style="list-style-type: none"> ▪ Provide feedback to the assigned lead prior to the final Readiness Assessment. ▪ Provide ongoing support to the newly promoted CFS Specialist.

Training Tips

1. Be Open and Engaged:

- Show enthusiasm and a willingness to learn across all formats. Take notes during webinars, participate actively in in-person sessions, and engage with self-paced materials.
- Follow webinar etiquette, ask questions, and participate in polls, chat, or discussions to enhance understanding.
- Ask questions when something is unclear and seek feedback—this is your opportunity for in-depth discussion.
- Build relationships with trainers, coaches, and peers for support, motivation, and diverse perspectives.

2. Be Organized:

- Organize your time for self-paced learning and establish consistent study habits to stay on track and retain information.
- Use a folder or digital tool to organize training/field materials, notes, and completed tasks for easy reference and review.
- Track your progress by marking completed training modules, noting mastered skills, and revisiting areas of difficulty. This keeps you motivated and focused on learning objectives.
- Revisit challenging topics to ensure complete understanding.

3. Coaching and Feedback:

- View feedback from coaching as a chance for growth. Listen actively, take notes, and follow up with your Lead on how to improve specific skills.
- After each training session, reflect on what you learned, what needs further clarification, and how to apply it to your role.

4. Field Observations:

- Take detailed notes during observations on best practices and ask clarifying questions. Focus on actions that lead to successful outcomes.
- Implement new skills and knowledge in real-time or through role-playing to build confidence and improve retention.

Webex Etiquette

1. Remember You Are on Camera:

- Join from a distraction-free zone (quiet, well lit, and work-friendly). Make a professional impression (wear work attire, clean appearance).
- Stay engaged by looking at the camera to show attentiveness.

2. Show Up on Time:

- Log in a few minutes early to check your settings (audio, video, and name for attendance). Address any issues beforehand to avoid disrupting the session.
- Come prepared with training materials ready.

3. Make Sure Your Mic Is Muted.

- Keep your microphone muted when not speaking to avoid background noise.

4. Be an Active Participant:

- Engage in polling questions, respond to requests for comments, and share what interests you.
- Ask questions concisely and clearly.

5. Limit Distractions:

- Focus solely on the training. Avoid multitasking and limit phone use to prevent distractions.

6. Wait Your Turn:

- In webinar, use cues like hand-raising icons or chat for questions.

7. Be Respectful:

- Keep the chat focused on the training – avoid personal conversations.
- Keep your comments positive, respectful, and relevant.

Individualized Learning Plan

Purpose:

The Individualized Learning Plan (ILP) is designed to meet each trainee where they are in their learning journey, acknowledging their unique experiences, knowledge, and needs. The plan provides a customized approach to skill and knowledge development, ensuring that training is relevant and effective for everyone.

Training Calendar:

Before training begins, the L&D Lead reviews the trainee's application and resume to create a proposed training schedule. This schedule is reviewed with the L&D Supervisor to ensure alignment with the trainee's needs. If any training modules are waived based on prior experience, a Waiver Form is completed, and assessments are prepared to verify that the necessary knowledge has been acquired.

The Training Calendar is reviewed with the trainee on their first day, ensuring clarity on the overall training schedule. Throughout the training process, the L&D Lead will update the calendar as needed, keeping the schedule flexible to meet the trainee's pace of learning and progress.

Training Progression:

Training progression is regularly monitored through Progress Meetings and the Readiness Assessment. These meetings and assessments help evaluate the trainee's skill development and overall progress in the training program. Regular reviews and feedback will guide the trainee's development, helping them stay on track and focused on their goals.

Case Assignment:

A trainee is eligible for their first case assignment once they have completed their role specific trainings with a rating of 3 in their core skills and a minimum of 2 in all other skills. While in training status, the trainee may be assigned no more than 4 cases at any time. The specific case assignments will be made in consultation with the trainee, the L&D Lead, and the CFSS Supervisor.

It is understood that the trainee will continue attending training while managing their case assignments. The trainee, with the support of their CFSS Supervisor, is responsible for arranging coverage during training sessions to ensure that they can participate fully in both the training and their casework.

Approximate Case Assignment Schedule:

- Initial Assessment and Alternative Response – Week 6
- Intake/Hotline – Week 7
- Ongoing – Week 9

These assignments are aligned with the trainee's readiness and skill development, ensuring that they are not overwhelmed while they continue to build their competencies.

Progress Meetings

Purpose:

A Progress Meeting is a scheduled discussion between the Learning and Development (L&D) Lead, the trainee and the trainee's supervisor to assess the trainee's progress within the training program. The goal is to review progress made since the last meeting, identify any challenges or roadblocks, and ensure the trainee is on track to meet training milestones. The Readiness Assessment will also be reviewed to gauge the trainee's skill development.

Frequency:

The initial meeting will occur on the trainee's first day and will be held bi-weekly throughout the training process. The first Readiness Assessment will occur on the subsequent Progress Meeting on the third week of training. Additional meetings will be held before the trainee is assigned cases and prior to promotion to a full specialist.

Documentation:

The L&D Lead will document all progress meetings, including the Readiness Assessment, and store this information in the designated area for tracking purposes.

Surveys and Feedback:

Throughout the training process, the L&D Lead will collect feedback from teammates who have supported the trainee during field experiences, and from those involved when the trainee is assigned cases. This feedback will be reviewed during the Progress Meetings. Additionally, the L&D Supervisor will compile responses from the external stakeholder survey, which will be reviewed before the trainee is considered for promotion to a CFS Specialist.

Progress and Next Steps:

If no progress is made after the second progress meeting, the following steps will be taken:

- Learning and Development Lead will consult with the Learning and Development Supervisor to discuss recommendations for the trainee.
- L&D Supervisor will meet with the CFSS Supervisor to determine the next steps for Trainee.
- L&D Supervisor will send a follow-up email summarizing the conversation and outlining the recommendations.
- If there is disagreement between the L&D and CFSS Supervisors about the trainee's progress, the L&D Supervisor will involve the L&D and CFS Administrator for further guidance.

If there is a disagreement between parties regarding the level of Trainee progress when completing the Readiness Assessment the following steps will be followed:

- L&D Supervisor will meet with the CFSS Supervisor to determine the next steps for the Trainee.
- L&D Supervisor will send a follow up email summarizing the conversation and outlining the recommendations.
- If necessary, L&D and CFS Administrators will be involved for additional guidance.

Initial Progress Meeting Agenda

This meeting will be held on the trainee's first day. Present for the meeting will be the trainee, L&D Lead, and CFSS Supervisor.

Introduction

1. Introduce New Worker Training and Progress Meetings. The Trainee Manual will serve as a guide for these meetings.
2. Discuss what needs to happen in the local office prior to starting training:
 - a. Upon hire, Team UP is required one-day DHHS training that provides trainees with an overview of DHHS values and core competencies, DHHS divisions, DHHS workplace policies, customer services, and diversity and inclusion. Team UP is offered virtually and should be completed prior to beginning new worker training.
 - b. Supervisor and/or Lead workers need to collaborate with the trainee to accomplish specific tasks (outlined in the Onboarding Checklist).
3. Review and clarify the roles and expectations of the Trainee, Supervisor, and L&D Lead.

Training

4. Discuss what an Individualized Learning Plan is and how it is used in New Worker Training. Discuss that the individualized learning plan can be based on the trainee's previous work experience and/or degree. Review the training curriculum and the proposed training calendar that has been created.
5. Review supplemental training information:
 - a. Asynchronous learning is online and includes self-paced trainings. These trainings vary in duration and have periods of time for completion.
 - b. Instructional trainings include rotational, small bites, and workshop trainings.
 - c. Webinars vary in duration, lasting no longer than 4 hours in length and most are scheduled to begin at 8:30 a.m. central time.
 - d. Coaching conversations are utilized at various frequencies to ensure an understanding of the training material and field experiences. They will be held daily for the first 2 weeks and scheduled as need throughout the training program.
6. Distribute and discuss the training calendar.
7. Discuss that explanations of each type of learning that is in the Trainee Manual. There you will find each trainings description/objective, method, assessment of learning, related resources or materials needed, and a description of any field assignments tied to the unit.
8. Review Workday and how to access trainings.
9. Explain and review the Field Experience Checklist and the expectations for completion.

Evaluation Process

10. Review the Pre-Assessment Process if applicable.
 - a. Utilized to determine the trainee's qualifications and preparedness prior training.
 - b. Assist in helping determine if the trainee is exempt from any training provided throughout the New Worker Training due to experience, training, or education.
11. Review the Readiness Assessment
 - a. Completed bi-weekly prior to the Progress Meetings by Trainee, L&D Lead Worker, and CFSS Supervisor to measure readiness to perform duties of a CFSS.
 - b. Used to support progression through training.

- c. Trainee can be assigned cases while in training (i.e. rated a level 3 in their role specific skills and at least a level 2 for all other skills)
- d. Readiness Assessment scores will be determined based on trainings, coaching conversations, and field opportunities.
- e. Example: Core Duties: Navigate N-FOCUS to complete all required work tasks in the required timeframes. This core duty could be listed at a 2 if the trainee takes notes and assists with documentation after a field experience but all documentation would still need to be reviewed and approved. This core duty could be listed as a 3 if all N-FOCUS Field Experiences are completed and documentation can be completed independently.

On-Call

12. Trainees will experience their first on-call while in weeks 3-5 of New Worker Training.
 - a. L&D Lead will arrange at least 2 evenings that the Trainee will be paired-up with an assigned on-call worker. Trainee's on-call evenings will be primarily scheduled Sundays-Thursdays and will depend on the Trainees schedule the following day to ensure adequate continuation of case management.
 - b. If a trainee does not get called during their scheduled evening, the Trainee will have another on-call evening added to their calendar during training.
 - c. Prior to on-call the Lead will discuss expectations for the on-call. The L&D Lead will arrange a meet and greet between the Trainee and assigned CFSS.
 - d. The on-call worker will be responsible for calling the Trainee if it has been determined that an onsite response is needed. The on-call worker will take the lead in the on-site response with the assistance of the Trainee. Trainee will not make case decisions nor be unsupervised when engaging with families.
13. Trainees will experience their next on-call evening between weeks 8-11 of New Worker Training.
 - a. L&D Lead will ensure that the Trainee has completed the Initial Assessment training units prior to scheduling on-call. L&D Lead will discuss the expectations and relevant local practices regarding on-call.
 - b. The on-call worker is responsible for calling the Trainee if it has been determined that an onsite response is needed. The Trainee will take the lead in the onsite response with the support from the on-call worker. Trainee must have the on-call worker present during the onsite response.
 - c. Trainee will complete all necessary case related tasks the following day based on local practices.
14. Post Training Support for on-call will be provided.
 - a. After completing New Worker Training, the newly promoted CFSS will join the local office on-call rotation.
 - b. For 3 months post training, L&D Lead will connect with the newly promoted CFSS prior to each on-call rotation to ensure Trainee feels prepared.
 - c. L&D Lead will ensure that CFSS has created a phone list to call for assistance prior to being on-call. L&D Lead can volunteer to assist upon approval from their supervisor.

Case Assignment

15. A trainee can be assigned their first cases once they have completed their pathway with a rating of 3 in their pathway skills, and a minimum of 2 for all other skills.
 - a. Week 6 for Initial Assessment/Alternative Response
 - b. Week 7 for Intake/Hotline Trainees

c. Week 9 for Ongoing Trainees

16. While still in training status, trainees can have no more than 4 families assigned. Assignment of cases will occur at the agreement of the Trainee, L&D Lead, and CFSS Supervisor. Cases will be jointly identified by the CFSS Supervisor and L&D Lead.

17. Trainee, with the assistance of the CFSS Supervisor, will develop a coverage plan to ensure Trainee's attendance at required trainings.

Surveys

18. Worker Surveys

a. After every training is completed, the trainee will provide immediate feedback to the L&D team over content, trainers, and the preparation to do the job.

19. Supervisor Surveys

a. Completed 6 months from the trainee's hire date and will be utilized to upgrade any training components including content, L&D Team, and support.

20. Field Teammate Feedback

- a. L&D Leads will contact teammates in the field that have assisted the trainee in their field experiences and their assigned cases to obtain information to utilize at progress meetings.
- b. The feedback provided will be utilized as supporting information in the Readiness Assessment.

Additional Topics

21. Follow up to be sure each trainee has worked with his or her supervisor to access iCharts, NDEN, and N-FOCUS

22. Discuss training tips and Webex etiquette.

23. Discuss importance of confidentiality in work.

24. Ensure contact information is shared.

25. Scheduled next Progress Meeting

Progress Meeting Agenda

This meeting will be held bi-weekly. Present for the meeting will be the trainee, L&D Lead, and CFSS Supervisor.

Meeting Preparation
1. Prepare the Readiness Assessment.
2. Review the Field Experience Checklist.
3. Prepare any questions for the meeting.
Topics to Discuss
1. Review and discuss what is working well with training and any barriers.
2. Review where the trainee is at in their Individualized Learning Plan calendar and determine if any training need to be made-up or rescheduled.
3. Review the Field Experience Checklist.
4. Review the previous Readiness Assessment levels.
5. Complete the Readiness Assessment with feedback from the trainee and CFSS Supervisor.
6. Address any concerns about the trainee's progress in training and develop recommendations or next steps to address the concerns or barriers.
7. Review and discuss roles and responsibilities based on where the trainee is at on the Readiness Assessment.
8. Discuss next steps.
9. Schedule the next meeting.
Additional Topics Based on the Week of Training
10. Scheduling on-call for field experience.

Pre-Case Management Progress Meeting Agenda

This meeting will be held prior to the trainee being assigned cases. Present for the meeting will be the trainee, L&D Lead, and CFSS Supervisor.

Meeting Preparation
1. Prepare the Readiness Assessment.
2. Review Field Experience Checklist.
3. Conversations with the CFSS Supervisor regarding what cases will be assigned.
4. Prepare any case assignment questions.
Topics to Discuss
1. Review and discuss what is working well with training and any barriers.
2. Review where the trainee is at in their Individualized Learning Plan calendar and determine if any training need to be made-up or rescheduled.
3. Review the Field Experience Checklist.
4. Review the previous Readiness Assessment levels.
5. Complete the Readiness Assessment with feedback from the trainee and CFSS Supervisor.
6. Address any concerns about the trainee's progress in training and develop recommendations or next steps to address the concerns or barriers.
7. Stakeholder Survey- Will be completed by individuals the trainee has collaborated with during case duties and will be asked to provide feedback on their preparedness, strengths, and areas for improvement. This information will be gathered and reviewed at the progress meeting prior to promotion.
8. Discuss next steps.
9. Schedule the next meeting.
Case Assignment
10. Review the intakes and/or families to be assigned. Discuss next steps including case transfers.
11. Review key points about case supervision and case documentation.
12. Discuss coverage plan for the trainee while continuing training.
13. Review the new roles and responsibilities to clarify the specific expectations of each position while the trainee is assigned cases.
Additional Topics Based on the Week of Training
14. Scheduling on-call for field experience.

Pre-Promotion Progress Meeting Agenda

This meeting will be held prior to the trainee being promoted to a full specialist. Present for the meeting will be the trainee, L&D Lead, and CFSS Supervisor.

Meeting Preparation	
1.	Prepare the final Readiness Assessment.
2.	Review Field Experience Checklist.
3.	Prepare questions for post promotion expectations.
Topics to Discuss	
1.	Review and discuss what is working well with training and case management and any barriers.
2.	Review the training calendar and field experience checklist to ensure everything is completed.
3.	Review the previous Readiness Assessment levels.
4.	Complete the final Readiness Assessment with feedback from the trainee and CFSS Supervisor. Add additional feedback from external parties.
5.	Address any concerns about the trainee's progress in training and develop recommendations or next steps to address the concerns or barriers.
6.	Review the new roles and responsibilities to clarify the specific expectations of each position after promotion.
7.	Discuss On-Call Produce after promotion.
8.	Worker Surveys <ol style="list-style-type: none">The trainee will have the ability to complete a survey after the completion of the training process to provide their overall feedback on the training process.Another survey will be received in about 3 months after promotion.
9.	Provide instructions or assist in ordering business cards.
10.	Discuss any additional next steps.

Evaluation Process

An important part of ensuring effective training is training evaluation. The goals of the New Worker Training Evaluation System are to collect information to provide to Trainees, Lead Workers, and Supervisors feedback about individual trainee performance including strengths and areas of improvement and to inform decisions about the future use of various instructional activities in their delivery.

A variety of knowledge and skill assessment have been implemented, and informal knowledge and skill evaluations occurs routinely in all training units.

Tools used to meet these goals include:

- Trainee knowledge and skill evaluations conducted throughout training. These are completed through learning checks, Field Experiences, post quizzes, coaching conversations, and the Readiness Assessment.
- Unit evaluations completed by Trainees on both the trainings and the trainer.
- Post training evaluations by Trainees on their overall perceptions of the training model.
- Post training evaluations by Supervisors on their overall perceptions of the training model.

Trainee Pre-Assessment Guidelines

Child and Family Services Specialist (CFSS) Trainee Pre-Assessment Guidelines

Purpose

The purpose of the Trainee Pre-Assessment is to evaluate Child and Family Services Specialist Trainee's (CFSST) prior qualifications and readiness for the CFSS position. It helps identify whether the CFSST can be exempt from any training in the New Worker Training based on previous experience, training, or education.

Process for Completing

CFSS Lead Worker will review CFSST's resume and job application to assess prior experience, training, or education that may qualify the Trainee to waive certain training. If eligible, the Trainee will complete a quiz for the identified training and must receive 80% or higher to qualify for the waiver. The Lead Worker will review any missed questions with the Trainee to ensure understanding. If the waived training has a required Coaching Conversation, the Trainee will still participate. The waiver form will be completed by the Lead Worker and Field Supervisor and signed and approved by the Field Administrator. The following training categories should be considered during the review.

Non-Negotiables – trainings that will not be considered for waiver and must be completed in full, regardless of prior experience, training, or education. These trainings are mandatory for all Child and Family Services Specialist Trainees (CFSSTs).

Possible Test out Trainings – trainings that will be considered for waiver based on a trainee's experience, training, or education and pending completion of the quiz for the training with an 80% or higher and required Coaching Conversations.

<u>Non-Negotiables</u>	<u>Possible Test out Trainings</u>
Worker Safety	ICWA
Education and Special Education	Car Seat
Domestic Violence	Trauma Within Family Systems
Substance Use	Child Development Basics
Comprehensive Youth Health	Suicide Prevention and Crisis Response
Supporting Trafficked or Missing Youth	Interviewing Basics
Introduction to Domestic Violence	Intro to Child Welfare
SDM Safety Assessment	Intro to the Hotline
SDM Safety Plan	Intro to Initial Assessment
SDM Risk/Prevention Assessment	Intro to Ongoing
SDM Case/Family Plan	Intro to Abuse and Neglect
SDM Additional Assessments	Intro to Juvenile Court Processes
SDM Out-of-Home Assessment	Intro to Documentation for Case Management

Readiness Assessment

Purpose

The purpose of this assessment is to ensure that Child and Family Services Specialist Trainees (CFFST) demonstrate adequate knowledge and necessary skills prior to promotion to CFS Specialist (CFSS).

Process for Completing

The Readiness Assessment is completed bi-weekly throughout training to measure a Trainee's readiness to perform the duties of a CFSS.

- A Trainee is rated between levels 1-4 on skills listed in the assessment.
- Prior to each Progress Meeting, the Lead, Supervisor, and Trainee will independently complete a draft of the Readiness Assessment. During the meeting, they will review and discuss their drafts to develop a final version that reflects a shared understanding of the Trainee's current progress. The finalized Readiness Assessment must be signed and dated by all parties at the conclusion of each meeting.
- Skills are broken up into Core and Role Specific skill sets. All Trainees will complete Core skills.
 - Field or case-carrying Trainees must complete Ongoing and IA Role Specific skill sets.
 - Hotline Trainees must complete the Hotline Role Specific skill set.
- The Trainee can be rated at varying levels for each skill but must be rated at a level 3 in Role Specific skills and at least a level 2 in all Core and Non-Role Specific skills to receive cases.
- The Trainee will be released from training status when all Core and Role-Specific skills are rated at a level 4, all Non-Role Specific skills are rated at a level 3, and all training is complete.

Standards for Completing

All performance judgments should be based on direct or indirect performance information. A Level 1 rating indicates a need for the highest level of supervision, and Level 4 indicates a Trainee's ability to work independently.

- Direct information includes firsthand observation of or interaction with the worker in the office or field or direct observation of his/her work products, such as assessments, reports, plans, or narratives.
- Indirect information includes feedback provided by Field Teammates and external stakeholders (e.g., Attorneys, Service Providers, Foster Care Specialists, etc.)
- If performance information is insufficient to make a judgment, a Lead Worker and/or Supervisor are expected to seek out additional information or create new opportunities for the Trainee to demonstrate performance.

Levels

Level 1: The Trainee is present and observes.

- The Trainee observes, takes notes, and compares them with the Teammate's notes to ensure they capture the appropriate information.

Level 2: The Trainee executes job duties with direct, present, and proactive supervision.

- The Trainee helps co-facilitate or participates when approved while in the field with a Teammate or Lead Worker present. The Trainee takes notes and documents the meeting or assessment, receives approval from a Teammate, Lead Worker, or Supervisor, and then enters documentation into N-FOCUS.

Level 3: The Trainee performs job duties independently with indirect and reactive assistance readily available.

- The Trainee likely has at least one of their cases and completes case management duties independently as determined by their Supervisor and Lead Worker at the Progress Meetings. Trainees attend all court hearings with a Teammate, Supervisor, or Lead Worker.

Level 4: The Trainee works independently.

- The Trainee is being released from training status and/or works independently.

Child and Family Services (CFS) Specialist Trainee Readiness Assessment

Date of hire: _____

CFSS Trainee's Name: _____

CFSS Trainee's Employee ID Number: _____

CFSS Trainee Supervisor's Name: _____

CFSS Lead Worker's Name: _____

Levels:

Level: 1 – The Trainee is present and observes.

Level: 2 – The Trainee executes job duties with direct, present, and proactive supervision.

Level: 3 – The Trainee performs job duties independently with indirect and reactive assistance readily available.

Level: 4 – The Trainee works independently.

Core Duties

Level

Shows sufficient application of training in day-to-day job duties.	
Seeks and obtains assistance, information, and clarification from appropriate resources (i.e., supervisor, lead worker, statute, policy) when needed.	
Responds positively to feedback and redirection and implements changes based on feedback received.	
Recognizes required time frames and mandatory consultation points and consults with their supervisor to make case decisions.	
Organizes workload and effectively manages time and priorities.	
Navigates N-FOCUS to complete all required work tasks in the required timeframes.	
Relates to families while building rapport in a culturally respectful and sensitive manner.	
Creates and implements safety plans to protect children from the immediate threat of serious harm.	
Helps families access resources to address the family's needs.	
Recognizes children's age-appropriate educational and developmental needs and ensures they are addressed and documented in N-FOCUS.	
Utilizes critical thinking skills with information gathered to support decision-making.	
Recognizes and manages personal stress associated with child welfare work.	
Communicates effectively, both verbal and written.	
Recognizes potentially dangerous conditions and responds to ensure personal safety.	
Remains calm and confident in conflict situations, maintains effective communication, and demonstrates knowledge of de-escalation skills.	
Identifies how children's mental, physical, vision, and dental needs are addressed and documented in N-FOCUS.	
Develops and maintains collaborative relationships with internal and external partners.	

Adheres to DHHS policies, Standard Operating Procedures, and ethical and professional standards of conduct.	
Demonstrates use of Assessment tools to guide work with families.	
Gathers, prepares, and documents case information for court.	
Understands the purpose and processes of the varying juvenile court hearings and their associated casework responsibilities.	
Makes diligent efforts to locate and involve non-custodial parents and relatives in the case process to meet the needs of the children.	
Works collaboratively with families, service providers, and community partners to assess for safety and coordinate services specific to the family's needs.	

Initial Assessment Duties

Level

Utilizes suitable interview strategies with children, families, and collateral contacts to gather assessment information.	
Collaborates with law enforcement and Child Advocacy Centers as necessary.	

Ongoing Duties

Level

Helps families develop, implement, and review plans that address the family's reason for involvement and build on family strengths.	
Integrates permanency planning at all stages of case involvement.	
Uses family team meetings to aid in planning and decision-making.	

Hotline Duties

Level

Engages callers professionally and reassuringly.	
Screens child maltreatment referrals and makes decisions regarding case acceptance and response priority.	
Identifies and gives information regarding appropriate community services when formal intervention is not needed but the family has an unmet need.	
Determines when collaterals are mandatory and when they could benefit from screening the intake.	
Navigates N-FOCUS to review historical information about the family to inform screening decisions.	
Documents intake maltreatment, relevant and required information, and collateral contacts in N-FOCUS.	

Next Steps:

1. What do we want to see before the next progress meeting?
 - Supervisor –
 - Lead –
 - Trainee -

2. What do we want to see before case assignment?
 - Supervisor –

- Lead –
 - Trainee -
3. What do we want to see before promotion?
- Supervisor –
 - Lead –
 - Trainee -

Notes:

Surveys and Feedback

Purpose:

Training surveys are essential tools for evaluating the effectiveness of the training program. They help determine whether the training objectives have been met, assess trainees' understanding, and identify areas for improvement. By gathering feedback on content clarity, delivery methods, and participant confidence, surveys provide valuable insights into the success of the training.

Surveys also play a crucial role in enhancing future training programs by analyzing trainees' experiences, helping organizations pinpoint both strengths and weaknesses. This enables the development of better-tailored content and more engaging delivery methods. Furthermore, surveys help identify knowledge gaps, ensuring that further training can be provided where needed and that the program evolves to meeting changing needs.

In addition to improving content, training surveys gauge trainee engagement and satisfaction, offering a clear picture of how trainees felt about the training. These insights help align individual needs and the organization's goals. Ultimately, surveys help track the return on investment by demonstrating the impact of training on performance, productivity, and long-term outcomes.

Types of Training Surveys:

- **Unit Evaluations:** Feedback on specific training units to assess content and delivery effectiveness.
- **Field Experience Feedback:** Feedback from field teammates about the trainee's performance during fieldwork.
- **Stakeholder Survey:** A survey completed by external stakeholders to assess their perspective on the trainee's performance and development.
- **End of Training Survey:** A comprehensive survey taken at the end of the training program to evaluate overall effectiveness and participant satisfaction.
- **Six Months of Employment Survey:** A follow-up survey conducted six months after employment to assess the long-term impact of training on job performance and satisfaction.

Field Experience Feedback:

The L&D Lead will solicit feedback from the Field Teammate(s) who worked with the trainee during field experiences. This feedback is crucial for evaluating the trainee's performance and development in real-world settings. The insights gathered will be shared during Progress Meetings and will inform ongoing training adjustments or additional support needed.

Coaching Conversations

A coaching conversation is structured, intentional, and purposeful, designed to foster both personal and professional growth. Unlike regular conversations, coaching is more deliberate and deeply engaging. Coaching Conversations will be held between the L&D Lead and the trainee with the possibility of occurring in a group setting involving multiple trainees. The Trainee's Supervisor or L&D Supervisor may also join the Coaching Conversation when necessary.

Purpose:

- Improve employee performance, engagement, and job satisfaction. Coaching provides the opportunity for meaningful feedback, encouragement, and support, ultimately enhancing job satisfaction and performance.
- Ensure that the trainee has gained a clear understanding of learned concepts and field experiences and can confidently apply this knowledge in their role.
- Address concerns or barriers that may arise during training, ensuring that any challenges are identified and dealt with constructively.

Coaching Skills:

Presence:

- Focused attention without distraction.
- Calm, centered, and no rush.
- Soft agenda to allow flexibility and adjustment to the needs of the trainee.

Listening:

- Suspending judgment.
- Open, giving space, not thinking about response or rebuttal.
- Listening behind the words, watching body language, and listening to nuance.

Reflecting/Clarifying:

- Using the trainee's words to reflect your understanding.
- Staying true to the trainee's content.
- Summarizing to keep the conversation focused and to highlight movement.

Questioning:

- Asking real questions that move the person into reflection.
- Prioritizing questions over answers, allowing the trainee to explore their own solutions rather than providing directives.
- Using questions to keep the conversation focused.

Feedback:

- Giving strengths-based feedback with a balance of affirmation and developmental feedback.
- Watching judgmental language – focus on the trainee's behavior and impact.
- Connecting feedback with the issue at hand.

Holding the Trainee and Lead Accountable:

- Collaborating on clear action items together that the trainee commits to.
- Following up to ensure action items occur.
- Addressing breakdowns, modeling behavior, and being accountable.

Scheduled Coaching Conversations

- Eleven Required Training Coaching Conversations, listed on the next page, will be incorporated into the Trainee's schedule. Specific Training Coaching Conversations are located within the Trainings section of this manual, corresponding to the training topics.
- Two Additional Required Coaching Conversations, unrelated to a specific training topic, will also be scheduled for the Trainee.
- One Optional Coaching Conversation may be added to the Trainee's schedule as needed.

Required Training Coaching Conversations

- The Indian Child Welfare Act (ICWA)
- Understanding and Address Domestic Violence
- Recognizing and Responding to Substance Use in Families
- Trauma within Family Systems
- Interviewing Basics
- Worker Safety
- Introduction to Child Welfare
- Introduction to Initial Assessment
- Introduction to Ongoing
- Identifying Abuse and Neglect
- Introduction to Juvenile Court Processes

Additional Required Coaching Conversations

Testifying

Coaching Conversation:

- Knowing when you can be called as a witness and how that may occur (court order, subpoenas, etc.)
 - Understanding that testifying can occur at *all* hearings, no matter the hearing type.
 - Identifying when IA workers may be called to testify vs. when ongoing workers may be called to testify.
- Discuss how to prepare for testimony.
 - Review facts and documentation and understand the position of DHHS.
- Discuss the sequence of testimony.
 - Oath → Direct Examination → Cross Examination → Re-Direct
- Review the testifying techniques handout.
- Identify professional and unprofessional attire.
- Highlight the importance of being aware of their non-verbal communication, including facial expressions and distracting behavior.
- Testifying to common questions and topics in any juvenile court hearing.
 - SDM / SAFE Model
 - Case Plans & Progress
 - Best Interest
 - Reasonable Efforts
 - Services
 - Exceptions
- Asking for clarification or a repeat of the question.
- Speak with new workers about how to manage objections during their testimony.
- Discuss how a trainee would answer questions regarding their training, experience, and education.

On-Call

Prior to on-call Coaching Conversation:

- What on-call will look like for them while in training.
- Review worker safety while on-call.
- The on-call policy.
- How on-call sign-up and rotation work in their office.
- Location of any on-call bag/folder in their office.
- Where to access the calendar for on-call.
- How a trainee is contacted, whether through their work phone number or on-call phone.
- Review possible on-call process regarding EPC and/or mental health EPC.
- Ensuring they have the after-hours phone numbers for law enforcement, CAC, and other resources.
The process if you are unable to be on-call when scheduled.

Post Coaching Conversation:

- Next Steps for the trainee for on-call
- Reviewing how to enter on-call in Kronos.
- Discuss any questions the trainee has.

Optional Coaching Conversation

Court Report

Coaching Conversation:

- Review the key components of a Court Report, outlining what is documented in each section. Discuss the importance of each section in presenting a clear, factual, and comprehensive account of the case.
- Discuss the expectations that supervisors, the court, and the judge have for Court Reports.
- Discuss the process of gathering relevant information for the Court Report.
- Review when an initial Court Report is created and the frequency of subsequent reports. Discuss the importance of regular updates to ensure the legal parties have current and relevant information throughout the case.
- Identify the individuals or entities who receive the Court Report after it is completed. Discuss the importance of timely distribution to ensure all stakeholders have access to the information ahead of the court hearing.
- Review the required attachments to the Court Report, as well as any optional documents that may be included.

Trainings

A comprehensive training curriculum has been developed to offer a structured approach to skill development, ensuring that Trainees gain both knowledge and hands-on experience. The training program includes workshops, rotational trainings, self-paced modules, small bite-sized learning, HR-required training, and Coaching Conversations. Below is the curriculum list, along with descriptions and objectives for each training topic.

Training and Coaching Conversation Checklist

Self-Paced Trainings

Topics	Completion Date
<u>Background Check Portal</u>	
<u>Introduction to Abuse and Neglect</u>	
<u>Introduction to Child Welfare</u>	
<u>Introduction to Documentation</u>	
<u>Introduction to Initial Assessment</u>	
<u>Introduction to the Juvenile Court Process</u>	
<u>Introduction to Ongoing</u>	
<u>Introduction to Safety Organized Practice*</u>	
<u>Introduction to the Hotline</u>	
<u>Introduction to the Indian Child Welfare Act (ICWA)*</u>	
<u>Introduction to Understanding and Addressing Domestic Violence*</u>	

*Indicates a training that is a prerequisite to an instructor led training

SDM Trainings

Topics	Completion Date
<u>Additional SDM Assessments</u>	
<u>SDM Case and Family Plans</u>	
<u>Out-of-Home Assessment</u>	
<u>SDM Risk and Prevention Assessments</u>	
<u>SDM Safety Assessment</u>	
<u>SDM Safety Plan</u>	

Rotational Trainings

Topics	Completion Date
<u>Child Development Basics</u>	
<u>Comprehensive Youth Health</u>	
<u>Supporting Education for Youth in the Child Welfare System</u>	
<u>Indian Child Welfare Act (ICWA)</u>	
<u>Interviewing Basics</u>	
<u>Recognizing and Responding to Substance Use in Families</u>	
<u>Suicide Prevention and Crisis Response</u>	
<u>Supporting Trafficked or Missing Youth</u>	
<u>Trauma within Family Systems</u>	
<u>Understanding and Addressing Domestic Violence</u>	

Workshop Trainings

Topics	Completion Date
<u>Car Seat</u>	
<u>Introduction to N-FOCUS</u>	
<u>Worker Safety</u>	

Small Bites

Required	Completion Date
<u>Documenting Placement</u>	
<u>Child and Family Services Review (CFSR)</u>	
<u>Documenting ICWA</u>	
<u>Nebraska Caregiver Responsibilities Tool (NCR)</u>	
<u>Parenting Time Plans</u>	
<u>Referral Portal</u>	
<u>Family Relationships and Notices</u>	
<u>Secondary Trauma</u>	
Secondary	Completion Date
<u>Children and Adult Resource Library (C.A.R.L) and PolicyTech</u>	
<u>Common Referral</u>	
<u>Correspondence in N-FOCUS</u>	
<u>Document Imaging</u>	
<u>Ecomaps and Genograms</u>	
<u>Economic Assistance Programs</u>	
<u>Employee Tools</u>	
<u>Person Detail in N-FOCUS</u>	
<u>Protection and Safety Forms</u>	
<u>Superintendent Letters</u>	
Tertiary	Completion Date
<u>Cultural Plans</u>	
<u>EZ Access Reporting</u>	
<u>Interfaces in N-FOCUS</u>	
<u>Interstate Compact on the Placement of Children (ICPC)</u>	
<u>Letter of Agreement (LOA)</u>	
<u>Medical and Conditions in N-FOCUS</u>	
<u>Outlook</u>	
<u>Documenting Parental Rights</u>	
<u>Transitional Living Plan (TLP)</u>	
<u>Workday</u>	

Coaching Conversations

Required	Completion Date
Identifying Abuse & Neglect	
Interviewing Basics	
Introduction to Child Welfare	
Introduction to Initial Assessment	
Introduction to Juvenile Court Processes	
Introduction to Ongoing	
On-Call	
Recognizing and Responding to Substance Use in Families	
Testifying	
The Indian Child Welfare Act (ICWA)	
Trauma within Family Systems	
Understanding and Addressing Domestic Violence	
Worker Safety	

Field Training Experiences

Required	Completion Date
<u>Field Training Experiences</u>	

HR Required Trainings

Topics
For a complete list of HR required trainings go to <u>New-Employee-Training</u>

Post New Worker Training Requirements

Topics	Completion Date
<u>Safety Organized Practice Overview</u>	

Workshops

Workshops will be held in person to allow the Trainee to have hand-on assistance while learning that topic. These Workshops will be held in the Trainee's service area and scheduled based upon the need of the Trainees in that specific area. All Workshops will be held within the first and second week of the Trainee starting.

Car Seat

Description: Trainees will develop skills in selecting and installing and properly using a car seat for transporting children. Topics include the Nebraska child passenger restraint law, crash and restraint system dynamics, and parts and functions of vehicle and child restraint systems.

Time/Modality: In Person; 3 Hours

Outcomes:

- Be aware of the Nebraska child passenger safety law and know how to locate it as needed.
- Be aware of the dynamics of crashes and how restraints prevent injury.
- Identify the parts and functions of vehicle and child restraint systems.
- Identify the different types of car seats and which is appropriate for different circumstances.
- Be able to install a car seat properly.

Post Work:

- Car seat installation

Coaching Conversation:

- Location of car seats in your office and the checkout system.

Worker Safety

Description: CFS trainees will be introduced to de-escalation techniques and different strategies for preventing, recognizing, and responding to worker safety threats. Trainees will become confident in knowing how to treat all people with respect and dignity, being aware of their surroundings by recognizing risk factors in all environments and recognizing signs of escalation.

Time/Modality: In Person; 3 Hours

Outcomes:

- Understand the importance of safety when conducting community visits and interacting with individuals involved with DHHS.
- Understand types of communication, recognize signs of escalation and be self-aware in responses.
- Understand the importance of being aware of your surroundings.

Handouts:

- The Four as of Safety PDF

Post Work:

- Coaching Conversation

Coaching Conversation:

- Think about worker safety (i.e., parking vehicles, positioning your body, de-escalation techniques, etc.) during your ongoing field experiences. Are there things your coworker did not consider or extra precautions that your coworker did consider prior to their meeting?
- Review when law enforcement is required to go with CFS and review the policy.

Introduction to N-FOCUS

Description: Trainees will gain skills in navigating N-FOCUS. They will explore the platform's features and functionality, learn where to complete tasks within the system, where required documentation is located, and learn how to search for information. They will also be trained on where and how to implement assessments in N-FOCUS.

Time/Modality: In Person; 2 Hours

Outcomes:

- Understand the importance of timely, accurate case management documentation.
- Become familiar with the basic structure and functionality of N-FOCUS.
- Articulate what information can be located within N-FOCUS.
- Be able to navigate throughout N-FOCUS.
- Know what N-FOCUS is and who it is used by within DHHS.

Post Work:

- Coaching Conversation
- Field Experience

Coaching Conversation:

- Discuss the various divisions within DHHS that use N-FOCUS.
- Encourage them to practice using N-FOCUS.
- Discuss the N-FOCUS desk and when to utilize it.

Self-Paced Training

Self-Paced trainings provide introductions to various topics that will be expanded on in additional trainings and/or during Field Experiences. Self-paced trainings are completed individually, at your pace, to allow the flexibility to continue training while available to participate in Field Experiences. All Self-Paced must be completed prior to being promoted to a full CFS Specialist.

- Leads will be able to determine if a Trainee is understanding the material based on Field Experience and Coaching Conversations.
- Trainees may be asked to retake training if the Trainee is not grasping the concept.

Introduction to Child Welfare

- Description:** Trainees learn the basics of the Child Welfare system in Nebraska including:
- Roles and responsibilities of being a Children and Family Services (CFSS).
 - Factors contributing to family involvement with CFS.
 - The important community partners connected to CFS.
 - Maintaining professionalism while at work and outside of work.
 - Working with families experiencing trauma.
 - Adaptability and critical thinking expectations.
 - Acronyms community used and definitions related to CFS.

Time: 90 Minutes

- Outcomes:**
- Understand the roles and responsibilities of being a CFSS.
 - Articulate the flow of a case from the hotline report to case closure.
 - Understand factors that could lead to a family's involvement with the Nebraska Department of Health and Human Services (DHHS).
 - Demonstrate how to establish and maintain professional boundaries.
 - Become aware of the different acronyms and definitions used.
 - Become aware of the various community partners and their roles and responsibilities.
 - Become aware of Secondary Trauma.
 - Understand the importance of critical thinking in case management.

- Post Work:**
- Coaching Conversation

- Coaching Conversation:**
- Provide the Glossary NWT 2025 handout.

Introduction to the Hotline

- Description:** Trainees learn introductory information of a CFSS hotline worker’s job. Topics include:
- Policies related to the hotline.
 - Expectations of a hotline worker and their job responsibilities.
 - Hotline worker decision making made using the SDM tool.
 - The process from the phone call to the closing of the intake including documentation.
 - How the hotline and the field work together to ensure best practice.
- Time:** 60 Minutes
- Outcomes:**
- Understand the specific roles and responsibilities of Children and Family Service Specialists (CFSS) as they relate to the Nebraska Abuse and Neglect Hotline.
 - Become aware of the process of receiving and screening an intake.
 - Understand how the hotline and the field collaborate to ensure best practice.
- Post Work:**
- Quiz
- Coaching Conversation:**
- Review criteria and become familiar with what meets and does not.
 - Discuss the Hotline’s process when there is a Priority 1 intake and how it gets to the local offices.

Introduction to Initial Assessment

Description: Trainees will gain an understanding of the similarities and differences between Traditional Response intakes and Alternative Response intakes. Topics Include:

- Engaging with the family
- Gathering information
- Response times, policies, and procedures
- Utilizing Structured Decision Making (SDM) assessments
- Case status determination

Time 60 Minutes

Outcomes:

- Understand the specific roles and responsibilities of Children and Family Service Specialists as they relate to initial assessment.
- Become aware of DHHS policies and procedures for Traditional Response and Alternative Response case management and where the policies are located.
- Understand the purpose of the Structured Decision Making (SDM) assessments for Traditional Response and Alternative Response case management.
- Become aware of the communication required in order to gather relevant information.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Review where to locate policies specific to initial assessment.
- Discuss any priority one rotation in your office and/or service area.
- Discuss how their supervisor or office assigns intakes to initial assessment workers.
- Inform them of local law enforcement agencies they might work with and explain their role in the initial assessment process.

Introduction to Ongoing

Description: Trainees will gain an understanding of ongoing case management process. Topics include:

- Policies and procedures.
- Utilizing appropriate Structured Decision Making (SDM) assessments.
- Documentation best practices.
- Family engagement and communication.
- Assessing families while using a Safety, Permanency and Well-Being mindset.

Time 120 Minutes

Outcomes:

- Understand the roles and responsibilities of CFSS as they relate to ongoing case management.
- Understand the purpose Structured Decision Making (SDM) assessments for ongoing case management.
- Become aware of the communication required in order to gather relevant information.
- Become aware of DHHS policies and procedures for ongoing case management and where they are located.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Review where to locate ongoing case management policies.
- Discuss Bi-portal and EZ Access reporting. Refer them to Small Bite Trainings.
- Discuss the case transfer process from initial assessment to ongoing within their team and/or office.

Introduction to Abuse and Neglect

Description: Trainees will learn to identify signs of physical and emotional abuse, neglect, and maltreatment. Trainees will learn to recognize indicators of abuse and neglect along with the required responses of the CFSS when abuse and neglect is identified.

Time: 60 Minutes

Outcomes:

- Become aware of indicators of maltreatment.
- Articulate the difference between abuse and neglect.
- Become aware of the role and responsibility of the CFSS when abuse/neglect is identified.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Discuss how specific cultural practices could play a part in maltreatment.

Introduction to the Juvenile Court Process

Description: Trainees will be introduced to the basics of the Juvenile Court Process. The course will cover key topics such as the terminology of Juvenile Court, the roles of key participants including judges, parent's attorneys, County attorneys, GAL, CASA, and probation officers, as well as an overview of juvenile court procedures.

Time: 60 Minutes

Outcomes:

- Be aware of the terminology used in Juvenile Court.
- Become knowledgeable of the roles of all legal parties involved in Juvenile Court.
- Recognize the difference between hearing types and the importance of each hearing type.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Have new workers walk you through the court process from when a family becomes court-involved to case closure and/or Termination of Parental Rights.
- Discuss Case Manager responsibilities at each type of hearing.
 - First Appearance – Protective custody hearing
 - Initial assessment worker
 - Service Area specific: Prehearing conferences – mediation centers.
 - Information gathering
 - Reviewing petitions/allegations
 - Pre-Adjudication (names based on service area/court)
 - Be prepared to identify reasonable efforts.
 - Prepare to testify.
 - Assist county attorney with trial preparation.
 - Adjudication Trial
 - Be prepared to testify to the removal and allegations within the petition.
 - Inform the court of what DHHS needs from a parent or family to create a plan to correct adjudicated behaviors.
 - Disposition & Review
 - Create a case plan and court report and submit it to your supervisor within the identified timeframe.
 - Include any recommendations pertaining to the case in your court report.
 - Be prepared to testify to the plan developed to correct the adjudicated behaviors and/or progress made since the last hearing.
 - Permanency
 - Determine if there is a need for a concurrent goal in the case plan.
 - Prepare a report recommending whether and when a child can be reunified with a parent.
 - Be prepared to testify in support of the permanency plan.
 - Exception

- Recommend if TPR should be filed or if there is an exception. Be prepared to support any compelling reasons for not filing TPR.
- Discuss the distinct types of exceptions that can be found pursuant to N.R.S. § 43-292.02.
 - The child is cared for by a relative.
 - The Department of Health and Human Services has identified a compelling reason for determining that filing a petition would not be in the juvenile's best interests.
 - The family of the Juvenile has not had a reasonable opportunity to avail themselves of the services necessary.
- Termination of Parental Rights Trial
 - Review case notes and discuss with the county attorney to prepare testimony.
 - Provide discovery as requested and assist the county attorney in preparation.
 - Be prepared to testify to the child's best interest.
 - Discuss when TPR is considered and what steps should be taken if CFSS recommends TPR.
- Discuss when and what types of information it is appropriate to communicate with legal parties.
- Identify important statutes new workers should know when working with families.
 - § 43-1311.01 Child removed from home: notice to noncustodial parent and certain relatives
 - § 43-1311.02 Placement of child and siblings
 - § 43-247 Juvenile Court Jurisdiction
 - § 43-279.07 Juvenile in need of assistance or termination of parental rights; rights of parties
 - § 43-283.01 Preserve and reunify the family; reasonable efforts; requirements
 - § 43-285 Care of juvenile; authority of guardian; placement plan and report
 - § 43-1312 Plan or permanency plan for foster child
 - § 43-292 Termination of parental rights
- Discuss using the Nebraska Bar Association website to obtain contact information for legal parties.
- **Service Area Specific:** Explain to new workers the outlay of the juvenile courtroom specific to the counties they will serve. Discuss any courtroom-specific information they will need to know.
- **Service Area Specific:** Discuss when petitions, update letters, and/or court reports are needed and the difference.
- **Service Area Specific:** Identify the Judges and County Attorneys who serve the counties specific to the new workers.
- **Service Area Specific:** Discuss the process of pre-hearing conferences or court-ordered mediations.

Introduction to Documentation

Description: Trainees will receive foundational information on the expectations for documenting throughout the case management process. They will become familiar with the specific types of documentation required and learn where this documentation should be recorded.

Time: 60 Minutes

Outcomes:

- Understand case management benefits to accurate documentation.
- Learn to identify key points that should be included in documentation.
- Understand how to document information in a factual and concise manner.
- Gain insight into which types of contacts and efforts need to be documented and where to record them.
- Become familiar with the timeframes associated with documentation.

Post Work:

- Quiz

Coaching Conversation:

- Reference the N-Focus Desk aid to assist them when documenting.
- Review the formatting of documentation.

Introduction to Understanding and Addressing Domestic Violence

Description: Trainees will receive foundational information on the effects of domestic violence on children, family systems and the importance of appropriate documentation regarding domestic violence. The course will cover key topics such as characteristics of domestic violence abusers, how questions vary when interviewing different individuals in a family where domestic violence is present, and what interventions may or may not be appropriate for families with domestic violence in the home.

Time: 120 Minutes

Outcomes:

- Be aware of the effects of domestic violence on children.
- Be able to recognize children's experiences of domestic violence.
- Be aware of evidence-based programs to use with children who have experienced domestic violence.
- Be aware of characteristics of domestic violence abusers.
- Be able to recognize how questions vary when interviewing abusers, survivors, and children regarding domestic violence in the home.
- Be aware of ways child welfare workers can hold abusers accountable through language, action, and case planning.
- Be aware of ways child welfare workers can partner with the protective parent through language, action, and case planning.
- Be able to recognize the parenting time issues that may arise when domestic violence is present.
- Be aware of the importance of appropriate documentation regarding domestic violence.
- Be aware of interventions that may (or may not) be appropriate for families with domestic violence in the home.

Post Work:

- Quiz

Coaching Conversation:

- Discuss local resources and services in the area.
- Discuss what case planning could look like with victims of domestic violence.
- Office Specific: Are there teams or individuals that specifically work on domestic violence cases?

Background Check Portal

Description: This training serves as guide to the process of how to request a background check.

Time: 30 Minutes

Outcomes:

- Understand the importance of completing accurate background checks.
- Obtaining access to the Background Check Portal.
- Develop a basic understanding of the process of requesting a background check.

Post Work:

- Field Experience

Introduction to the Indian Child Welfare Act (ICWA)

Description: This training will provide participants with an introductory look into the ICWA and its significance in child welfare. It covers identifying when the ICWA applies in a child's case, best interest of an Indian child as defined in the state statute, ICWA placement preference, and active efforts and reporting requirements. Participants will also learn to identify reasonable and active efforts, define a qualified expert witness, and identify culturally responsive services.

Time: 90 Minutes

Outcomes:

- Understand the importance of the Indian Child Welfare Act and why it's still relevant today.

Post Work:

- Quiz
- Coaching Conversation

Coaching Conversation:

- Navigating N-FOCUS for ICWA notifications and documentation.
- Identify ICWA specialists for your service area.
- Review placement preferences.
- Review where to locate Standard Operating Procedures and ICWA Field Guides in C.A.R.L
- Discuss resources in your service area.

Introduction to Safety Organized Practice

Description: This training is a prerequisite for the Safety Organized Practice Overview, both must be taken before registering for any of the Safety Organized Practice Module trainings. This introduction acts as a general overview that can be beneficial for anyone wanting more information on Safety Organized Practice.

Time: 90 Minutes

Post Work:

- Quiz
- Coaching Conversation

Coaching Conversation:

- Show on CARL where to find the supporting handouts for SOP.
- Enrollment in the modules

Rotational Trainings

Rotational Trainings are essential topics that are related to the Specialists role. These trainings are offered once a month and required to be completed prior to being promoted to a CFS Specialist. These trainings will be held via Webex and will be no longer than 3.5 hours long.

The Indian Child Welfare Act (ICWA)

Description: This training will provide participants with an in-depth look into ICWA and its significance in child welfare. It covers effective collaboration with tribal ICWA Specialists, ICWA placement guidelines, and developing and implementing cultural plans. Participants will also learn to conduct reasonable and active efforts, provide proper documentation, define a qualified expert witness, and identify culturally responsive services.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Explain the importance of ICWA.
- Identify and collaborate effectively with a tribe's ICWA specialist.
- Understand and follow the ICWA placement guidelines.
- Know the components of a cultural plan and when it should be implemented.
- Identify active efforts and their implementation.
- Locate culturally responsive services.
- Navigate NFOCUS to complete ICWA documentation and notifications.

Post Work:

- Coaching Conversation

Coaching Conversations:

- Navigating N-FOCUS for ICWA notifications and documentation.
- Identify ICWA specialists for your service area.
- Review placement preferences.
- Review where to locate Standard Operating Procedures and ICWA Field Guides in C.A.R.L
- Discuss resources in your service area.

Supporting Education for Youth in the Child Welfare System

Description: Trainees will understand the role of CFS in the education of youth involved with DHHS. Trainees will learn the steps CFS must take when a youth enters DHHS custody, what educational rights are, who holds educational rights for the youth, and how to effectively collaborate with families, school, and foster parents to ensure children’s educational needs are met.

Time/Modality: Webex; 3 Hours

Outcomes:

- Understand educational rights, and the roles and responsibilities of parents, foster parents, and CFS when a youth is in care.
- Know the required educational process when a youth becomes involved with DHHS and/or when they become a state ward.
- Understand the importance of best interest and continuity of care when involving a youth’s educational needs and the CFSS’ responsibility when the continuity of care is changed.
- Understand the different specialized education plans, services available to youth and collaboration needed for the plans.
- Understand the components of an Education Court Report.

Post Work:

- Quiz

Coaching Conversation:

- Ask new workers to brainstorm which individuals of a school CFSS might have communication with regarding a family. (*School Counselor, Social Worker, Classroom Teacher, SRO, Principal/Vice Principal*)
- Discuss what information should be shared with educators regarding an open CFS case.
- Facilitate conversations with new workers regarding their role if schools are not following specialized education plans.
- Understand the responsibilities of the removal school district if a child is placed in a new school district.
- Discuss what an educational surrogate is and when they should be appointed.
- **Service Area Specific:** Work with new workers to identify schools their office commonly works with. If there are specific contacts of school personnel that they should have, help them locate these.

Understanding and Addressing Domestic Violence

Description: This training equips participants with a comprehensive understanding of domestic violence as it relates to child welfare. Trainees will explore the different forms and signs of domestic violence, its impact on families, the power and control cycle, services available to victims and offenders, and practical strategies for engaging families experiencing domestic violence.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Recognize the different forms and signs of domestic violence and the cycle of power and control.
- Understand the impacts of domestic violence on parenting, safety, and children.
- Identify services available to families experiencing domestic violence, including those specific to a trainee's service area.
- Demonstrate the skills needed to engage with families experiencing domestic violence.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Discuss local resources and services in the area.
- Discuss what case planning could look like with victims of domestic violence.
- Office Specific: Are there teams or individuals that specifically work on domestic violence cases?

Recognizing and Responding to Substance Use in Families

Description: In this training, participants learn how to recognize and respond to substance use concerns within families. Topics include recognition of the warning signs of substance use, the effects of substance use on parenting, and navigating the stages of change and levels of treatment/care. Trainees will learn strategies for engaging individuals in treatment, making effective referrals, supporting success in and out of treatment, and planning for lapse or relapse situations.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Understand the levels of treatment and expectations at each level.
- Identify potential indicators of substance use.
- Recognize when substance use is impacting parenting and family dynamics.
- Outline the addiction cycle.
- Explain the importance of collaborating with support systems throughout the treatment process.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Discuss resources in the area, including treatment centers.
- Review the drug testing policy.
- Discuss relapse prevention.

Trauma Within Family Systems

Description: This training delves deep into the critical concepts and practices surrounding trauma and trauma-informed care. Trainees will explore the role of CFS Specialists in addressing the impact of distress within the family system and how to minimize its effects. Topics include understanding Adverse Childhood Experiences (ACEs), identifying therapeutic services, fostering resilience, and assessing how trauma can impact safety, permanency, and well-being. This session covers the core principles of trauma-informed care and offers guidance on responding effectively to trauma within families.

Time/Modality: Webex; 3 Hours

Outcomes:

- Explain how system involvement can cause strain within family systems and learn strategies to minimize its impact.
- Define Adverse Childhood Experiences (ACEs) and their effects.
- Identify effective trauma-focused treatments for children and parents affected by sexual and physical abuse, maltreatment, and family separation.
- Identify the five core principles of trauma-informed care and their application in supporting families.
- Understand the concept of resilience within child welfare.
- Articulate how traumatic stress can influence the achievement of safety, permanency, and well-being for the child(ren).
- Recognize possible trauma responses and how to respond.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Discuss with new workers how firsthand experiences with trauma may affect work performance and what steps to take if this occurs.
- Identify therapeutic services that work with the Department in the new worker's area and ensure they know how to contact them.

Child Development Basics

Description: Trainees will learn information on what age appropriate/typical development looks like for children in the different stages of growth and will be able to identify how to know if a child is possibly delayed. Trainees will also learn appropriate resources to assist children experiencing developmental delays.

Time/Modality: Webex; 3 Hours

Outcomes:

- Explain how system involvement can cause strain within family systems and learn strategies to minimize its impact.
- Define Adverse Childhood Experiences (ACEs) and their effects.
- Identify effective trauma-focused treatments for children and parents affected by sexual and physical abuse, maltreatment, and family separation.
- Identify the five core principles of trauma-informed care and their application in supporting families.
- Understand the concept of resilience within child welfare.
- Articulate how traumatic stress can influence the achievement of safety, permanency, and well-being for the child(ren).
- Recognize possible trauma responses and how to respond.

Post Work:

- Quiz

Coaching Conversation:

- Discuss documenting any concerns or observations related to behavior or abilities.
- Keep resources for future reference.
- Discuss the Early Development Network in the area and how to send a referral.

Comprehensive Youth Health

Description: This training provides participants with essential knowledge about the various aspects of youth health, including mental, behavioral, and physical well-being. Trainees will gain a deeper understanding of the mental health challenges children face, strategies for managing difficult behaviors, and the importance of ensuring that children's physical needs are being met. Trainees will understand the roles of parents and foster parents in the health-related decision-making process.

Time/Modality: Webex; 4.5 Hours

Outcomes:

- Understand preventative and ongoing physical health care requirements for youth in care.
- Outline different types of common mental health concerns, diagnoses, and treatments, including the use of psychotropic medications.
- Recognize individuals' responsibilities in meeting child(ren)'s ongoing physical and mental health care needs.

Post Work:

- Quiz

Coaching Conversation:

- Discuss the importance of collaboration with medical providers for youth with specific medical needs.
- Refer them to the Small Bite trainings on Letter of Agreement (LOA) and Economic Assistance Program.
- Psychotropic Medications Assignment

Supporting Trafficked or Missing Youth

Description: This training equips participants with the knowledge and skills needed to effectively work with missing and/or trafficked youth. Trainees will learn the essential steps to follow if a youth is missing from care, identify indicators of trafficking/sex trafficking, and strategies for engaging and providing services to trafficked or at-risk youth. Further, trainees will learn how to access internal and external resources to support this vulnerable population.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Follow identified procedures when working with youth missing from care.
- Identify possible indicators of trafficking, including sex trafficking.
- Locate resources for youth suspected of being trafficked.

Post Work:

- Quiz
- Enroll and complete PAVE training.

Coaching Conversation:

- Discuss PAVE and when it is utilized.
- Enroll the trainee in PAVE training and ensure completion.
- Review resources for trafficked and or missing youth.

Suicide Prevention and Crisis Response

Description: This training provides participants with the knowledge and skills needed to recognize and respond to suicidal ideations and behaviors in youth. Trainees will learn to identify the warning signs, understand the contributing factors, and know the appropriate steps to take in a crisis. Trainees will learn the required case management procedures following self-harm behavior or suicide attempts and how to collaborate with caregivers to implement effective suicide prevention techniques.

Time/Modality: Webex; 3 Hours

Outcomes:

- Recognize the warning signs of suicidal ideations in youth.
- Gain knowledge of the resources in the community to aid in a crisis.
- Understand reporting requirements and case management steps involved in crisis response.
- Articulate how to collaborate with caregivers and providers in suicide prevention techniques.

Post Work:

- Quiz
- De-escalation activity

Coaching Conversation:

- Handout of common resources for help for youth who are suicidal.
- Discuss how local law enforcement handles working with youth who are suicidal.

Interviewing Basics

Description: Trainees will develop fundamental interviewing skills needed to work with and gather information from adults and children.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Understand the fundamental skills and structure needed for effective interviewing and why they are important.
- Recognize proper interviewing skills and how they are important in developing relationships with families, gathering accurate information, and encouraging the process of change.
- Understand basic information about cognitive and language development in children, how it can affect interview, and strategies to ensure developmentally appropriate questions and discussion.
- Retain logistical challenges associated with interviewing immigrant children, very young children, and children with disabilities about maltreatment.

Post Work:

- Coaching Conversation

Coaching Conversation:

- Discuss what it looks like to take notes in the interview.
- Review what they can do to prepare before going into an interview.
- Discuss when we utilize the Child Advocacy Center for an interview and how the CAC interviews compare to CFS in the field.
- Talk about a minimal fact interview and why it is utilized.

Assessment Trainings

Structured Decision Making (SDM) trainings provide an overview of the assessment process utilized to guide case decisions. These trainings will be required prior to being promoted to a full CFS Specialist. Trainings will be scheduled based on your job specialty and individualized learning plan. SDM trainings will be offered at minimum twice a month except for Out-of-Home and SDM Additional Assessment as they will be offered once a month. All SDM Trainings will be virtual and no longer than 3.5 hours.

SDM Safety Assessment

Description: Trainees will learn what information to gather on an intake and how to complete a Safety Assessment.

Time/Modality: Webex; 3.5 Hours

Outcomes:

- Know how to document and complete a Safety Assessment.
- Know what information to gather for the assessment.
- Identify if a safety threat is present and the follow up procedure.
- Identify Child Vulnerabilities.
- Understand the different safety threats.
- Be able to tie an intake to a Safety Assessment.

Post Work:

- Application Activity.

Coaching Conversation:

- Discuss Safety vs Risk.
- Review the times associated with Safety Assessments.
- In their next meeting, trainees should discuss their supervisors' preferences for submitting a Safety Assessment to be reviewed.
- Utilize the N-FOCUS training site to a demonstration where and how to access information for the Safety Assessment.

SDM Risk and Prevention Assessments

Description: Trainees will learn how to complete a risk and prevention assessment by reading and interpreting a desk aid and practicing documenting on N-FOCUS. They will know when a specific assessment is needed and how often routine assessments are needed. Trainees will be given assessment specific information on the risk and prevention assessment.

Time/Modality: Webex; 3 Hours

Outcomes:

- Show how to document SDM Risk and Prevention Assessments in N-FOCUS.
- Comprehend the SDM Risk and Prevention assessments policies and procedures.
- Become familiar with the specific components of the SDM Risk and Prevention assessments.
- Become familiar with policy overrides and discretionary overrides.
- Will understand final risk level, low, moderate, high, and very high, and be able to determine the most appropriate level of services needed to meet the family's identified needs.
- Understand the difference between a Risk and Prevention Assessment and when to use each.

Post Work:

- Application Activity

Coaching Conversation:

- Discuss what to do when the recommended action plan differs from the plan of action.
- Review what safety is compared to risk.
- Discuss the narratives on questions one through six of the Risk Assessment. Trainees should discuss their preference for completing these narratives with their supervisor, as they are not required.
- Discuss the benefits of utilizing NDEN to gather information. Remind them of the Small Bite Training.

SDM Safety Plan

Description: Trainees will learn and understand the purpose of a safety plan and how to effectively create one with families and document it on N-FOCUS.

Time/Modality: Webex; 3 Hours

Outcomes:

- Explore alternative options with law enforcement and the family that will be sufficient to assure the child's safety without removal from the home or family whenever possible.
- Identify safety interventions.
- Understand how to create and implement a safety plan with the family.
- Understand documentation requirements for the safety plan in N-FOCUS.

Post Work:

- Application Activity

Coaching Conversation:

- Discuss where to locate paper copies of safety plans in the office.
- Review the background checks policy as it relates to safety plan monitors.

SDM Case and Family Plans

Description: Trainees will understand how the Case Plan and Family Plan help identify a family's strengths and needs to achieve their goals. They will learn how Case and Family Plans consist of goals, strategies, and resources provided for the family's next steps and how they can serve as a personal guide in the future.

Time/Modality: Webex; 3 Hours

Outcomes:

- Understand the importance of creating Case and Family plans.
- Work with families to identify goals and strength-based strategies to reach identified goals.
- Know when to create an initial, review, and closure of Case and Family Plans.
- Learn how to identify and document family needs.
- Understand N-FOCUS requirements for Case and Family Plans.

Post Work:

- Application Activity

Coaching Conversation:

- Discussion with new workers to highlight the importance of developing good case plan goals.
- Discuss primary and concurrent permanency goal types and when each should be used.
- Review Harm and Danger Statements as well as Safety Goals

Out-of-Home Assessments

Description: Trainees will learn about the assessment process for daycares, foster homes, and related placements for safety and appropriateness. Topics encompass elements of the Structured Decision Making (SDM), Assessment of Placement Safety and Suitability (APSS), SDM policies and procedures regarding safety and suitability assessments, execution of an APSS, applying an Out-of-Home Assessment (OHA) and documentation of such assessments within N-FOCUS.

Time/Modality: Webex; 3 Hours

Outcomes:

- Understand the importance of creating Case and Family plans.
- Work with families to identify goals and strength-based strategies to reach identified goals.
- Know when to create an initial, review, and closure of Case and Family Plans.
- Learn how to identify and document family needs.
- Understand N-FOCUS requirements for Case and Family Plans.

Post Work:

- Quiz

Coaching Conversation:

- Discuss if specific individuals in your office/area are assigned to Out-of-Home Assessments.

Additional SDM Assessments

Description: Trainees will learn what assessments are completed under the SDM model and the purpose of these assessments. Trainees will learn how SDM uses an evidence-based model to help guide CFS decision-making.

Time/Modality: Webex; 3 Hours

Outcomes:

- Review the assessments that are contained within SDM: FSNA (Family Strengths and Needs) Assessment, Risk Reassessment, and Reunification Assessment.
- Learn what each assessment is aimed at determining and how CFS use this information in case management.
- Be provided examples of each assessment to review and apply in individual assessment trainings.

Coaching Conversation:

- Discussing what each assessment determines.
- Review how information that was captured in the Additional Assessments is now reflected in Safety and Risk Assessments.

Small Bite Trainings

Small Bite Trainings are 30 or 45-minute sessions to provide more details and/or specific instructions on various day-to-day tasks that a CFS Specialist might complete while working with a family. Small Bite Trainings will be offered three times a week. There are eight required Small Bite Trainings that are offered once a month and must be required to complete prior to being promoted to a CFS Specialist. Additional Small Bite Training topics are scheduled for regular availability.

Coaching Conversation Topics:

- Topics could change depending on the Small Bite that they have attended.
- Could instruct the trainee to ask the office if there are specifics that their office does (if it is an office tech duty, where forms are located, etc.).

Nebraska Caregiver Responsibility Tool (NCR)

Description: Trainees will understand the purpose of the Nebraska Caregiver Responsibility (NCR) Tool and learn what steps to take to complete the tool.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Learn how and when to complete or renew an NCR for a youth in care.
- Understand the importance of collaboration between CFSS, foster parents, and placing agencies when completing an NCR.
- Define the eight areas of care and demonstrate understanding of what circumstances must be present for an area to be ranked at an increased level of responsibility.

Post Work:

- Activity

Documenting Placement

Description: Trainees will learn how to do a change of placement in N-FOCUS.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Understand the importance of needed placement paperwork.
- Learn how to locate/create a youth's placement.
- Learn how to change a youth's placement to accurately show where the youth is residing.
- Be able to fix placement date if entered incorrectly.

Post Work:

- Activity

Referral Portal

Description: Trainees will learn how to create a service referral to the State of Nebraska contracted providers through the CFS Provider Portal.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Know when/how to create new service referrals.
- Understand what type of referrals can be created in the portal.
- Learn how to track in process and completed referral requests.
- Navigate and retrieve necessary information regarding Contractor Information (Intranet) for case management.

Parenting Time Plans

Description: Trainees will be able to create a Parenting Time Plan in N-FOCUS. They will understand the necessary information to complete the Parenting Time Plan and be able to locate it within the system.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Learn how to locate the Parenting Plan button in N-FOUCS, ensuring easy access for creating and managing plans.
- Understand all the items required to complete a Parenting Plan.
- Be able to enter visitation schedules.

Post Work:

- Activity

Family Relationships and Notices

Description: Trainees will learn how to create family relationships on N-FOCUS under the “family relationships” icon and the Detail Program Case page. Trainees will gain an understanding on relative/kin notices including the policy and procedures of completing notices and who should be notified when a juvenile comes into care.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Understand where/how to confirm family relationships.
- Known when to input the father relationship (legal, biological, alleged).
- Understand the correct relationships to be created (biological vs step siblings).
- Know when and how to create a new family relationship.
- Create relative/kin relationships on N-FOCUS and know when the notices should be completed.
- Know different ways to notify relative/kin and how to document those contacts/efforts.
- Understand importance of ongoing notification and engagement to learn more familial relationships for juveniles.

Post Work:

- Activity

Documenting ICWA

Description: Trainees will know where to document active efforts and tribal information for ICWA families in NFOCUS. ICWA requirements will be followed in all cases (court, non-court, and Alternative Response) in which the Department knows or has Reason to Know that an Indian child is involved until it is determined that the case does not involve an Indian child.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Understand where/how to confirm family relationships.
- Known when to input the father relationship (legal, biological, alleged).
- Understand the correct relationships to be created (biological vs step siblings).
- Know when and how to create a new family relationship.
- Create relative/kin relationships on N-FOCUS and know when the notices should be completed.
- Know different ways to notify relative/kin and how to document those contacts/efforts.
- Understand importance of ongoing notification and engagement to learn more familial relationships for juveniles.

Post Work:

- Activity

Child and Family Service Review (CFSR)

Description: Trainees will get an understanding of how CFSR's are used to collect information to review state child welfare systems' performance in areas of child protective services, foster care, adoption, family preservation, and independent living. Trainees will understand how reviewers conduct case file reviews with all individuals involved in the child, such as caseworker, parents, foster parents, and other professionals.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Understand the process of CFSR and the importance of it.
- Understand what the Onsite Review Instrument is and how it is used.
- Understand how Safety, Permanency, Well-Being are being evaluated.
- Understand how reviewers conduct their interviews with CFSS workers, parents, and other professionals involved in the case.

Secondary Trauma

Description: Trainees will learn about secondary trauma and its possible impact on workers. Trainees will be provided with resources and strategies to assist with secondary trauma.

Time/Modality: Webex; 45 Minutes

Outcomes:

- Be aware of the types of secondary trauma that impact child welfare professionals.
- Learn the warning signs of secondary trauma in self and others.
- Remember what protective strategies can be utilized to support co-workers impacted by trauma.
- Discover internal resources available to teammates experiencing secondary trauma.
- Learn how to create a self-care plan with protective strategies for secondary trauma.

Post Work:

- Create a Self-Care Plan

Employee Tools

Description: Trainees will learn how to access the employee tools, and which ones are important for use including: Link, Travel Authorization and Reimbursement, Report Support, Kronos, State of Nebraska Benefits and Wellness, and Password Management Station.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Have the capability to access the employee tools.
- Understand the roles of each tool and how utilize each.

Children and Adult Resource Library (C.A.R.L) and PolicyTech

Description: Trainees will learn how to navigate C.A.R.L. and locate Standard Operating Procedures, program contacts, handouts and more.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Know where to find C.A.R.L. on the Intranet/DHHS Home Page.
- Identify the main resources available in C.A.R.L.
- Utilize the search feature in C.A.R.L to locate available information.
- Learn how to locate PolicyTech.

Superintendent Letters

Description: Trainees will learn what a superintendent letter is, what the purpose of a superintendent letter is, and how to enter one into N-FOCUS. Trainees will learn what circumstances in a case trigger the need to produce a new and updated superintendent letter.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn what a superintendent letter is and its purpose.
- Articulate the importance of superintendent letters and the information found within one.
- Generate a superintendent letter in N-FOCUS.
- Articulate the different circumstances that trigger a need for an updated superintendent letter.

Post Work:

- Activity

Correspondence in N-FOCUS

Description: This training will provide trainees with an understanding of what Correspondence is and why it is used. Trainees will learn how to navigate through NFOCUS to create system generated documents for families.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn how to locate correspondence icon on N-FOCUS.
- Know how to create a new correspondence and what can be documented under correspondence.
- Know how to locate existing correspondences.
- Identify what type of correspondences that can be created.

Post Work:

- Activity

Document Imaging

Description: Trainees will have an overview of Document Imaging. Trainees will be able to upload documents into Document Imaging, be able to search Document Imaging, and locate the Document Imaging Icon.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Locate the Document Imaging Icon in N-FOCUS.
- Search Document Imaging to locate different documents.
- Upload documents into Document Imaging.

Post Work:

- Activity

Protection and Safety Forms

Description: Trainees will learn the most commonly used forms within Protection and Safety and how to access these forms.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Trainees will learn what forms are used within Protection and Safety.
- Trainees will be able to locate the forms website.

Person Detail in N-FOCUS

Description: Trainees will understand the purpose of the person detail icons in N-FOCUS and learn what steps to take when utilizing them.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Use the person detail window to look up demographic information and know how to update as needed.
- Look up MMIS/MCE information for Medicaid purposes and learn where to find the MCO.
- Document tribal information in the person details window.
- Find the school attendance information in the person detail window.

Post Work:

- Activity

Common Referral

Description: Trainees will learn what necessary information is needed for common referrals in order for a placement search to occur.

Time/Modality: Webex; 30 Minutes

Outcomes: Will enter the following information so potential placement can become aware of the needs/wants of a youth:

- Reason for removal/change of placement
- Strengths and needs
- Mental health
 - Providers
 - Therapist
 - Medications
- Sexualized behaviors
- Delinquent behaviors
- Physical/verbal aggression
- Transportation needs
- School/grade
 - Be able to provide collateral info such as Youth portion of court report, picture, etc.
 - Be able to communicate with Resource Development for any other needed info.

Post Work:

- Activity

Ecomaps and Genograms

Description: Trainees will learn how to create Ecomaps and Genograms and the importance of each.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Gain the ability to create an Ecomap and Genogram and become familiar with the components of each.
- Understand the purpose of developing an Ecomap and Genogram and how to utilize the Ecomap and Genogram to determine the best services/resources for family.
- Understand how to create a Genogram.
- Understand where to document completed Genograms and Ecomaps.

Post Work:

- Activity

Economic Assistance Programs

Description: Trainees will learn the internal state benefits available to families, and how to navigate reviewing the benefits.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Understand the basics of state benefits that families may apply and qualify for.
- Learn how to view alternative program cases including but not limited to; Medicaid, Supplemental Nutrition Assistance Program (SNAP), Childcare, Low Income Home Energy Assistance (LIHEAP), and Aid to Dependent Children (ADC).
- Learn basic facts of each program cases and how to view functionalities.

Workday

Description: Trainees will understand how to log in and navigate Workday. Trainees will understand how Workday is used for trainings, benefits, performance goals, and internal job postings.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Be able to log in to and navigate Workday.
- Be cognizant of how to sign up for benefits and trainings.
- Understand how to find performance goals and job postings.

EZ Access Reporting

Description: Trainees will learn how to locate EZ Access on the intranet. Trainees will be able to navigate to the due date trackers, log into the bi-portal, and find the tracking sheets and Protection and Safety reports they are looking for.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn how to navigate to EZ Access on the Intranet.
- Be able to locate tracking sheets and Protection and Safety Reports.
- Be able to sign into the Bi-Portal.
- Be able to locate and utilize position specific due date trackers.

Interstate Compact on the Placement of Children (ICPC)

Description: Trainees will understand the process of completing an ICPC and coordinating care of youth with child welfare agencies in other states. Trainees will review the process of both placing a youth in a placement outside of state of Nebraska, as well as when the ward of another state is placed in Nebraska.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Understand what circumstances can lead to a child being placed in another state.
- Review the responsibilities of the assigned caseworker in both the “Sending State” and “Receiving State”.
- Know the role of the ICPC team and what their role is in the ICPC process.
- Know where to locate guides and paperwork for future reference as needed.

Letter of Agreement (LOA)

Description: Trainees learn what a Letter of Agreement is, when they are used to pay for services and how to submit an LOA request.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Review what an LOA is and what services are generally paid for through an LOA.
- Review a “CFS LOA Request Form” and how to accurately complete this form.
- Review the paperwork that a provider must submit prior to DHHS being able to make payment through an LOA.

Cultural Plans

Description: Trainees will learn how to formulate a Cultural Plan for ICWA cases when children are placed in a non-Indian home or a home not affiliated with the child's tribe.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Be reminded of the importance of Cultural Plans.
- Recall instances when a Cultural Plan is needed and who is included in the planning process.
- Identify where the Cultural Plan button is located in N-FOCUS in the CFS case.
- Review the template for the cultural Plan.
- Identify specific services area ICWA Advocate.

Post Work:

- Activity

Medical and Conditions in N-FOCUS

Description: Trainees will learn how to navigate to the program person in NFOCUS to find the condition, medical, and medication tabs. Trainees will know how to document appointments, medication, diagnoses, allergies and immunizations.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn to navigate an N-FOCUS master case to the program person.
- Be able to access condition, medical, and medication tabs.
- Be aware of where and how to document appointments, medication, diagnoses, allergies, and immunizations.

Documenting Parental Rights

Description: Trainees learn how to enter parental rights into NFOCUS. Trainees will also learn to make changes to accurately reflect when parental rights are relinquished or terminated.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn to locate the Parental Rights Button in a Program Case on N-FOCUS.
- Understand how to enter parental rights when opening a new Program Case.
- Learn how to accurately reflect when parental rights are relinquished or terminated and why it is important this is done in a timely manner.
- Explore the “15 of 22 OH”, “Exceptions”, and “Appeals” button and recall when this information should be entered.

Post Work:

- Activity

Outlook

Description: Trainees will learn how to navigate their Outlook Calendar.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Know how to update their Outlook Calendar.
- Be able to check out a car and room when needed.
- Know how to send out invites on the Outlook Calendar.
- Know how to share their Outlook Calendar with others.

Interfaces in N-FOCUS

Description: Trainees will learn what information is can be found in the “Interfaces” button on the N-FOCUS main menu.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Learn how to access different interfaces, how to use/navigate them and how to relate them to their job duties.

Transitional Living Plan (TLP)

Description: Trainees will be able to locate where TLP is within N-FOCUS. Trainees will learn the purpose of TLP and why they are needed.

Time/Modality: Webex; 30 Minutes

Outcomes:

- Be able to locate TLP in N-FOCUS.
- Be able to identify needs/wants of their youth to enter in the TLP.
- Learn how to correctly complete a TLP.

Post Work:

- Activity

Field Experience

Purpose:

On-the-job learning is a fundamental aspect of New Worker Training, providing experiential learning opportunities while the trainee is actively engaged in their role. A field experience is a structured learning opportunity that occurs outside of the classroom, offering trainees hands-on professional experience. These experiences are designed to help trainees develop job-specific skills and competencies, enabling them to apply what they've learned in real-world situations.

Frequency:

Field experiences with three completion lines must be completed on three separate occasions. At least one of these occasions must involve the trainee directly performing the task (not just observing or practicing). The L&D Lead is responsible for scheduling and coordinating the trainee's field experiences, ensuring that Field Experiences are scheduled for a minimum of two weeks at a time.

Progress:

Field experiences will be reviewed and discussed at all Progress Meetings until completion. The L&D Lead and CFSS Supervisor will assess any if any experiences can be waived based on the trainee's previous experience or pathway. If needed, CFSS Supervisors may assign additional learning activities to support the trainee's development.

Field Experience Assignments:

Once a trainee completes an assignment, they will submit it to their assigned L&D Lead for review. The L&D lead will evaluate the assignment for compliance with Standard Operating Procedures and local practices, providing feedback. Trainees will make any necessary revisions before submitting the assignments to their CFSS Supervisor for final review.

Scheduling Field Experiences:

- L&D Lead will initially be reaching out to the Trainee's team, before moving to the office, or other offices within a reasonable travel distance.
- Leads can gather field experience opportunities through Webex spaces, team huddles, or direct email.
- Trainees will have two weeks of field experiences scheduled at any given time.
- Scheduled field experiences will be added to the Trainee's calendar, with the teammate and supervisor copied for visibility and coordination.

Field Experience Checklist

Enter the date the field experience is completed. Any field experience with three completion lines indicates that it should be completed on three separate occasions. At least one of those occasions must be directly completed (not observed or practiced) by the Trainee. If a Trainee is unable to complete the required field experience prior to having cases assigned or being promoted, the Trainee and L&D Lead will develop a plan to complete and/or practice the needed field experience.

Required Field Experiences	Before Case Assignment		Before Promotion
	Date	Date	Date
Initial Assessment/Ongoing/AR			
Interview with child(ren)			
Interview with offending caregiver			
Interview with non-offending caregiver			
Interview with collaterals			
Prepare an affidavit			
Home visit on an Ongoing or AR Case			
Case planning with the family			
Initial contact on an Alternative Response case			
Initial Alternative Response phone call			
Complete a removal			
CAC interview (Could be a recording)	-----	-----	
Observe/review a cultural plan with a CFSS, Lead, or Supervisor	-----	-----	
Juvenile Court Hearings			
Protective Custody or First Appearance			
Adjudication			
Disposition			
Review or Permanency			
Referral and Coordination of Services			
Concrete Support Services			
Contractor Services (Informal, Contracted, Community Services)			
Safety Services (Informal, Contracted, Community Services)			
Placement Packet			
Common Referral			
Meetings			
Preparation for a family team meeting			
Family team meeting			
Post family team meeting follow-up			
1184 meeting	-----	-----	
Case transfer Meeting	-----	-----	
Required Field Experiences	Before Case Assignment		Before Promotion
N-FOCUS	Date	Date	Date

Resources

Frequently Asked Questions

Self-Awareness

1. **What should I do if training is mentally draining me?**
 - a. First, remember that training IS exhausting, and it is normal to feel that way. You're processing a lot of new information, and the learning demands are high.
 - b. Talk with other trainees you have met. They may be feeling the same way, and it can be helpful to share experiences and talk it out.
 - c. Have an open conversation with your assigned lead worker and your supervisor. They can help you develop a plan to take care of yourself during training and prevent you from experiencing burnout.
2. **How do I navigate my own experiences in this job?**
 - a. Over 50% of Nebraskan's have experienced at least one Adverse Childhood Experience (ACE). In your role as a Child and Family Services Specialist you will be exposed to many different types of traumas – and that can be a trigger for some people depending on your own experiences in life. If you identify areas that are particularly triggering for you, talk to your supervisor and/or your lead worker so they can help you work through any emotions or feelings you are having.
 - b. "Self-Care" is something you will hear a lot about during your time as a Child and Family Services Specialist, and that's because it's important to our work. This can look like setting boundaries, and even communicating when there are certain situations that elicit negative responses for you.
3. **What if I doubt myself?**
 - a. First, remember why you were chosen for this role, and why you are in this line of work. It's normal to feel uncertain when taking on new responsibilities. We don't expect you to know everything your first try, and you will have plenty of support along the way!
 - b. Practice self-compassion: mistakes are part of the learning process, and they provide opportunities to grow and improve.
 - c. Don't compare yourself to others. Everyone learns at their own pace. Your progress is unique, and your own development is key.
 - d. If self-doubt is focused on specific tasks, ask your Lead for extra support or clarification in those areas.

Communication and Relationships with Coworkers

4. **What should I do if I witness a coworker do something that doesn't follow policy?**
 - a. Ask yourself, did the decision create a situation that risked someone's safety? If yes, notify your supervisor and/or lead worker immediately.

- b. If you feel comfortable, directly ask your coworker why they did not follow policy. A less direct way to ask them could be, “Why did you do?” or “why didn’t you do?” This allows you to gather more information without pointing out that they did not follow policy.
- c. Discuss the situation with your assigned lead worker to determine if further action is needed.

5. What if a coworker is not being respectful in the office, field, etc.?

- a. If you noticed repeated rude behavior, ask trusted colleagues in confidence if they have noticed the same types of behaviors. It helps you know whether you are the only one who has taken offense and may be able to provide insight into the rude behavior that will help you address it.
- b. The most direct way to handle a rude coworker is to have a private and polite conversation about the incident in question. Calmly express how their actions impacted you and give them a chance to change their behavior. Many times, people are unaware that someone has been offended by their actions or words and addressing it can help make changes they need to be more respectful.
- c. Speak to your supervisor or assigned Lead Worker about the situation. You can begin the conversation without mentioning a specific name. As you share your concerns, your supervisor can suggest ways for you to handle your rude coworker and will have the chance to determine if further action is necessary.

6. What if I disagree with a supervisor/coworker?

- a. It’s natural to have **different perspectives** on decisions. Disagreements can offer valuable opportunities to improve processes, so share your views respectfully. It can be helpful for supervisors and coworkers to hear fresh perspectives, and they may be able to provide insight into their decision.
- b. Focus on **the issue**, not personal attacks. Listen to their perspective and collaboratively work towards a solution providing alternative solutions.
- c. Example phrases to use:
 - i. “I understand your perspective, but I have a slightly different opinion...”
 - ii. “I’d like to offer another approach to consider.”

7. I have a suggestion for how to do something. How should I suggest it?

- a. As you go through your training, you may identify situations you feel you can contribute to. That’s great! Sometimes, it can feel difficult to find the right time and place to suggest something as a new worker. If this is something you are experiencing, talk with your Lead Worker to discuss your options and come up with a plan to bring up your suggestion.
- b. Remember that no suggestion is a bad suggestion. Be open to feedback and ask questions for more information.
- c. Start small – begin by offering minor suggestions to get comfortable with it.

Case Management

8. What if I can’t meet required timeframes?

- a. Time management is a critical skill in case management. If you're struggling to meet deadlines, pause and assess which areas of your work are the most challenging and when you feel the most productive.
- b. Ask coworkers for tips on how they manage their time effectively. They've been in your position and can offer practical advice. Try on some of their suggestions to see what works for *you*.
- c. If you continue to struggle despite efforts, work with your Lead Worker and Supervisor to identify the problem areas and come up with solutions.

9. I personally know one of the caregivers or family members I am working with. What should I do?

- a. Before beginning a case, review the intake information to see if there are any potential conflicts of interest. It is important to minimize any conflict of interests and can save you from a difficult situation later.
- b. If you *are* in the field and realize that you personally know a family or family member, don't panic. Pull the worker aside to let them know and remove yourself from the situation by going outside or waiting in the car. Notify your supervisor immediately.
- c. When you begin to receive cases, it's possible that your supervisor assigns you a case in which you know of or personally know the family, or someone in the family. Discuss the nature of the relationship with your supervisor to determine if it is a conflict of interest. If it is, the supervisor will be responsible for having the case reassigned.

10. I'm scared to make a mistake. What happens if I do?

- a. Mistakes happen; however, in case management, it is important to follow policy and procedure to minimize any errors. Errors can have negative impact on client care, legal ramifications, or negatively affect your reputation as a case manager. Before you panic, consider the severity of the error and the organizational policies that you followed.
- b. If you truly make an error, it is important to be transparent and honest rather than attempt to hide it. First, identify what happened and assess the potential consequences of the mistake on the case. Correct the error as quickly as possible (if feasible). Communicate with your supervisor and relevant parties about the mistake, including the client if necessary.
- c. Offering a sincere apology, especially if it affected the client, can go a long way in maintaining trust and professionalism.

11. Is it my fault a family isn't making progress?

- a. Progress isn't always linear, and sometimes, despite your best efforts, families may not progress as quickly as expected. It's important to remember that we *can't* control everything in a family's situation, but we *can* control our commitment to providing support.
- b. Reflect on your interactions and identify specific areas where you might adjust your approach.
- c. Remember that it's a team effort. Discuss strategies with the family team to best support the family and encourage more progress to be made.

12. There are so many people to communicate with. How am I supposed to keep them straight?

- a. It's understandable to feel overwhelmed when managing communication with a large team. In these cases, it's important to establish clear roles and responsibilities of each team member – discuss who is responsible for communicating with each individual, and what information needs to be shared with whom.
- b. Be proactive—reach out to key stakeholders early and keep them updated regularly.
- c. Discuss with your coworkers their strategies for how they manage communication. If you are still feeling overwhelmed with managing communication, bring it up in a meeting with your supervisor and/or Lead Worker to come up with a plan to help you manage.

Technology

13. What do I do if I locked myself out of an account / forgot a password?

- a. If there is an option, click “forgot password.” It should take you to <https://passman-dhhs.ne.gov/> website where you can unlock your account or change your password. Make sure to register your email account and your LAN account on the website early on!
 - i. Your User ID is the same as your LAN.
 - ii. You will then have to answer security questions.
- b. If logging on to <https://passman-dhhs.ne.gov/> does not work, you may have to contact the helpdesk. Their number is 402-471-9069. Let them know what's going on and they should be able to help you.

14. What do I do if have a problem on N-FOCUS?

- a. If you forgot your password, call Production Support at 402-471-9698.
- b. N-FOCUS can be difficult to navigate. If you need to fix a date, legal status, or enter information and N-FOCUS is not allowing you to, first refer to your N-FOCUS Desk Aid to see if the answer is in there. If not, speak with a coworker, Lead Worker, or Supervisor to see if they can assist you. If they cannot assist you, you will have to contact Production Support at 402-471-9698.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Nebraska

	Total ETVs Awarded
Final Number: 2023-2024 School Year (July 1, 2023 to June 30, 2024)	343
2024-2025 School Year* (July 1, 2024 to June 30, 2025)	335

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.