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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Child and Family Services Review Round 3 Program Improvement Plan

State/Territory: Nebraska

Initial Submission: February 20th, 2018

Dates Resubmitted: May 14th, 2018; August 15th, 2018; December 14th, 2018;
April 5th, 2019; May 6th, 2019

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: The Nebraska Department of Health and Human Services, Division of Children and Family Services will be responsible for submitting the bi-annual progress reports in writing to the Children’s Bureau.

CONTENTS

Executive Summary	2
Outline of Goals, Strategies, and Key Activities	13
Part One:	
Safety Section - Goal #1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case.....	14
Permanency Section - Goals #2 & #3: Improve Timely Permanency	27
Well-Being Section - Goal #4: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency	39
Systemic Factor - Service Array - Goal #5: Enhance the current service array to ensure appropriate and individualized services are accessible	49
Systemic Factor Section – Case Review System - Goal #6: Ensure the case review system is functioning to ensure timely permanency	57
Systemic Factor Section – Foster and Adoptive Parent Recruitment - Goal #7: Enhance the State of Nebraska’s Foster and Adoptive Parent Licensing, recruitment and Retention Practices	61
Part Two:	
CFSR PIP Measurement Plan and Attachments	65

EXECUTIVE SUMMARY

The Nebraska Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS) developed the following Program Improvement Plan based on the Round 3 Child and Family Services Review (CFSR). The following section contains an overview of child welfare in Nebraska, general population, and demographic information.

Statewide Information and Overview:

Nebraska is a largely rural state, geographically extensive with the population widely disbursed across 93 counties. The majority of the population reside in the far-eastern portion of the state. Specifically Eastern Service Area in the greater Douglas/Sarpy County (Omaha), and Southeast Service Area in greater Lancaster County (Lincoln). The combination of these two areas represent approximately 64% of the youth receiving services through either in-home or out-of home care. PromiseShip serves approximately 40% of the youth, while CFS serves approximately 60% of the youth across the state.

Nebraska's child welfare program is a State administered program, stratified by five geographic service areas. All statute, regulation, policy and procedural oversight is administered by CFS and applies to the entire state. CFS utilizes a single SACWIS administration system. CFS goes to great lengths to ensure each worker in each service area, and indeed each county, perform case management duties first-and-foremost in adherence of State statute/policy and Federal regulations. While each service area has some degree of autonomy hiring and managing their staff, the case management functions are consistent and standardized statewide. Accordingly, a worker could transfer from one office to another office without requiring additional case management training or knowledge.

A private contractor, PromiseShip, currently performs ongoing case management activities in the Eastern Service area, with the exception of Alternative Response (AR) cases. Alternative Response families are served by the CFS Initial Assessment teams statewide. PromiseShip operates independently from CFS, but is contractually and legally obligated to adhere to the exact same case management policies, statutes, training, CFSR reviews, data measurements, etc. PromiseShip utilizes the same SDM assessment protocols and PromiseShip cases are supported by attorneys employed by CFS Legal. The Judicial Branch in Nebraska uses separate juvenile courts in the greater Lincoln and Omaha areas, while county court justices hear cases in the other less-populated counties. Additionally, all initial investigations are performed by CFS. Thus in most all aspects, PromiseShip, or any other future private contractor, function very similarly to the metro area of Lincoln, and to the rest of the state collectively. PromiseShip does have flexibility to modify some of their specific business practices, e.g., compensation packages, recognition, staffing levels, shift schedules, service array and provider oversight, etc. However, the day-to-day practice of engaging and assessing a family based on a referral from CFS are virtually identical to CFS. We of course encourage the private agency to identify their own best-practices within the contractual parameters. Overall outcomes across the state, according to observed CFSR data-indicators, are very consistent across the state, including results where families are served by the private contractor.

CFS released a request for proposal (RFP) during the fall of 2018 for privatized ongoing case management services in the Eastern service area. By May of 2019, CFS is expecting to award

the contract which will be effective in 2020. CFS will include in the final contract requirements for the selected private agency to adhere to the same practices used by CFS today, e.g., SDM, SACWIS, SOP, Performance Measures, State Policy Manual, etc. Consequently, while several of the items within the PIP are designed for CFS processes and staff, it is either expected or a contractual obligation for the private agency to employ the same or very similar PIP activities to improve outcomes for all youth across the state using the identified strategies. PromiseShip has a representative on the Core PIP team and has been intimately involved in the PIP development from the outset. Because of this representation, PromiseShip is prepared to implement PIP activities contained herein or continue activities that may already exist and align with the PIP. As an example, while CFS has Lean Six Sigma with daily huddles, PromiseShip uses a similar process entitled Quality Stand-Ups. In both instances, staff utilize data and collaboration to discuss performance measures and resolve performance concerns. Safety Organized Practice, a major strategic initiative for CFS, is contractually obligated for the private contractor that assumes the case management duties in 2020. CFSR outcome data indicators are calculated on a monthly basis by service area, so each service area's performance is known using a consistent measurement process. And finally a major component of our PIP are the ongoing CFSR case reviews and targeted reviews which will be used extensively to assess our performance, particularly as it relates to family engagement, assessment accuracy and case planning. The CFS CQI team will be performing full CFSR Items 1-18 reviews statewide, including the cases managed by the private contractor, to ensure accurate performance reporting across the state. These are just a few examples of how our PIP activities are designed to work for all children and families irrespective of where they may live or be placed.

Just as we have some limited process variation between service areas and private contractors, Nebraska also has some variance as a result of the independent Courts across the state. As with many national jurisdictions, many of the case decisions in Nebraska are made by the independent county or juvenile courts, e.g., removal, placement and discharge, etc. Accordingly, there is judicial variance per the Court's discretion throughout the state ranging from initial filing on abuse/neglect youth to termination of parental rights and how/when these proceedings occur. CFS has a centralized legal team that provides all staff across the state with consistent legal support to help us more effectively serve youth in the state's custody. Fortunately Nebraska also has an engaged Court Improvement Program team that works closely with CFS. CIP strives to educate justices and attorneys across the state, including Omaha. As such, many of the permanency improvement activities contained herein targeted at the courts will include all parts of the state, including youth served by a private contractor.

Structured Decision Making (SDM) is at the core of CFS' case management process and procedure for all counties in Nebraska from investigation through case closure. Nebraska regularly monitors the fidelity of each of the assessments to ensure CFS is not only in fidelity with the evidence based practice, but to also ensure the use of consistent standards when selecting scores and narrating items on each assessment. The fidelity reviews performed by CFS enables the identification of when or if variances exist in scoring so further review can occur to determine if the variance is the result of a processing difference or an uncontrollable economic or geographic variable. These reviews are performed on cases across the state, so children served by the private contractor are fully included in the findings.

Nebraska has a centralized hotline phone intake center located in Omaha, Nebraska. Just as with case management being consistent statewide, having a single hotline team that answers

all child abuse and neglect calls ensures that received intakes are treated consistently and objectively throughout the state and void of bias or geographic preference. Hotline staff do perform limited background investigation to determine collaterals, prior involvement, verifications, etc., and then ultimately use our SDM screening decision to determine if the intake should be accepted for investigation by a CFS IA worker or screened out.

Statewide Round 3 of Children and Family Services Review:

The State of Nebraska participated in Round 3 of the Children and Family Services Review (CFSR) the week of June 5-9, 2017. Federal and State reviewers analyzed 65 cases (40 foster care and 25 in-home) conducted via the Traditional Review process in Douglas, Hall, and Platte/Colfax counties. The review also included interviews with more than 200 stakeholders about the performance of Nebraska's child welfare system. Nebraska was found to be out of substantial conformity on each of the CFSR case review outcomes and 3 of the 7 systemic factors.

Just prior to and following the release of the CFSR results, CFS has been actively involved with multiple initiatives to identify and implement beneficial strategies to improve our system. Upon receipt of the results from the CFSR review, Nebraska facilitated an all-day PIP conference that was well attended by an estimated 125 stakeholders and CFS employees from across the state. The first part of the meeting was designed to openly share the CFSR results with CFS employees and stakeholders to ensure all parties were aware of the strengths and weaknesses in our child welfare system based upon the overall CFSR process. The second half of the day was designed to brainstorm solutions and take the first step of many towards improving the Nebraska child welfare system. These brainstorming sessions were invaluable in creating the foundation for the Program Improvement Plan.

Following the all-day session, CFS developed a core PIP team based in part on attendees at the session whom volunteered to participate as a core team member. This group includes a broad array of individuals representing not only CFS but also additional State agencies, such as the Division of Behavioral Health and The Court Improvement Project. The core PIP team also includes a community partner serving foster parents, a foster youth, a representative from PromiseShip, and a representative from Casey Family Programs.

Improving Child welfare outcomes is a top priority for Governor Ricketts in Nebraska. Accordingly, Nebraska is fortunate to have had the benefit of two Gubernatorial initiatives aimed directly at process improvement that we were able to leverage for our PIP. These initiatives have been instrumental in both the root-cause identification steps as well as the solutions steps. During the State-of-the-State address in January 2018, Governor Ricketts announced the creation of a Child Welfare Task Force. The task force is identified as the "Child Welfare Tiger Team". This team of cross-functional leaders selected by Governor is focused on process improvement and are targeting initiatives across and within DHHS to improve child safety, permanency, and well-being. Another Gubernatorial initiative that has provided invaluable support to CFS and all State Divisions was the creation of the Lean Six Sigma Process Improvement Center of Expertise.

The bedrock of the Lean Six Sigma process improvement process is the utilization of Lean Six Sigma for our process improvement methodology. Lean Six Sigma is a powerful combination of process improvement tools used to optimize the process based on the use of

data/measurements, coupled with vastly improved communication. This process is not limited to a few trained employees either, as every DHHS employee is required to attend a half-day training session and pass an exam to earn their Lean Six Sigma White Belt. Now that all employees are trained as Lean Six Sigma White Belts, CFS daily huddles occur where performance measures are tracked and discussed. Additionally, CFS has a dedicated and highly trained Process Improvement Coordinator that provides support to the huddle teams and leads larger process improvement projects identified through the Daily Huddle process. This has proven to be a very powerful learning tool and instrumental in our overall process improvement.

And finally, understanding the root causes and identifying alternative methods to improve was a big component of the development of this Program Improvement Plan. We at CFS recognize that input from all staff and stakeholders, particularly those that are closest to the work, is a critical step in the path to process improvement. As such, one of the initial steps performed for the PIP was to have DHHS CQI Program Accuracy Staff conduct face-to-face meetings with Service Area staff across the state to begin identifying root causes to the areas needing improvement identified during the onsite report out. These brainstorming sessions were invaluable in helping us identify performance barriers and solutions.

Nebraska CFS Vision:

In Nebraska, we are proud to know that on many levels Nebraska families involved with Children and Family Services program receive timely response, appropriate services and outcomes consistent or better than many National measures. However, CFS has a vision for even greater success that we are aiming for and this PIP will be instrumental in the achievement of our vision. Looking out 5 years, CFS eagerly looks toward the Family First Prevention Services Act (FFPSA), which will enable us to improve our prevention services and remove fewer youth while providing more comprehensive well-supported services to children in their own homes, with their family, and with reduced levels of secondary trauma. CFS also looks forward to the upcoming changes which will allow us to reduce our turnover rate of CFSS so that those on our team stay employed with us because they are supported and satisfied, become most proficient at their work, and families will have the same case manager throughout the life of their case as often as possible. Our vision most certainly includes an environment where our team members are positioned to more effectively, more compassionately, and more completely engage with all family members so the family's voice is thoroughly heard, and understood, and the family can more actively participate in all case actions and decisions. While our vision is to have fewer youth in foster care, we realize there will always be the need to temporarily place children in a temporary home. Accordingly, for those that do come into the care of CFS, our vision is for them to progress more efficiently and more timely than many experience today. To achieve this, we envision improved collaboration, information sharing, continuity, and performance, and not just within CFS and our families, but equally importantly for all parties within the Nebraska child welfare system. The family's experience is only as good as the weakest link in the chain, and therefore our vision is a system where all links are stronger and higher performing than ever before.

While this PIP won't necessarily enable us to fully realize our vision, this PIP provides meaningful support and guidance towards that end, and will be instrumental towards achieving our vision for the Nebraska child welfare system.

Nebraska CFS PIP Priorities:

The results of the CFSR review and the extensive analysis performed following the review identified four priorities Nebraska will address within our PIP to improve outcomes and better serve the youth and families in our care. The key priorities identified are;

- 1) Ensure safety for children through improved initial and ongoing risk and safety assessments, enhanced Supervisor training and a standardized case-staffing model.
- 2) Improving timeliness to permanency through enhanced judicial awareness/communication, improved execution of permanency goal planning, and improved adherence to ASFA.
- 3) Improving engagement with our children and parents for both in-home and out-of-home cases throughout the life of the case.
- 4) Improving workforce stability through the reduction of turnover.

Priority 1 – Ensuring Safety and Improving the Child and Family Assessment Process

Nebraska CFS believes that maintaining a stable workforce with expert knowledge in Nebraska's Safety and Risk Assessment Tool, Structured Decision Making (SDM), as well as expertise in engaging families and gathering sufficient information to make correct determinations about safety threats, risk factors and needs and services for children and families will have a direct impact on outcomes for the children and families we serve. CFS is keenly aware of the fact that one of the factors affecting quality of safety and risk assessments is the lack of consistent understanding and utilization of SDM Safety and Risk Assessment tools-which on occasion has led to inadequate assessment of safety threats, safety planning and assessment of risk factors for youth and families. This will be a focus within the Program Improvement Plan (PIP). CFS does not believe we have provided supervisors the necessary framework and tools to be team leaders and coaches for their case management staff members. CFS does not have a standard CFS Supervisory training curriculum that focuses on training supervisors to become leaders and coaches to their teams.

A second area needing improvement is our current process of staffing cases. In today's environment, cases are staffed by Supervisors and Administrators utilizing markedly different frequencies and methodologies. We believe improvements will be achieved by developing a standardized staffing model that thoroughly reviews a case, including all major key junctures of a case such as engagement of case participants, appropriateness of case planning, services and risk and safety factors.

To address these two key areas, CFS will be implementing key activities which will support supervisors as coaches for their teams relating to the empowerment of specialists to use critical thinking skills, family engagement, and safety planning; such as Advanced SDM Supervisor Training and implementation of a standardized case staffing model.

An additional area requiring improvement is that contact exceptions are being granted by CFS Supervisors for circumstances that are not considered to be beyond the agency's control, therefore clear and sufficient guidance to staff and supervisors is needed regarding exceptions for making face-to-face contacts with child victims. Nebraska CFS also plans to implement specific activities to assist Initial Assessment staff to meet expected timeframes for face-to-

face contacts with child victims on all accepted intakes, especially during times when staff turnover is high leading to higher case load for Initial Assessment staff. Nebraska CFS will also be utilizing Daily Lean Six sigma Huddles to monitor initial assessment contacts, discuss possible exceptions to contact, and resolve contact coverage issues to ensure timely contacts are made.

Contained within the Safety section within this PIP we have included additional details regarding the root-cause analysis, data analysis, and improvement strategies CFS will pursue to improve this critical measure. This section also includes additional details regarding the time-frames and measurement activities associated with each initiative. Please note this outcome is overarching across the entire Nebraska Child Welfare system. While this outcome is contained within the Safety section, numerous other activities throughout this PIP are also critical to improving this outcome and CFS is committed to pursuing each activity included herein to improve this outcome.

Priority 2 – Improving Timeliness to Permanency

Achieving safe and stable permanency for youth in our care is an area where both the CFSSR on-site review and data indicators identified deficiencies. Deficiencies in the measures are particularly noticeable for our largest population of youth, youth that can achieve permanency in 12 months and may not. CFS realizes this is a system-wide issue where all involved parties make a difference. CFS knows that having a stable placement and achieving permanency in a timely manner are critical components and effective predictors of long-term outcomes for youth that have been removed from their home. National data indicates the longer a youth is placed out-of-home away from their parents/guardians, or the more placement instability a youth experiences, the less likely they are to have positive long-term outcomes. CFS has performed extensive analysis with stakeholders, CFSS, Policy, Court Improvement Project (CIP), Administrators, and others to learn about and understand the issues and major underlying barriers to our underperformance of timeliness to permanency across the state. While workloads and turnover rates are contributing factors, CFS facilitated numerous brainstorming sessions and data analysis to drill deeper to more fully understand the challenges and identify the most appropriate corrective action strategies and activities.

Our focus needs to be clear that as a system we are here to support children and families to remain together safely, be reunified if a separation occurs, and provide the services necessary to have the family protect and provide safety for their children. But children don't wait forever. If progress is not occurring and the goals of family preservation or reunification are not achieved, then the child should have a forever family through adoption, guardianship, or other planned permanency living arrangements that have both cultural and relational permanence for them.

With courts being located geographically across the state, some Juvenile and some County, Nebraska relies heavily on our State Court Improvement Program (CIP) as a partner with Nebraska CFS to facilitate communication, education, feedback, guidance, etc. Consequently, Nebraska CFS and CIP have a very positive and strong working relationship. Given the findings of the CFSSR, Nebraska CFS and CIP have been collaboratively working together through a joint project to solicit input from the Courts and develop improvement strategies.

The CFSR identified a factor that impedes our ability to achieve the most appropriate form of permanency in a timely manner is the quantity of youth that do not have a court ordered concurrent case plan goal. By delaying the addition of a concurrent goal, we increase the probability of a delayed permanency by minimizing our efforts to take proactive steps toward adoption or other appropriate permanency outcomes should reunification not be the best form of permanency. Nebraska CFS believes earlier utilization of a concurrent goal increases our transparency with the family and enables Nebraska CFS to begin to discuss alternate forms of permanency sooner in the interest of the children returning to a stable, permanent home.

Nebraska CFS is thoroughly aware that a second factor that greatly effects the timeliness of permanency are the count of youth that have reached the ASFA threshold of being out-of-home 15 of 22 months and the ratio of these youth that have a TPR hearing/order or TPR exception order. As of July 23, 2018, Nebraska has 1,341 youth that have met the 15/22 out-of-home threshold. Of those, 28%, or 379, do not have either a TPR filing or a TPR exception. Nebraska CFS believes we need to provide additional education and monitoring of our performance on TPR and concurrent goals, among other permanency measurements. This is very important given that research indicates that by delaying the utilization of TPR filings, the youth have a higher probability of remaining out of home longer rather than achieving permanency via the most successful and timely path.

And finally another major factor on timeliness to permanency is case progression and communication between the courts, family and providers. Accordingly, CFS has collaborated with the Court Improvement Project to study, develop and test the effects of more frequent permanency hearings along with a new pre-hearing permanency review (PHPR) team meeting. CFS and CIP have collaborated during the past 18 months on this work intent on improving the timeliness to permanency and have developed an innovation zone to test our hypothesis. The PHPR meeting is similar to a traditional family team meeting. A couple notable differences are the meetings are court ordered at removal, and the meetings are facilitated by the Office of Dispute Resolution (ODR). The study also includes the significant change of more frequent review hearings. Our findings strongly suggest that by making these changes we can improve the timeliness of permanency, and over the next 24 months we will have empirical data to support or reject this hypothesis.

Contained within the Permanency section within this PIP we have included additional details regarding the root-cause analysis, data analysis, and improvement strategies CFS will pursue to improve this critical measure. This section also includes additional details regarding the time-frames and measurement activities associated with each initiative. Please note this outcome is overarching across the entire Nebraska Child Welfare system. While this outcome is contained within the Permanency Section, numerous other activities throughout this PIP are also critical to improving this priority item.

Priority 3 – Improving Family & Youth Engagement

One of the major factors affecting Nebraska's CFSR outcomes is our failure to effectively engage all family members, relatives, kin, and others involved with the family and children. This is an overarching step in the case management process that affects all stages of the case, from investigation through permanency. The CFSR on-site review, as well as our own internal CQI

case reviews, both clearly indicate a deficiency in our non-custodial parent engagement throughout the life of the case, particularly with in-home cases.

Nebraska realizes that engagement with family members and other important persons in the life of the child is a critical component of our service that drives nearly every case decision the CFSS will make to ensure positive outcomes. As such, Nebraska sees the need to better support our CFSS so they are better prepared and capable of engaging children and families in a more deliberate fashion. Effective engagement is more than simple communication. Effective engagement is positive, probing, supportive, and provides improved insight and a more thorough understanding of the family circumstances. The circumstances include a wide range of information from understanding the real harm and danger, to the hopes and dreams of the children – and everything in between.

There are numerous factors that contribute to the engagement deficiency including high staff turnover, caseloads, policy clarifications, range of communication skills of each CFSS, accessibility to family and their involvement, and the lack of an engagement model used to train and assist the CFSS with engagement. Among other strategies listed throughout this report to improve engagement, one that we believe will be very helpful supporting the family voice and family choice culture is an engagement practice model called Safety Organized Practice (SOP).

SOP has a proven history of providing CFSS with communication tools and practice strategies that assist the CFSS by providing enhanced confidence and skills to engage families in a way that improves communication and ensures the family's voice is heard. The improved communication with SOP tools is also a powerful resource to improve on our ability to accurately identify many case characteristics, including safety threats, informal supports, effective safety planning and case planning. We believe that by changing our questions and the way we engage families, we can change their lives more effectively.

SOP is designed to help all key stakeholders involved with a child—parents, extended family, child welfare workers, supervisors and managers, lawyers, judges and other court officials, and even the child him/herself—keep a clear focus on assessing and enhancing child safety at all points in the case process. This adapted approach *integrates* the best of Signs of Safety (a strengths- and solution-focused child welfare practice approach) with the Structured Decision Making® (SDM) system (a set of research-based decision-support assessments) to create a rigorous child welfare practice model.

There are three overarching objectives of Safety Organized Practice (SOP).

- *Development of Good Working Relationships:* Using a spirit of curiosity, practices of family engagement, and a shared language for important child welfare concepts to help create good working relationships among all the key stakeholders involved with a family.
- *Use of Critical Thinking and Decision-Support Tools:* Helping all stakeholders use the best of their experience and the best of state-of-the-art child welfare research to jointly assess family situations and arrive at clear statements of both the danger to the children and the goals for a child welfare intervention.
- *Creation of Detailed Plans for Enhancing Daily Safety of Children:* Creating jointly developed, understandable, achievable, and behaviorally based plans that include all

stakeholders and clearly show how the protection of children will be enhanced on an ongoing basis.

The SOP implementation began January 8th and 9th, 2019, with two all-day Admin/Supervisor kickoff meetings. Following the introductory meeting, every month for the duration of 2019 additional meetings will be held to train CFSS with additional SOP engagement tools they can use to improve their interaction with families to more effectively identify needs and solutions while improving the trust level and overall communication between the CFSS and the family. Nebraska is excited to deploy the SOP model as a primary strategy to improve overall engagement with families while maintaining in home safety as recommended by the Children's Bureau on page 14 of the IM ACYF-CB-IM-18-05. SOP works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety, risk and needs. Nebraska has received extensive planning and implementation support from Casey Family Programs and San Diego County, CA. San Diego has been very successfully using SOP for approximately eight years and we are very confident that Nebraska will experience notable family engagement improvements, safety improvements and better outcomes just as San Diego and other jurisdictions have.

Nebraska also believes there is a need to improve engagement between biological parents and caregivers/foster parents. Nebraska recognizes that a partnership between biological parents and caregivers/foster parents is critical and will aid in achieving overall goals and outcomes. The State of Nebraska must utilize foster parents' knowledge, skills and abilities to mentor and/or coach biological parents on how to better support their children. Nebraska is focused on developing a culture of family voice and family choice within our child welfare system. Allowing biological parents the ability to have a voice in key case management decisions, such as where and with who their children will be placed will foster better overall relationships, which will have a direct impact on goals and outcomes being achieved more efficiently. All assessments and service planning must be grounded in the family's perspective and it must reflect the family's values, preferences, cultures and norms. We must value the concept of "nothing about us without us" when it comes to our families. The identification and inclusion of the family's interpersonal and community relationships will provide natural support and stability to the child and their family.

Developing a culture of family voice and family choice is of significant importance. In addition to wanting to ensure family members are involved with the decisions, we want child centered family focused interventions that teach parents how to protect their children and meet their needs. Case managers must promote that families are the experts in their situations and must utilize their voice in safety planning, case planning and service provision. All persons have dignity and value, and are worthy of respect. A person's opinions and participation in decision-making are central to being respectful of their rights. Our goal is to be inclusive rather than exclusive.

Contained within the Well-Being section within this PIP we have included additional details regarding the root-cause analysis, data analysis, and improvement strategies CFS will pursue to improve this critical measure. This section also includes additional details regarding the time-frames and measurement activities associated with each initiative. Please note this outcome is overarching across the entire Nebraska Child Welfare system. While this outcome is contained within the Well-Being section, numerous other activities throughout this PIP are

also critical to improving this outcome and CFS is committed to pursuing the activities included herein to improve this outcome.

Priority 4 – Improving Workforce Stability

For the past decade, the child welfare profession has struggled, nationwide, to maintain a trained and skilled workforce dedicated to providing services and support to assist families in need of critical and immediate care and services. On average, workforce turnover within the child welfare profession is more than six times the national average when compared to turnover in other professions. In 2017, State of Nebraska Children and Family Services Specialists (CFSS) experienced a 32 percent annual rate of turnover. That percentage is reflective of employees leaving the agency and those seeking other positions within the agency. High turnover is a prominent and major factor as it relates to our ability to complete accurate and comprehensive assessments timely, engage families and ensure their voice and their choice for how to address the safety threats are heard. Families must guide the case process and selection of supports and services to their families and children both for the immediate and long-term.

During the core team meeting with families and youth, families have voiced concerns about the lack of consistency in their case manager, which results in the family having to tell their story over-and-over again. Families indicate this was their number one concern when working with CFS and successfully achieving permanency for their children. Our human resource unit gathered data from 94 listening sessions that were held in dozens of communities across the state that involved hundreds of CFS staff to determine the reasons for staff leaving. From those sessions and the data collected it was determined that the number one reason for CFSS turnover was burn out. They voiced concerns about caseload sizes, lack of pay or ability to promote through the system and lack of respect by community partners. As a strategy to address some of the concerns voiced we have increased use of flexible hours, provided the ability to work from home, increased the use of technology to increase mobility of our CFS team so they can spend time in homes with families assessing for safety and protective capacity of the parents.

In an effort to improve our employee satisfaction and rate of retention, Nebraska is fortunate to have been selected as one of eight sites to address staff turnover in child welfare agencies through the Quality Improvement Center for Workforce Development (QIC-WD) grant. Although this initiative has a timeline of several years, we look forward to the selection and implementation of our intervention which will be our focus for the remainder of that grant period aimed at improving staff satisfaction and retention.

Nebraska also plans to create and utilize a Workload Response Team starting in July 2019, consisting of trained individuals who will assist with making contacts with child victims and completing Initial Assessments when staff vacancy rate is 15% or more in any given service area. The Workload Response team will not only help ensure safety for families by ensuring timely contacts and completing safety and risk assessments, they will also provide stability to the workforce by completing work that would otherwise be assigned to IA staff with already full case loads.

Contained within the Safety section within this PIP we have included additional details regarding the root-cause analysis, data analysis, and improvement strategies CFS will pursue

to improve this critical measure. This section also includes additional details regarding the time-frames and measurement activities associated with each initiative. Please note this outcome is overarching across the entire Nebraska Child Welfare system. While this outcome is contained within the Safety section, numerous other activities throughout this PIP are also critical to improving this outcome and CFS is committed to pursuing each activity included herein to improve his outcome

CFS CQI:

Continuous Quality Improvement (CQI) systems based on case reviews have proven to be a necessity for states across the country as a means to efficiently improve and protect by identifying both underperforming and high-performing areas of case management. An effective CQI system provides continuous oversight and feedback to the myriad of case management processes to ensure youth and families receive the highest level of care and best possible outcomes. Given the importance and necessity of CQI, Nebraska CFS will be strengthening our CQI process by implementing a new CQI process designed to interface directly with the CFS Supervisors across the state. This process will open the door to new dialogue and resolution of areas needing improvement throughout the PIP period. We intend to create a standardized exchange of information which will provide optimum insight and continuous improvement to ensure we achieve and exceed the required improvements outlined within this PIP across our system. CFS also intends to implement a new Supervisor case review process so that Supervisors will have an opportunity to perform their own case reviews on an ongoing basis. Additionally, monthly meetings are being facilitated by the Deputy Director with Admin and staff from across the state. The combination of these strategies will ensure feedback is provided to all parties, and a common message is delivered to participants statewide in the interest of providing QA case review information, brainstorming, and uniformity of solutions.

Ultimately, Nebraska recognizes the path to improved outcomes for children and families necessitates that we understand and resolve the barriers influencing Risk and Safety Management, Achievement of Permanency, Family Engagement, Employee Satisfaction, and Access to Services. These areas are fundamental to an effective system and the target of our efforts in this PIP. Through this PIP we are striving to optimize the safety, permanency and well-being for all youth and families in our care.

Outline of Goals & Strategies:

Safety:

Goal 1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case (Safety Items 1, 2, and 3)

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

Permanency:

Goal 2: Improve Time to Reunification within 12 Months (Permanency Items 4, 5, 6 and Case Review System Items 21 & 22)

- *Strategy 1: Implement more frequent court reviews and case staffing.*
- *Strategy 2: Improve adherence to SDM recommendation by supporting increased understanding and confidence in the SDM too by the legal/judicial community.*

Goal 3: Improve the Timely Filing of Termination of Parental Rights (Permanency Items 5, 6, and Case Review System Item 23)

- *Strategy 1: CFS will make process improvements to effectuate timely TPR filing and TPR exceptions.*
- *Strategy 2: Increase number of TPR filings by modifying existing contract and billing requirement for TPR filings in Lancaster and Douglas counties and exploring funding sources to TPR filing in rural counties across the state.*

Well-Being:

Goal 4: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency (Safety Items 2 & 3 and Well-Being Items 12 – 15)

- *Strategy 1: Increase efforts to notify, engage and assess Non-Custodial Parents (NCP).*
- *Strategy 2: Improving frequency and quality of contacts with children, youth and parents.*
- *Strategy 3: Actively involving biological and foster parents to communication and foster connections which will achieve overall outcomes.*

Systemic Factors:

Goal 5: Enhance current service array to ensure appropriate and individualized services are accessible (Service Array Items 29 & 30)

- *Strategy 1: Improve staff's knowledge regarding available safety and ongoing services to meet identified needs.*
- *Strategy 2: Expand services and service availability to improve service delivery.*

Goal 6: Enhance case review system to promote timely permanency. (Case Review System Items 21, 22 and 24.

- *Strategy 1: Improve outcomes for youth involved in TPR Appeal by providing education to legal parties to ensure court review and permanency hearings are occurring timely for these youth.*
- *Strategy 2: Improve outcomes for youth and families by ensuring foster parents are notified and have a right to be heard in review and permanency hearings involving the child in their care.*

Goal 7: Enhance the State of Nebraska's Foster and Adoptive Parent Licensing, Recruitment and Retention practices (Foster and Adoptive Parent Licensing, Recruitment, and Retention Item 35)

- *Strategy 1: Improve Nebraska's approach to recruiting foster and adoptive families to ensure that foster and adoptive families reflect ethnic and racial diversity of children whom foster and adoptive homes are needed.*

Part One: Goals Strategies, and Key Activities

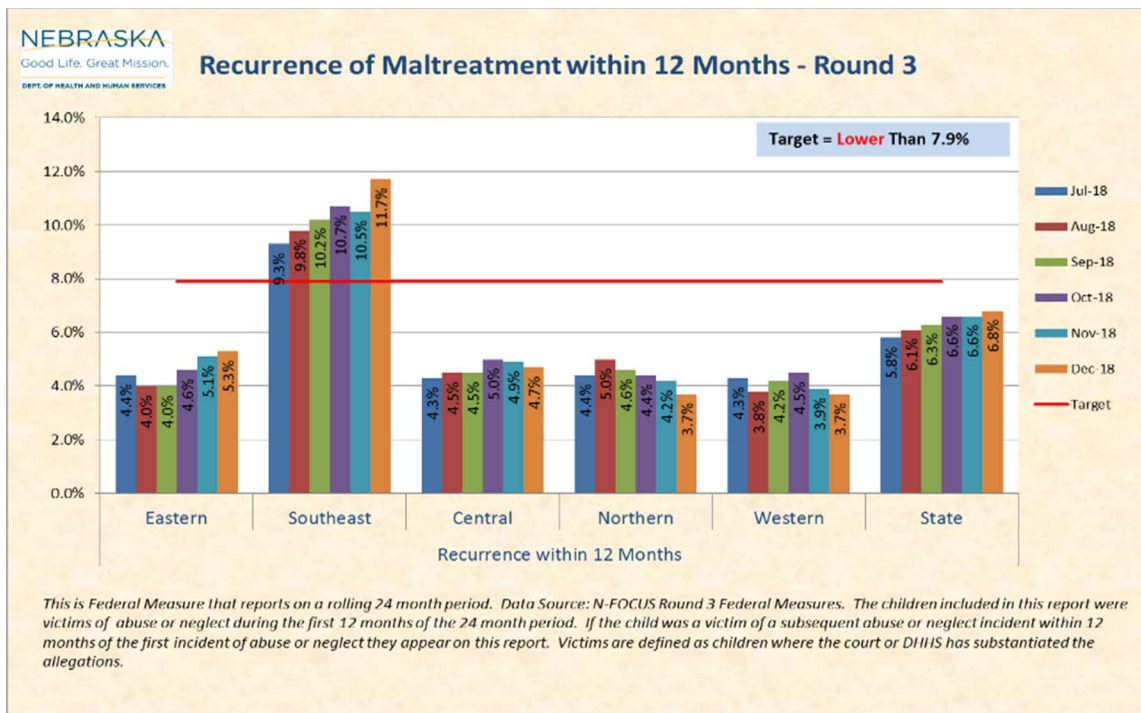
SAFETY:

- **Goal 1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case. (CFSR Items 1, 2 and 3)**

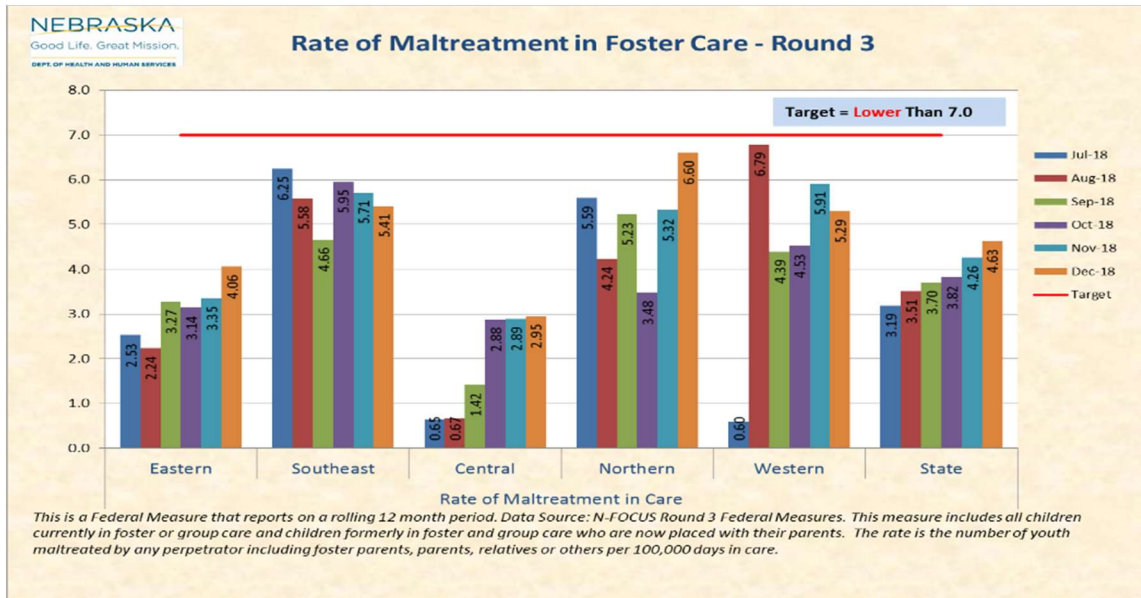
The Division of Children and Family Services works in partnership with families and community partners to make sure children are safe from harm. Nebraska believes that timely face-to-face contacts with all child victims and completion of thorough safety and risk assessments are necessary to ensure child safety and well-being. Nebraska has strong practice guidance and uses an evidence based assessment tool, Structured Decision Making (SDM), to assess for safety and risk for children involved in the system. SDM provides case managers with a structure for assessing current and future harm to the child. Nebraska believes in continually strengthening safety and risk assessment practice expectations and improving the effectiveness SDM by making sure it is directly connected to service planning and monitoring of ongoing case progress.

While Nebraska is pleased to be achieving both Safety Round 3 observed measures: Recurrence of Maltreatment within 12 months and Rate of Maltreatment in Foster Care (Charts 1 & 2). Nebraska has identified areas needing improvement related to CFSR Safety Outcomes 1 and 2.

Safety Chart # 1: Recurrence of Maltreatment within 12 Months



Safety Chart # 2: Rate of Maltreatment in Foster Care



The State's Round 3 observed measure indicate Southeast Service Area is the only Service Area in Nebraska that is not passing the recurrence of maltreatment Round 3 Measure. Nebraska is monitoring the recurrence of maltreatment rate in Southeast Service Area and pursuing the activities listed in **Goal 1; Strategy 1** to address recurrence of maltreatment in Southeast Service Area.

On Feb. 2019, Nebraska received the updated data profile from the Children's Bureau. The updated data profile (Table #1: Jan. 2019 Data Profile) confirms that Nebraska is indeed exceeding the federal target in 6 of the 7 Round 3 Data Indicators.

Safety Table #1: Jan 2019 Data Profile

January 2019 Data Profile RSP Values				
Measure		Nebraska Value	Federal Target	Target Achieved
Safety	Maltreatment in Care	7.14	9.67 ▼	Yes
	Recurrence of Maltreatment	7.0%	9.5% ▼	Yes
Permanency	Permanency in 12 month (entries)	37.3%	42.7%▲	No
	Permanency in 12 month (12-23 months)	55.4%	45.9%▲	Yes
	Permaenncy in 12 months (24+ months)	41.7%	31.8%▲	Yes
Well-Being	Re-entry to Foster Care	5.6%	8.1% ▼	Yes
	Placement Stability	3.02	4.44 ▼	Yes

▲ For this indicator, a higher value is desirable

▼ For this indicator, a lower value is desirable

Nebraska performed extensive analysis with stakeholders, CFSS, policy staff, the courts, youth, families and others to learn about and understand the core issues underlying our underperformance in Safety Outcomes 1 & 2 in the CFR. The state performed numerous brainstorming sessions to drill deeper into factors related to safety outcomes and identify the most appropriate corrective actions and strategies.

Strategy 1. Ensure safety for children through improved initial and ongoing risk and safety assessments throughout the life of the case particularly regarding in-home cases.

One of the main factors determined to impact safety outcomes for children and families in Nebraska is the fact that Nebraska has not provided supervisors the necessary framework and tools to be team leaders and coaches for case managers that report to them. Nebraska does not have a standard CFS Supervisory training curriculum that focuses on training supervisors to become leaders and coaches to their teams. In most instances, the CFS supervisors are promoted from their role as case managers to their current supervisory role and do not undergo specific training that provides them with the necessary supervisory and coaching skills needed to reinforce knowledge and skills that the case manager's learn from new worker and ongoing CFS trainings. Feedback from CFS Supervisors, case managers and other stakeholders support the need for specific supervisory training and case staffing model to ensure supervisors have the skills and resources to mentor, coach and problem solve with case managers to address areas needing improvement.

To address these identified needs, Nebraska plans to implement a standardized case staffing model that provides the framework for case supervisors and case managers to review case decisions and actions regarding safety and risk on a regular basis. Nebraska currently does not have a mandatory supervisory case staffing model which has impacted the consistency of case management practices and application of SDM risk and safety assessment tools. **Goal 1, Strategy 1** includes activities regarding the implementation of a standardized supervisory case staffing model. This model will provide CFS supervisors with the needed framework to manage the differences between out-of-home, in-home and alternative response cases. Supervisors will utilize this new supervision model during monthly individual case staffing with their case managers.

The standardized case staffing model will be implemented to assist CFS supervisors build the foundation for maintaining unit effectiveness, promoting the development of individual CFSS capacity, while achieving the outcomes of safety, permanency, and well-being for the children and families. While this staffing model will be instrumental in addressing case management activities for all CFS cases, this activity is being chosen as a particular resource to supervisors to address areas needing improvement with In Home cases.

The standardized case staffing model will be utilized by CFS Supervisors to improve safety outcomes by:

- Ensuring that formal SDM assessments and informal safety and risk assessments completed during monthly face to face contacts with the youth and parent(s) include information regarding all adults and children in the family home. The case staffing model will promote discussion and inclusion of all relevant information on household members when determining safety and risk.

- Ensure comprehensive safety and risk assessments are conducted when case circumstances change to ensure accurate safety decisions throughout the case.
- Ensuring case managers are utilizing Safety Organize Practice (SOP) model to improve the quality of safety and risk assessments and develop relationships with youth, parents and non-custodial parents. Lack of ongoing engagement with a non-custodial parent is a factor identified to impact safety and well-being outcomes, particularly for in home cases in Nebraska. To address this need, Nebraska will be implementing a new practice model called Safety Organized Practice (SOP). SOP works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety and risk. A cornerstone of SOP is a collaborative approach that emphasizes teamwork, a partnership with families, and involving a safety network of family, friends and relatives to support the children and parents. SOP uses strategies and techniques that align with the belief that a child and his/her family are the central focus, and that partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. The SOP model will help support supervisors to be better coaches for their teams as it relates to empowering specialists with critical thinking skills, family engagement, effective safety assessments and safety planning. Additional details regarding the implementation of SOP are listed under the **Goal 4, Well-Being**.

Another key activity outlined in **Goal 1, Strategy 1** that will support supervisors as coaches for their teams is the implementation of advanced SDM training for supervisors. This training will particularly aid supervisors in ways to integrate SDM assessments and decisions into key supervisory processes, consider how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc. SDM is the key safety and risk decision tool used by case managers to make decisions about safety for the child and family throughout the life of the case. Having supervisors with advanced knowledge and expertise in SDM will ensure supervisors are having key discussions with their staff and ensure that SDM safety and risk assessments are completed at key junctures of the case and that SDM is utilized to make decisions about safety and risk when case circumstances change.

Nebraska believes ongoing timely discussions and coaching by CFS Administrators and Supervisors is the key to addressing identified barriers to Safety Outcomes. Nebraska also believes it is important for CFS Administrators and Supervisors to have a thorough understanding of case management practices by their case managers. To promote this understanding of individual and team practices, Nebraska CFS Administrators and Supervisors are tasked with reviewing a required number of cases each month using an internal tool that simulates CFSR Safety Items 1, 2 and 3. The CFS Administrators and Supervisors utilize these reviews to improve their understanding of case management practices by their team members and to identify barriers to safety assessment, safety management and safety services. This activity allows CFS Administrators and Supervisors to provide timely and effective coaching and mentoring to team members as needed.

Nebraska also determined that one of the factors impacting quality of safety and risk assessments for Nebraska is the lack of consistent understanding and utilization of SDM Safety and Risk Assessment tools which has led to inadequate assessment of safety threats, safety planning and monitoring of risk factors for youth and families. Nebraska identified numerous shortcomings in our SDM assessment process including;

- Inaccurate use of Safety Threat 12 in the safety assessment SDM tool
- Inadequate monitoring and updating of safety plans
- Insufficient information gathered to support the following complicating factors (mental health, substance abuse, developmental disability and domestic violence) in safety and risk assessments.

These deficiencies have occasionally led to insufficient quality of safety and risk assessments using the SDM tool and have led to a delay in the identification of accurate needs and services related to these complicating factors. Nebraska plans to implement activities listed under **Goal 1, Strategy 1** to address the quality of safety and risk assessments, safety planning and monitoring using the SDM tool.

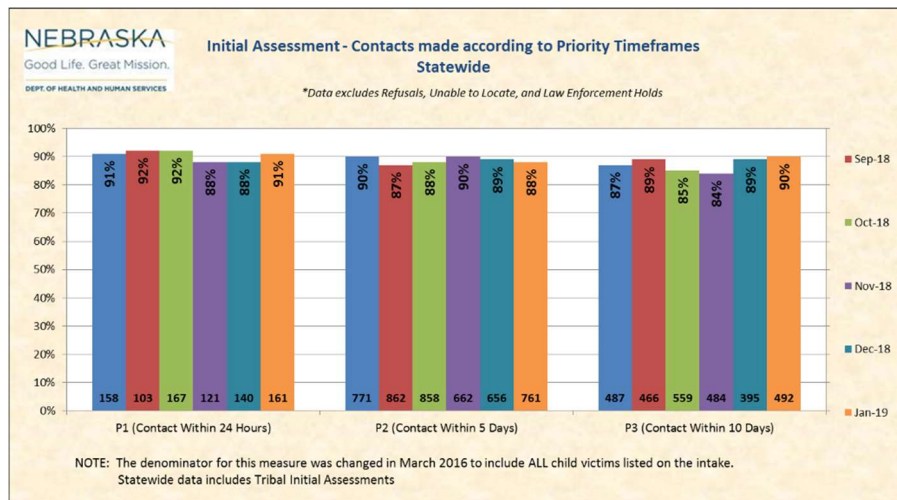
Nebraska recognizes the above modifications of the SDM instructions and implementation of specific activities to ensure accuracy and quality of safety and risk assessments will no doubt improve outcomes for children and families. However, the root cause to resolving these constraints will be resolved primarily by having adequately trained CFS supervisors who are experts in the utilization of SDM and have all the knowledge, skills and resources to help them coach, mentor and ensure the case managers are completing safety and risk assessments at critical junctures of each case.

In addition to specific changes in SDM Tool instructions, Nebraska also plans to implement other specific activities listed under **Goal 1, Strategy 1** to ensure correct decisions and actions are taken to address safety issues. Nebraska plans to implement triage staffing innovation activity in one of the Service Areas. This practice will allow case managers to staff potential removals with a team of individuals including other case managers, supervisors and administrators. This activity will allow the case manager to discuss complicating factors in the case, determine if sufficient information has been gathered to make accurate determinations of safety threats and validate their decisions regarding those safety threats, family needs, services and actions needed regarding their case. Nebraska will assess the effectiveness of the triage staffing and make a determination on expansion to other Service Areas.

Strategy 2. Improve timeliness of initial assessment contacts.

Nebraska CFS analyzed data and information related to timeliness of face-to-face contacts with the child victim(s) according to the state's priority timeframe for the intake. Recent state data regarding contacts made with child victims indicate the state continues to show areas needing improvement with timely contacts for P2 (contact within 5 days) & P3 (Contact within 10 days) Intakes (Safety Chart #3: Initial Assessment Contact Timeframes).

Safety Chart # 3: Initial Assessment Contacts Timeframes



Analysis of case review and quantitative data indicate that the issues vary depending on the case circumstances. Below is a summary of the factors impacting areas needing improvement and planned actions identified for timely face-to-face contact with child victims in Priority 2 & 3 intakes.

The first factor identified is that contact exceptions are being granted by CFS Supervisors for circumstances that are not considered to be beyond the agency's control according to guidelines for CFSR Item 1. Quality Assurance (QA) review of a sample of contact exceptions entered for intakes accepted for investigation in 2018 indicate 49% or 96 out of 199 contact exceptions reviewed were considered NOT beyond the Agency's control according to guidelines for CFSR Item 1.

During the analysis, it became clear that the department had not provided sufficient guidance to staff regarding the exceptions allowed for making face-to-face contacts with child victims in Priority 2 and Priority 3 cases. Therefore, included in **Goal 1, Strategy 2** are key activities regarding the creation and release of guidance to field staff regarding allowable exceptions to face-to-face contacts with the child victim(s). Nebraska recognizes that providing additional policy guidance and Standard Work Instructions (SWI) to staff will not be sufficient to address the change needed unless it is accompanied by monitoring and coaching by CFS Administrators and CFS Supervisors as well as ongoing quality assurance reviews to determine adherence to new SWI expectations.

Nebraska also plans to implement specific activities included in **Goal 1, Strategy 2** to assist Initial Assessment staff to meet expected timeframes for face-to-face contacts with child victims on all accepted intakes, especially during times when staff turnover is high leading to higher case load for Initial Assessment staff. Nebraska will be utilizing Daily Lean Six Sigma

Huddles to monitor initial assessment contacts, discuss possible exceptions to contact, and problem solve contact coverage issues to ensure timely contacts are made. Daily Lean Six Sigma huddles are daily team meetings facilitated by the CFS supervisor along with the case managers assigned to their team, to ensure progress is being made to achieve identified team goals. At the huddles teams collectively discuss obstacles, strive to eliminate wasteful case management practices, and develop efficient solutions to meet daily goals and improved outcomes.

Strategy 3. Establishing a workplace environment that reduces employee turnover and retains experienced staff who can better achieve ongoing safety for children and families.

Nebraska also believes the high rate of CFSS staff turnover which leads to elevated case-loads is another factor adversely impacting numerous case management processes including; timely face-to-face contacts with child victims, quality face-to-face contacts with children/parents, consistent and comprehensive initial/ongoing risk/safety assessments, safety monitoring and ongoing needs assessments to address the needs of children and their parents. The lack of stable workforce not only impacts safety outcomes for Nebraska, it is also a primary factor that impacts Nebraska's ability to achieve permanency and well-being outcomes for our families.

During the state fiscal year 2017, Nebraska's case manager turnover rate was 32%. This rate of turnover has impacted the consistency of case management practices across the state. The state's turnover rate has also impacted the case load sizes in the past year. In June of 2017, initial assessment caseloads were 75% compliant with the Child Welfare League of American (CWLA) caseload standards, ongoing case management caseloads were in 82% compliance and those carrying a combined caseload of initial assessment and on-going cases were in 50% compliance. The total for all in compliance was 73%.

Focus groups and interviews conducted with CFS staff identified the following factors that impact staff turnover rate:

- Case managers are overwhelmed by case load size; everything they have to do as case manager; required to be experts in everything they do.
- Case managers are leaving due to burnout, workload, various stressors, and work-life balance
- Case managers leave due to stress resulting from the way they are treated by judges, county attorneys and providers.
- New case managers do not know what they are getting themselves into, leave after getting a case load.
- Hard to juggle this and home life – during the training period work hours are 8-5, however when you start getting cases your work time is random. Doesn't hit home until stuck at the office until midnight and my own child is at home, CFSS who are single parents can't work the hours; "abandoning own children/families to save other children/families".

During the course of two months in early 2018, the DHHS Human Resources and Training team delivered 114 sessions of "We see you, we hear you, we value you" at 22 sites in 13 towns to 4,311 employees of DHHS. In each session, employees had the opportunity to provide input about working at DHHS. Climate surveys indicated that the most frequent keywords were safety, fear and toxic. This information supports the information gathered from

staff and stakeholders during meetings about case managers being burned out, stressed and having a work – life balance.

Nebraska knows that fostering the continued safety and protection of Nebraska’s children by creating a workplace environment that is supportive, trauma informed, embraces ongoing career development, and recognizes the complex work of CFSS professionals in the engagement and strengthening of families is crucial to maintaining a stable workforce. CFSS teammates are the most valuable resource Nebraska CFS can offer a family in the time of need. Stabilizing this team across the state will require administratively working to ensure a positive workplace culture exists in each service area. Creating flexibility within the career to grow, following reasonable workload standards and meeting personal needs will also provide a CFSS the opportunity to engage and strengthen families. Included in **Goal 1, Strategy 3** are key activities that will promote career satisfaction and reduce staff turnover. These strategies will improve work place culture, create professional growth opportunities, address secondary traumatic stress symptoms and lead to higher job satisfaction that will improve outcomes for Nebraska’s families.

Goal 1, Strategy 3 includes a description of Nebraska’s QIC WD project. The QIC WD project will research the implementation of an initiative called Resilience Alliance (RA). RA is a process designed to address secondary traumatic stress among the child welfare workforce. Preliminary survey findings prior to the implementation of RA identified secondary traumatic stress as a major factor of employee retention. Beginning in May 2019, randomly selected CFS Specialists across the state will participate in bi-weekly RA sessions led by a professional therapeutic facilitator. Following the 24 weeks of on-site RA sessions, CFS Specialists will continue to utilize the coping skills learned from the RA sessions to deal with work-induced secondary traumatic stress. The QIC WD project team will be monitoring retention rates, outcomes and employee satisfaction of these CFS Specialists in an effort to support RA as an effective intervention to improve employee retention.

Nebraska believes that the activities listed under **Goal 1, Strategy 3** will lead to a stable workforce with expertise in engaging families and gathering sufficient information to make correct determinations about safety, risk and services.

Strategies & Key Activities:

Goal 1: Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case.

Strategy 1. Ensure safety for children through improved initial and ongoing risk and safety assessments throughout the life of the case particularly regarding in-home cases.

	Key Activity	Projected Completion Date
1.1.1	Implement a standardized case staffing model to specifically address the differences in out of home, in-home and Alternative Response (AR) cases that every supervisor will use during monthly case staffing.	Quarter 4
	a) Develop a standardized case staffing model for CFS supervisors to ensure safety and risk assessments are occurring at critical case junctures and improve safety and risk assessment throughout the life of the case.	Quarter 2
	b) Train CFS administrators and supervisors statewide on the newly developed case staffing model.	Quarter 3
	c) CFS administrators will conduct observations, mentor and coach CFS supervisors to ensure effective use of the model.	Quarter 3
	d) CFS Research, Planning and Evaluation (RPE) team will conduct reviews to determine degree to which case staffing model is utilized and provide reports to CFS administrators.	Quarter 4; every quarter thereafter
	e) CFS administrators will develop strategies (refresher trainings, mentoring, coaching etc.) to address areas needing improvement.	
1.1.2	CFS administrators and supervisors will conduct monthly case reviews using an internal tool that simulates CFSR Safety Items 1 to 3. The CFS administrators and supervisors utilize these individual case reviews to identify safety assessment, safety monitoring and safety service provision issues to address with the case managers during monthly case staffing.	Quarter 1
1.1.3	CFS staff will utilize Safety Organize Practice (SOP) tools such as <i>Safety Mapping</i> and <i>Harm/Danger Statements</i> to enhance case management decisions about safety and risk and improve the quality of safety and risk assessments for youth and families. Detailed steps regarding SOP implementation are listed under Well-Being Section; Goal 4; Strategy 2; Activity 4.2.3.	Quarter 3
1.1.4	Develop and Implement with the assistance of the National Council on Crime and Delinquency (NCCD) an Advanced Structured Decision Making (SDM) training for supervisors to improve initial and ongoing risk and safety assessments.	Quarter 4
	a) Work with NCCD to review and modify the current 2 day Advanced training components to meet Nebraska standards.	Quarter 1
	b) Work with SDM champions and Center for Children Family and the Law (CCFL) to train the trainers on Advanced SDM supervisory training.	Quarter 1

	c)	Review and update current policies and standard work instructions to ensure adherence to Advanced SDM training model.	Quarter 2
	d)	Implement training statewide. CFS administrators and supervisors throughout the state will be trained together in several trainings planned for different locations throughout the state.	Quarter 2
	e)	Identify data points to ensure adherence and fidelity to advanced SDM model.	Quarter 3
	f)	CFS RPE team will conduct targeted quality assurance reviews to determine fidelity and adherence to advanced SDM instructions.	Quarter 4; every quarter thereafter
	g)	Review results will be made available to CFS administrators, CFS Deputy Director, and CFS Policy and Training Teams. Additional coaching and refresher trainings will be provided to address any identified deficiencies in practice.	
1.1.5	Modify Structured Decision Making (SDM) Safety Assessment Tool and instructions to ensure accurate decisions about safety and risk are made by CFS Staff.		Quarter 5
	a)	With the assistance of the NCCD and Tiger Team*: <ol style="list-style-type: none"> 1.) Evaluate the instructions regarding safety and risk assessments to clearly define and include mental health, substance abuse, developmental disabilities and domestic violence as "Complicating Factors" within SDM Safety Assessment Tools. 2.) Evaluate and Eliminate Structured Decision Making (SDM) safety threat 12 (Other) due to the overuse and unclear nature of the threat. 3.) Evaluate and modify safety planning and monitoring instructions to include clear and detailed instructions for safety monitoring of safety plans for conditionally safe youth remaining in the home. 	Quarter 3
	b)	Update current SDM policy and standard work instructions to reflect changes to safety threat 12, safety plan instructions and identified "Complicating Factors".	Quarter 4
	c)	Conduct SDM Safety assessment refresher trainings to ensure staff understanding of changes to SDM instructions.	Quarter 4
	e)	CFS supervisors and administrators will monitor application of new SDM instructions through ongoing review of SDM assessments.	Quarter 5
	f)	CFS RPE team will conduct targeted quality assurance reviews to determine fidelity and adherence to revised SDM instructions. Review results will be made available to CFS Administrators and Supervisors following the review.	Quarter 5
	g)	CFS Administrators and Supervisors will address practice deficiencies through coaching and ongoing case staffing with case managers. Practice deficiencies will also be addressed through the local Service Area CQI meetings.	Quarter 5; every quarter thereafter
1.1.6	Implement an innovation zone of triage staffing in Southeast service area (All potential removals are staffed by a team of CFS professionals) to ensure correct decisions about safety.		Quarter 1
	a)	Identify a team of CFS professionals including CFS Specialists, Supervisors and Administrators to participate in triage staffing meetings.	Quarter 1
	b)	Implement a process where all potential removals are staffed by a team of CFS professionals to ensure correct decisions are made about child safety.	Quarter 1

	c)	Review data to make a determination on expansion of triage staffing to other Service Areas. 1. Review data from triage staffing in Southeast Service Area to determine how many removals were prevented because of the triage staffing. 2. Monitor removal rates and proportion of OH youth monthly for the all Service Areas.	Quarter 2
1.1.7		Conduct ongoing analysis and review of Southeast Service Area cases involving instances of repeat maltreatment and develop strategies to address identified case management issues.	Quarter 2
	a)	CFS RPE Quality Assurance (QA) Team will conduct targeted case reviews and data analysis to study the cases in Southeast Service Area that are failing the recurrence of maltreatment measure and provide a detailed analysis to Southeast Service Area Administrators and Supervisors.	Quarter 1
	b)	Southeast Service Area Administrators and Supervisors will utilize report during monthly supervisor's meeting to discuss areas needing improvement and develop strategies to address identified areas needing improvement.	Quarter 2

*Tiger Team – In January 2018, during the State of the State address, Governor Ricketts announced the creation of a Child Welfare Task Force. The task force is identified as the “Child Welfare Tiger Team” and has been focused on process improvement and other targeted initiatives to improve child safety, permanency, and well-being.

*Safety Organized Practice (SOP) – a collaborative practice approach that emphasizes the importance of teamwork in child welfare that believes all families have strengths and the children, family are the central focus, and that a partnership exists in an effort to find solutions to ensure safety, permanency and well-being.

Strategy 2. Improve timeliness of initial assessment contacts.

		Key Activity	Completion Date
1.2.1		Clarify Initial Assessment policy regarding contact exceptions by providing standard work instructions (SWI) on what can be considered sufficient attempts to contact before approving a face-to-face contact timeframe exception.	Quarter 2
	a)	CFS Policy Team will develop Standard Work Instructions (SWI) regarding acceptable face to face contact timeframe exceptions for CFS Supervisors and Case Managers.	Quarter 2
	b)	SWI will be distributed to staff and incorporated into all training and quick tip materials.	Quarter 2
	c)	CFS Administrators and Supervisors will utilize the monthly performance accountability report to identify cases with contact exceptions and review exceptions to determine if the staff adhered to the new SWI expectations.	Quarter 2
	d)	CFS RPE team will conduct monthly targeted QA reviews of the documentation related to contact exceptions to determine adherence to SWI expectations. A report summary of strengths and deficiencies will be provided to CFS Supervisors and Administrators.	Quarter 3

	Key Activity		Completion Date
	e)	CFS Supervisors will address practice deficiencies through coaching and ongoing case staffing with the case managers. Practice deficiencies will also be addressed through local Service Area CQI meetings.	Quarter 4; every quarter thereafter
1.2.2		CFS Supervisors will utilize Daily Lean Six Sigma huddles* to monitor upcoming Initial Assessment contacts for case manager's on their team and problem solve coverage issues as well as discuss possible exceptions to contacts to ensure timely contacts are made.	Quarter 1
	a)	CFS Supervisors will include a goal in their daily Lean Six Sigma huddles focused on timely face to face contacts with child victims in accepted intakes.	Quarter 1
	b)	CFS Supervisors and their case managers will utilize daily huddles to identify barriers to timely contacts, brainstorm and implement solutions to address barriers and ensure timely contacts and/or appropriate exceptions to contacts are discussed and utilized when needed.	Quarter 1
	c)	State of Nebraska Process Improvement Coordinators will monitor Daily Lean Six Sigma huddles are occurring according to program expectations.	Quarter 2
	d)	CFS Administrators will conduct GEMBA walks* to ensure CFS Supervisors and their teams are utilizing daily huddles to address identified safety, permanency and well-being goals, including timely face to face contacts with child victims.	Quarter 2

*Lean Six Sigma huddles – A daily team meeting that ensures everyone is on the same page, a time to remove obstacles and eliminate wasteful case management practices.

*GEMBA Walk – On site observation and interview of participants to gain understanding and review process being implemented.

Strategy 3. Establishing a workplace environment that reduces employee turnover and retains experienced staff who can better achieve ongoing safety for children and families.

	Key Activity		Completion Date
1.3.1		Implement employee satisfaction practices requested by CFS staff to address recruitment and retention issues, reduce staff turnover and retain experienced staff who can better achieve ongoing safety for children and families.	Quarter 2
	a)	Implement flexible scheduling/flexible shift hours to better accommodate the CFSS and their families.	Quarter 2
	b)	Initiating CFSS ability to work from home or have a home office.	Quarter 2
	c)	Improving the current on call system by implementing standardized on call process and expectations statewide and by increasing CFSS positions whose primary work hours cover timeframes after typical business hours of 8am-5pm.	Quarter 2
	d)	Develop a tiered CFSS case manager positions based on work experience and expertise. (Tier I, II & III)	Quarter 3

1.3.2	Create a Workload Response Team consisting of Structured Decision Making (SDM) trained individuals which will assist with Initial Assessments when a staff vacancy rate of 15% or more of all Initial Assessment staff occurs.	Quarter 3
1.3.3	Perform a QIC WD research intervention to address staff retention. The QIC WD project will be monitoring retention rates, outcomes and employee satisfaction of these CFS Specialists in an effort to support Resilience Alliance (RA) as an effective intervention to improve employee retention.	Quarter 8
a)	Hire certified facilitators to conduct RA intervention statewide.	Quarter 1
b)	Randomly selected CFS Specialists across the state will participate in bi weekly RA sessions led by a professional therapeutic facilitator.	Quarter 2
c)	Conduct 24 weeks of RA sessions throughout the state for randomly selected CFS Specialists.	Quarter 3
d)	Review staff turnover data and complete QIC WD evaluation activities to determine effectiveness of RA.	Quarter 4; every quarter thereafter

PERMANENCY:

- **Goal 2: Improve Time to Reunification within 12 Months (Permanency Items 4, 5, 6; and Case Review System Items 21 & 22)**
- **Goal 3: Improve the Timely Filing of Termination of Parental Rights (Permanency Items 5, 6 and Case Review System Item 23)**

Achieving permanency in a timely manner and having a stable placement are critical components and effective predictors of long-term outcomes for youth that have been removed from their home. National data indicates the longer a youth is placed out-of-home away from their parents/guardians, or the more placement instability a youth experiences, the less likely they are to have positive long-term outcomes. Accordingly, Nebraska developed internal SACWIS measures based on the CFSR Round 3 Data Indicators to closely monitor our permanency and stability results based upon the timeliness of permanency and re-entry data results. (Please note the values used in this data are based upon observed values and represent our best prediction for the Federal Round 3 target value.)

Of the four Round 2 timeliness & permanency composite measures, Nebraska is pleased that we are consistently achieving the Federal standard on three of the measures. Nebraska however continues to struggle to achieve the Federal target for the timeliness of reunification in 12 months measure. Of the five Round 3 observed measures, we are pleased to be achieving four of the measures. However, similar to round 2 we continue to struggle to achieve the Federal target for Permanency in 12 months measure. (See the tables hereunder for current and historical permanency scores). It is evident CFS is failing to achieve the Federal targets for permanency in 12 months. Another factor that supports this data is CFSR Item 6 from the Federal Review and internal CQI reviews which both continue to show the need to improve the timeliness of permanency for youth to reunification, adoption, guardianship and OPPLA, however our largest concern is the permanency in 12 months measures. So while Nebraska will primarily focus on the youth achieving permanency in 12 months outcomes, we will continue to pursue steps to further improve all four permanency and placement stability outcome measures.

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

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

Nebraska has performed extensive analysis with stakeholders, CFS Case Managers, Policy, Court Improvement Project (CIP), CFS Administrators, and others to learn about and understand the issues and major underlying factors to our underperformance of timeliness to permanency across the state. While workloads and turnover rates are contributing factors, the

State facilitated numerous brainstorming sessions and data analysis to drill deeper to more fully understand the challenges and identify the most appropriate corrective action strategies and activities. Hereunder is a summary of those factors and planned activities.

Goal 2: Improve Time to Reunification within 12 Months

Strategy 1: Implement more frequent court reviews and case staffing.

Achieving permanency in a timely manner relies on nearly every aspect and service in Nebraska's child welfare system. With courts being located geographically across the state, some Juvenile and some County, Nebraska relies heavily on our State Court Improvement Program (CIP) as a partner with CFS to facilitate communication, education, feedback, guidance, etc. Consequently, Nebraska CFS and CIP have a very positive and strong working relationship. Given the findings of the CFSR, Nebraska CFS and CIP have been collaboratively working together to solicit input from the Courts and develop improvement strategies. Specifically, CFS and CIP are working through a 5-step project aimed at improving timeliness to permanency as follows:

1. Brainstorming session between CFS, CIP and several judges & legal professionals
2. Formal focus group facilitated by CIP at each Court including judges & legal professionals
3. Comprehensive meeting to discuss aggregated focus group findings and brainstorm solutions
4. Formal survey of Judges across the state
5. Implement an innovation zone in Lancaster, Madison and Dawson counties

Step 1 was a brainstorming session facilitated by CIP with three County/Juvenile Court judges, each with varying ratios of permanency in 12 months – one was very high, one in the mid-range, and one at a lower level. Our discussion with the Judges, County Attorneys, as well as CQI data, revealed that the frequency of review hearings is a factor in not achieving timely permanency. The information showed a higher frequency of review hearings within these Courts correlate with a higher proportion of youth achieving permanency in 12 months. Further evidence of this is with the Drug Court programs used in Nebraska where families with drug dependencies participate in a Drug Court program. In the Drug Court program, available in select Courts, there are additional requisite opportunities for Court and family engagement for case planning and service provisions, similar in some respects to a review hearing. Thus, this is further evidence that the additional interaction with the Court promotes a higher probability of permanency in 12 months. At this time, the overwhelming majority of Courts, either Juvenile or County, rely on a 6/12 month hearing cycle and thus the infrequent interaction with the Court is believed to be a contributing factor, whereas more frequent cycles appear to be correlated to a higher probability of permanency in 12 months.

Step 2 of the joint CIP/CFS project was for CIP to facilitate formal focus group discussions with the legal representatives from each of the pilot/innovation counties. The focus sessions were well-attended by each of the Judges, 19 attorneys, 18 CFS staff, CASA, and numerous other interested parties. The focus group questions were created in part and analyzed by the ACF Capacity Building Center to ensure objectivity and usefulness from the sessions.

Below is a Venn diagram from the focus group identifying the factors that help with achieving permanency. Parental engagement, team meetings and collaboration were the common factors identified in all three locations.

Venn diagram identifying factors that help achieve permanency



Below is a Venn diagram from the focus group identifying the barriers to achieving permanency. As illustrated below, there were no common barriers identified in all locations. In Lexington the barriers were due to addiction, lack of training and support for workers, taking away visitation as punishment and undocumented status or parents. In Norfolk, the main barrier identified was due to lack of services. In Lancaster, the barriers identified were lack of resources and overworked/overloaded case workers.

Venn diagram identifying barriers to achieving permanency



Step 3 of the joint project a collaborative conversation organized and facilitated by CIP was held to share and brainstorm the collective results from the individual focus group sessions. The meeting was very well attended with representation from two of the three Judges, CASA, CFS Staff, County/Family Attorneys, CIP, among others. In all there were 49 attendees at this session. While many of the findings varied based on geographic location, one of the barriers to timely permanency that was consistent across all three judicial areas was sustaining family motivation for reunification. The message was clear and unanimous that sustaining the family’s motivation for reunification needs to always be at the top of our list of concerns during the out of home period by keeping the family informed and always allowed to participate in a meaningful manner. The more the family is involved and drives the process and decisions with

their children, the more motivated they are to pursue the ordered remedies and ultimately achieve reunification.

The Venn diagram below illustrates this finding. It also supports the items identified in the Venn diagram above, showing that reunification is successful when there is parental engagement, team meetings and collaboration. We expect to see that the increased collaborative dialogue with all interested parties will improve our reunification in 12 months outcome measures.

Venn diagram illustrating the importance of motivation in achieving permanency



Step 4 of the joint project was the creation and distribution of a judicial survey that was sent to numerous Judges across the state on September 6, 2018. This survey was designed to solicit anonymous input from Judges on a large scale to help us identify their perceived top barriers to timely permanency. While the results are broad, a majority of the respondents stated that within the DHHS court report there is not a clear description of the results of the SDM assessment. Only two judges state that most often they agree with the determination of the SDM and the recommendations of the Department. Overwhelmingly, the judges stated that they would find SDM education valuable. As such, we have several strategies and activities in **Goal 2: Strategy 2** that are expected to improve our timeliness to permanency results by improving the alignment between the SDM recommended action and the order by the Court.

A couple other notable results from the Judge's survey identified a "lack of services for parents", "lack of parental engagement or cooperation in services or case plan goals", and "lack of placement for children" as the top three system barriers for children and youth achieving permanency. Following the top three barriers were "lack of services for children", "child placed too far from parental home", and "socio-economic barriers". Each of these items are discussed in our Program Improvement Plan.

Step 5 planning is now being finalized based on the findings from the joint project to address several of the identified barriers to permanency. As a means to improve communication between the Family, Courts, CFS, and other involved parties, CFS and CIP are implementing an innovation zone to test case management changes in 3 select Courts through the following changes:

1. Implementation of court hearings every 90 days rather than every 6 months.
2. Evaluation to determine if a Pre-Hearing Permanency Review (PHPR) at 10 months out of home improves timeliness to reunification.

Both of these process changes aim squarely at the need to improve communication between all parties, and by doing so we believe we will keep all parties motivated and engaged to achieve reunification in 12 months. The PHPR is similar to a family-team-meeting, however these sessions are facilitated by an independent State agency, the Office of Dispute Resolution. The PHPR's will be court ordered to occur approximately 8 weeks prior to the 12-month reunification goal.

This project is a joint CIP & CFS project and ongoing meetings continue. As we get closer to the formal implementation of these interventions, it is very apparent the sessions are constructive and all involved parties are aligned and able to fulfill their responsibilities from the onset of the project until the end of the study. Additional details and key activities are listed under **Goal 2, Strategy 1**.

Strategy 2 – Improve adherence to SDM recommendation by supporting increased understanding and confidence in the SDM tool by the legal/judicial community.

Nebraska CFS analyzed the consistency between the recommended action for reunification as determined by the SDM reunification assessment, which takes into account risk and safety factors compared to the court's order. In the vast majority of situations, we would expect the recommended action by the evidence-based practice model & the CFS case manager to more closely equate to the court's order. However, the analysis indicates that 55% of the time the youth remained in out-of-home care, notwithstanding the SDM recommended action to reunify. To further understand this discrepancy, CFS interviewed several judges and these conversations revealed a very cautionary approach by the Court to render a decision based on the SDM recommended action, an evidence-based assessment tool they do not fully understand the inner-workings of. Survey results also indicate that judges would find additional SDM education valuable. Accordingly, one of our barriers to timely permanency is a lack of understanding and confidence by the courts on how SDM is used to guide the CFS case managers in making their recommendations to the Court. Nebraska plans to implement the following activities to address this barrier:

- Create and submit an SDM information guide for court and legal parties.
- Provide education on SDM to court and legal Parties
- Increase CFS case manager's proficiency in completing comprehensive and accurate SDM assessments and be able to clearly articulate SDM recommendations to the court and legal parties
- Begin submitting copies of SDM assessments to court and legal parties
- Utilize ongoing Through the Eyes of the Child meetings to continue to provide SDM education to legal parties.

Additional details and key activities are listed under **Goal 2, Strategy 2**.

Strategy 3: Support the use of concurrent planning early on in the case planning and court review.

Another factor that impedes our ability to achieve the most appropriate form of permanency in a timely manner is the quantity of youth that do not have a court ordered concurrent case plan goal. Point in time November 26, 2018, Nebraska had 3,118 youth in out of home care. As per the table below, there are 794 youth that have been in foster care for nine or more months and are currently placed in an out of home placement, excluding Youth Rehabilitation and Treatment Center (YRTC), with a permanency goal of Reunification. While 425 of these youth do have a concurrent case plan goal, 369 do not have a concurrent case plan goal. By delaying the addition of a concurrent goal, we increase the probability of a delayed permanency by minimizing our efforts to take proactive steps toward adoption or other appropriate permanency outcomes should reunification not be the best form of permanency.

Out of Home >9 Months as of 11/26/2018			
Service Area	Total	No concurrent goal	Have concurrent goal
Central	52	16	36
Eastern	476	232	244
Northern	90	51	39
Southeast	128	49	79
Western	48	21	27
Grand Total	794	369	425

This analysis began by identifying the presence of 369 youth that have been out-of-home > 9 months with a reunification permanency goal, but no concurrent goal. The average age of these youth is 7.8, and the average time out-of-home is 15 months. The most recent review of this data indicates the Service Areas have a proportionate rate of youth without a concurrent goal relative to their out of home population. While a concurrent goal does not guarantee more timely achievement of permanency in all cases, by adding a concurrent goal, the CFS case managers will be able to begin searching for adoptive parents sooner, begin to consider TPR sooner, and improve transparency with the parents regarding all possible permanency outcomes for the youth. Although the Court may not approve a CFS case manager's request for a concurrent goal, the CFS case managers are going to move forward with additional staff communication and family conversations to encourage planning and consideration for a concurrent goal prior to the Court's order when deemed beneficial by the case circumstances. While a concurrent goal can be necessary early in the foster care episode, our area of concern is with youth that are out of home nine or more months with a reunification permanency goal. At this stage in the case is when the CFS case manager will consider the addition of a concurrent goal when the case is not progressing according to a 12-month reunification timeline. Nebraska CFS believes earlier utilization of a concurrent goal increases our transparency with the family and enables the CFS case manager to begin to discuss alternate forms of permanency sooner in the interest of the children.

In engaging the judiciary in the discussion of concurrent planning, the judicial survey noted that all judges that responded to the survey, except one, stated they regularly approved a concurrent permanency plan in child welfare cases. The time at which they approve the

concurrent plan varies, one stating they approve the plan at the beginning of the case, three approving it at the permanency hearing and seven stating they approve a concurrent plan at every review hearing (approximately every six months). Nebraska CFS plans to implement various strategies and activities listed under **Goal 2, Strategy 3** to address the above mentioned barriers.

Goal 3: Improve the Timely Filing of Termination of Parental Rights

Strategy 1. CFS will make process improvements to effectuate timely TPR filings and TPR exceptions.

Another factor that greatly effects the timeliness of permanency are the count of youth that have reached the ASFA threshold of being out-of-home 15 of 22 months and the ratio of these youth that have a TPR hearing/order or TPR exception order. As of July 23, 2018, Nebraska has 1,341 youth that have met the 15/22 out-of-home threshold. Of those, 28%, or 379, do not have either a TPR filing or a TPR exception. JUSTICE, the Court's case management system, started tracking exception hearings in the last year. There has been a concerted effort by CIP, judges, and the Administrative Office of the Courts, to be able to accurately track and report on the time between exception hearings and TPR filings. This is still under construction, but when complete it will highlight to each judge the length of time between hearings.

The data illustrates some variance in service areas, including our two largest metropolitan cities of Lincoln and Omaha. Nearly 70% of the youth in the state's custody originate in these two counties. As such, Nebraska CFS believes that additional focus on these cities will be beneficial, particularly given that in these counties CFS contracts with the county Juvenile court for their services. Accordingly, Nebraska CFS will be pursuing a review of the terms and conditions in the contracts with these two counties for the attorney services. Nebraska CFS believes we can enhance our ability to monitor the County's performance of TPR filing among other permanency measurements. This is very important given that research indicates that by delaying the utilization of TPR filings, the youth have a higher probability of remaining out of home longer rather than achieving permanency via the most successful and timely path.

In recent years Nebraska CFS implemented SACWIS changes to make identification of 15/22 youth very easy for the CFS case managers, and within the last 18 months have also initiated an automated monthly communication with the Courts that identifies all youth that are at the 15/22 threshold. Accordingly, identification of youth is not the barrier. After numerous interviews and brainstorming sessions, we have concluded that the primary factors are three-fold. The one factor is the inconsistent notification to the County Attorney by the CFS case managers that the youth is at the 15/22 threshold to request TPR filing – largely the result of the CFS case manager's unfamiliarity of ASFA requirements. The second factor is a common reluctance by the County Attorney or GAL to pursue TPR according to the ASFA guidelines. The third factor is a reluctance by the court to add a concurrent goal early in the case because of the inclination CFS case manager will not pursue reunification to the fullest extent. Accordingly, Nebraska CFS is pursuing several process modifications, including an improved case staffing process for 15/22 youth where a TPR filing or TPR exception is in question or required per ASFA. These changes are listed in **Goal 3, Strategy 1**.

Another area of concern revealed by the Federal on-site CFRS review in 2017 was the fact that in approximately 30% of the out-of-home cases reviewed in Douglas, Hall, Platte & Colfax

counties, the permanency goal for the child did not match the case circumstances. This was seen when the agency and court maintained a goal of reunification even when the goal was no longer appropriate given the circumstances of the case as determined by the Federal reviewers. Not matching the permanency goals to the case situation contributes to the lack of timely permanency for many children in Nebraska. Per the CFSR on-site review, Douglas and Hall Counties scored the lowest in this measure, while Platte/Colfax counties substantially achieved the measure. The table below illustrates the proportion of applicable cases from CFSR Item 5 where the reviewed permanency goal accurately corresponded with the permanency goal on the case under review. This data is essentially the result of the aforementioned subject of failing to implement a concurrent permanency objective and/or failing to pursue Termination of Parental Rights in a timely manner. By continuing to pursue reunification without discussing the benefits of adoption and pursuing the TPR path, the data indicates that approximately 30% of our youth’s permanency goals are not in sync with the more likely outcome given current conditions. Accordingly, Nebraska intends to pursue expanded use of concurrent goals and improve education with the Courts, County Attorneys and GAL’s regarding timely filing of TPR and more timely utilization of concurrent goals.

Permanency Goal Accurate for Case Circumstances				
	All CFSR Sites	Douglas	Hall	Platte/Colfax
Item 5 CFSR Results	70%	65%	60%	90%

Given the need to improve our performance on these subjects statewide, CFS will be collaborating with CIP to analyze and share additional judicial case progression performance data. We believe that by analyzing and sharing the data with each other and directly with the courts, we will all be better positioned to make process modifications and pursue a best practice statewide for these important case management steps while keeping all parties apprised of their performance.

A judicial survey, completed in September 2018, indicate the following barriers to timely termination of parental rights, in numerical order:

1. Parent making progress, therefore filing for TPR would be inappropriate at that time
2. Age of the child
3. Parent considering relinquishment
4. Alternative permanency option not available
5. Reluctance to file by County Attorney
6. Reluctance to file by GAL

To further understand and address specific barriers to TPR filing by Service Area and by Court Jurisdiction, Nebraska CFS and CIP will be utilizing collaborative process improvement meetings with CFS, CIP, FCRO, Court and Legal Party groups to discuss TPR cultural, technical and adaptive challenges in each Service Area and Court Jurisdiction and collaboratively develop plans to address identified barriers **Goal 3, Strategy 1**.

Strategy 2. Increase number of Timely TPR filings by modifying existing contract and billing requirements for TPR filings in Lancaster and Douglas Counties and exploring possible funding sources to support TPR filing in rural counties across the state.

Finally, while process improvement meetings are necessary to determine specific barriers to TPR per court jurisdiction, initial stakeholder meetings that were conducted as part of development of the Nebraska PIP, indicate lack of time and resources are a barrier for timely TPR filing in some areas in Nebraska, particularly in smaller court jurisdictions. Accordingly, Nebraska will be implementing the following activities listed in **Goal 3, Strategy 2** to address these barriers.

Strategies & Key Activities:

Goal 2: Improve Time to Reunification within 12 Months.

Strategy 1. Implement more frequent court reviews and case staffing.

(This is a formal collaborative joint project between Nebraska CFS and the Court Improvement Project (CIP) to test strategies to increase the rate at which our youth achieve timeliness to reunification. The project will include three counties, Lancaster, Madison & Dawson. Information will be shared across the state at the various “Through-the-Eyes” meetings.)

	Key Activity	Projected Completion Date
2.1.1	One judge in each of the following counties (innovation zones): Lancaster, Madison & Dawson will hold review hearings every 3 months.	Underway
2.1.2	Implement Pre-Hearing Permanency Reviews (PHPR) when the child reaches approximately 9 months in out of home care. The reviews are court ordered and facilitated by the Office of Dispute Resolution.	Underway
2.1.3	A judge specific timeliness to permanency report will be utilized as part of evaluation activities in the innovation zones	Quarter 1
	a) CFS will generate new monthly reports, using its SACWIS system, that illustrate by judge their timeliness to permanency and provide the result to CIP.	Quarter 1
	b) CIP will provide judge specific timeliness to permanency reports to each judge in the innovation zones.	Quarter 1
2.1.4	A new Data Dashboard with Nebraska Supreme Court (NSC) Standards will be made available to judges and court stakeholders to assess their local case progression performance.	Quarter 1
2.1.5	CIP will provide Data Dashboard to judges and court stakeholders. The Data Dashboard is available on the CIP public website.	Quarter 1
	a) CIP and the Justice IT team will provide training to clerks and clerk magistrates to reduce data entry errors and increase awareness of cases falling outside the Nebraska Supreme Court (NSC) standards.	Quarter 1
2.1.6	CIP and CFS will present case progression standards and the innovation zone status by attending and presenting updates at the Through the Eyes of the Child meetings.	Quarter 4

Strategy 2: Improve adherence to SDM recommendation by supporting increased understanding and confidence in the SDM tool by the legal/judicial community.

2.2.1	CFS and CIP will create and distribute an SDM informational guide to aid in the understanding of SDM recommended actions	Quarter 3
2.2.2	CFS and CIP will provide education on SDM to Court and Legal parties during the Children’s Summit and Through the Eyes of the Child meetings. The objective of the education is to allow the Courts to utilize SDM recommendations make more informed decisions about timely reunification.	Quarter 5
2.2.3	CFS will increase case manager’s proficiency in completing comprehensive and accurate SDM assessments and be able to clearly articulate SDM recommendations to the court and legal parties.	Quarter 5
	a) CFS supervisors will utilize standardized case staffing model (Safety Goal 1; 1.1.1) and skills gained from Advanced SDM Training for supervisors (Safety Goal 1; 1.1.4) to coach and mentor case managers to improve proficiency in SDM.	Quarter 5
	b) CFS case managers will submit SDM Assessments, as an attachment to the court report, to the Court and Legal Parties.	Quarter 7
2.2.4	CFS and CIP will complete follow up survey regarding the Court’s understanding, confidence, and usage of SDM and make changes as necessary and appropriate.	Quarter 7
2.2.5	CFS and CIP will conduct additional discussions and education regarding SDM during the Through the Eyes of the Child meetings to address deficiencies identified in the follow up Survey.	Quarter 8

Strategy 3. Support the use of concurrent planning early on in case planning and court review.

	Key Activity	Projected Completion Date
2.3.1	CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, FCRO, court and other legal parties to discuss concurrent planning to identify barriers to accomplishing permanency while addressing possible cultural/adaptive challenges across the state.	Quarter 1
	a) CFS and CIP will convene initial process improvement meeting with CFS, CIP, FCRO, court and other legal parties.	Quarter 1
	b) CFS and CIP will utilize input from the initial process meeting to identify technical and adaptive solutions to barriers and challenges around concurrent planning and develop draft plans/strategies for improvement.	Quarter 2
	c) CFS and CIP will reconvene all parties to review plans and gather input and agreement.	Quarter 3
	d) All parties will work collaboratively to implement identified strategies to address challenges around concurrent planning.	Quarter 3; every quarter thereafter

2.3.2	CFS will increase case manager's understanding of concurrent planning by strengthening policy guidance around concurrent planning and by utilizing the new case staffing process to evaluate the child's permanency goals to ensure case management decisions & actions regarding concurrent planning more closely match case circumstances.	Quarter 3
a)	CFS will provide policy clarification and guidance to CFS Supervisors and case managers utilize concurrent case planning.	Quarter 3
b)	CFS RPE team will create new easily accessible reports for supervisors and administrators to identify youth whose cases should be staffed to determine the need for concurrent planning.	Quarter 3
c)	Concurrent planning will be a mandatory component of the new CFS standardized supervisory case staffing model. Supervisors will utilize case staffing to evaluate permanency goals for the youth and ensure concurrent permanency goals are implemented in a timely manner.	Quarter 3
d)	CFS will require a mandatory consultation point be documented when CFSS is determining whether adoption or guardianship should be pursued as the concurrent case plan goal.	Quarter 3
e.)	CFS RPE team will conduct monthly targeted QA reviews of cases to determine adherence to concurrent planning policy expectations and provide a summary of strengths and deficiencies to CFS Supervisors and Administrators.	Quarter 4
f.)	CFS Supervisors will address practice deficiencies through coaching and ongoing case staffing with the case managers. Practice deficiencies will also be addressed through the local Service area CQI meetings.	Quarter 5; every quarter thereafter
2.3.3	CIP will work with CFS to develop communication & education materials for the courts to emphasize the importance of concurrent case plan goals. CIP will facilitate the dissemination of education materials and communication to the court and legal parties across the state.	Quarter 4

Goal 3: Improve the Timely Filing of Termination of Parental Rights.

Strategy 1. CFS will make process improvements to effectuate timely TPR filings and TPR exceptions.

	Key Activity	Projected Completion Date
3.1.1	CFS Supervisors and Administrators will utilize a newly created report identifying cases that qualify for TPR filing and staff those cases with the case managers to ensure timely requests are submitted to the County Attorney for TPR filing.	Quarter 3
a)	CFS RPE team will create a new easily accessible report for supervisors and admins to identify children/youth that have been in OOH care for 9 months and need evaluation of a possible TPR filing in regards to both parents or TPR exception	Quarter 3

	b)	TPR will be a mandatory component of the new CFS standardized supervisory case staffing model. The case staffing will include discussion of possible TPR filing or TPR exception request in regards to both parents for all youth in the above report.	Quarter 3
	c)	CFS will require CFS Supervisors to document a mandatory consultation point for each youth identified within the provided report, determining whether a TPR filing in regards to both parents or a TPR exception will be pursued.	Quarter 3
	d)	Case managers will make recommendations to the County Attorneys and GAL's in regards to TPR filings and TPR exceptions and utilize the N-FOCUS Parental Rights screen to track dates and information regarding the request.	Quarter 3
	e)	CFS RPE team will conduct monthly targeted QA reviews of cases to determine adherence to concurrent planning policy expectations and provide a summary of strengths and deficiencies to CFS Supervisors and Administrators.	Quarter 4
	f)	CFS Supervisors will address practice deficiencies through coaching and ongoing case staffing with the case managers. Practice deficiencies will also be addressed through the local Service area CQI meetings.	Quarter 5; every quarter thereafter
3.1.2		CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, FCRO, court and other legal parties to discuss TPR and identify barriers to accomplishing timely TPR while addressing possible cultural/adaptive challenges across the state (see strategy 2.3.1 for additional information regarding this process).	Quarter 3

Strategy 2. Increase number of Timely TPR filings by modifying existing contracts and billing requirements for TPR filings in Lancaster and Douglas Counties and exploring possible funding sources to support TPR filing in rural counties across the state.

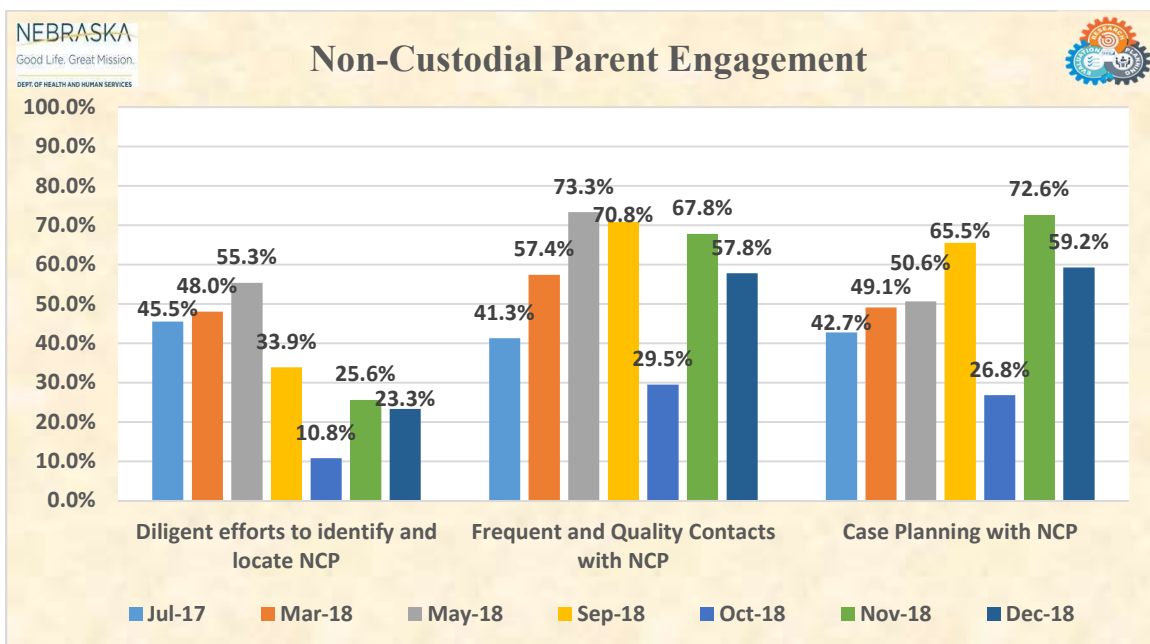
		Projected Completion Date
	Key Activity	
3.2.1	CFS will modify existing legal services requirements to filing TPRs with Douglas and Lancaster County Juvenile Courts to improve adherence to ASFA and State statutes.	Quarter 4
	a) CFS will develop newly drafted contract requirements and billing documents and provide to Douglas and Lancaster County Attorneys.	Quarter 4
	b) CFS will evaluate data related to the frequency of TPR's being requested and filed in Douglas and Lancaster Counties and work collaboratively with the County Attorneys to address areas needing improvement.	Quarter 5; every quarter thereafter
3.2.2	CFS will explore using IV-E funding to support Guardian Ad Litem (GAL) in rural communities to "free up" time for county attorneys to file for TPR as well as the exploring the possibility of using IV-E support GALs to file TPR themselves.	Quarter 1

WELL-BEING:

- **Goal 4: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency (Safety Items 2 & 3 and Well-Being Items 12-15).**

One of the major areas of concern impacting Nebraska's CF SR outcomes is our failure to engage families. Nebraska's analysis of case reviews and quantitative data indicate one of the factors effecting overall achievement of well-being outcomes includes the lack of non-custodial parental engagement throughout the life of the case particularly with in-home cases. Further evaluations determined the lack of non-custodial parental engagement is due to a culture which lacks understanding the importance of non-custodial parental involvement, lack of adequate ongoing and frequent contacts as well as a lack of concerted efforts to build good working relationships with children, youth and parents (including non-custodial parents). Data from the state's information system and case reviews support that the lack of engagement with non-custodial parents and building good working relationships with children, youth and parents need to be improved for all Service Areas in Nebraska. See Table 1. (Data documented through September 2018 and in November 2018 addresses out of home cases while the data documented in October and December 2018 addresses in-home and Alternative Response cases.)

Table 1



Strategy 1: Increase efforts to notify, engage, and assess Non-Custodial Parents (NCP)

The goal to improve engagement with our children, youth, parents and foster parents was selected based on information gathered through the Federal CF SR process, the ongoing CF SR process and Nebraska's own CQI process. Included in **Goal 4, Strategy 1** are key activities regarding how Nebraska will focus on parental engagement of non-custodial parents specifically. Case managers will use every available resource to locate, contact and engage non-custodial parents, such as: asking other relatives to reach out to non-custodial parents,

utilizing schools, Child Support Enforcement and social media when necessary. Child welfare research consistently shows that development of good working relationships between the case manager and family is strongly associated with positive overall outcomes for families. Qualitative data obtained from staff and stakeholder feedback indicate the following reasons for lack of parent engagement in Nebraska:

- Nebraska CFS Policy Memo #30-2017 directs case managers to not locate, contact or engage non-custodial parents within Non-Court involved and Alternative Response cases without specific consent granted by the custodial parent. For that reason, case manager's report needing additional guidance, support and direction on how to engage non-custodial parents particularly in the following situations:
 - When the custodial parent is reluctant or refuses to provide information or involve the non-custodial parent.
 - When the non-custodial parent is absent, not involved or minimally involved in the child's life or the case.
 - When the non-custodial parent is unresponsive and/or unreceptive to case manager's efforts to engage them.
- Additional information from stakeholder input indicate the following:
 - Trust needs to be built between the parent, case manager, providers and other parties involved in the case.
 - Visitation and other documents need to state the positive things the parent is doing instead of only negative things. Parents agree that a good relationship with the case manager equals a family moving through the system faster and any achieved change is more permanent.
 - Foster parents are not always invited to participate in Family Team Meetings and other activities to develop a relationship with the bio parents to ensure ongoing communication regarding the child's needs for safety, permanency and well-being.

Current Nebraska CFS Protection and Safety Procedure #30-2017 (Non-Custodial Parent Identification and Engagement) directs case managers to not locate, contact or engage non-custodial parents within Non-Court involved and Alternative Response cases without specific consent granted by the custodial parent. For that reason, Nebraska CFS knows that rescinding and rewriting this current policy is necessary (**Goal 4, Strategy 1**). The new Standard Work Instruction will not require custodial parent consent for case managers to locate, contact and engage non-custodial parents, specifically in Non-Court (In-Home) cases. This will allow for more consistent engagement of non-custodial parents throughout all Non-Court (In-Home) cases. Nebraska CFS has also identified that lack of engagement of non-custodial parents within Alternative Response (AR) cases comes from the fact that within AR Regulations, Nebraska CFS cannot contact a non-custodial parent within an Alternative Response (AR) case without the permission/consent from the custodial parent. While Nebraska CFS cannot directly change regulations regarding contacts with non-custodial parents in AR cases, Nebraska CFS will be addressing this need through overall better family engagement achieved through the implementation of Safety Organized Practice (SOP). Nebraska case managers can build better working relationships with custodial parents within AR cases, which will allow them to gain consent to contact the non-custodial parent within the case on a more frequent

basis. Nebraska recognizes that rewriting policy will not be sufficient to address the change needed unless it is accompanied by monitoring by CFS Administrators and supervisors and implementation of additional strategies to promote coaching and mentoring of case managers. Activities to address efforts to engage non-custodial parents are listed under **Goal 4, Strategy 1**.

Nebraska believes that timely discussions and coaching by CFS Administrators and Supervisors is the key to addressing barriers to parental engagement. In 2019, Nebraska CFS Administrators and Supervisors are tasked with reviewing a required number of cases each month using an internal tool that simulates CFSR Well-Being Items 12-15. The CFS Administrators and supervisors utilize results from these reviews to identify barriers to parent engagement and provide coaching and mentoring to the CFS Specialists by developing specific strategies to address identified barriers.

Nebraska believes that engaging all family members throughout the life of the case is key to successful practice and promotes the safety, permanency and well-being of children and families in the child welfare system. Nebraska is committed to making sure effective family engagement occurs by implementing key activities to ensure case managers recognize that family members are the experts on their respective situations and actively collaborate with them and empower them throughout their involvement in the child welfare system. This will consist of Nebraska implementing a new Standard Work Instruction in regard to engaging non-custodial parents as well as a new assessment tool to assist in determining a non-custodial parents' abilities to protect and provide for their children (**Goal 4, Strategy 1**).

Nebraska identified that non-custodial parents are not consistently being informed/notified when their child has been removed from the home of the custodial parent, for that reason Nebraska will develop a new bi-weekly report documenting recent removals for CFS supervisors and case managers to use when ensuring the non-custodial parent is not only informed/notified of their child's removal but also as a reminder to the case manager to immediately engage the non-custodial parent in the out of home case (**Goal 4, Strategy 1**). Nebraska CFS has also begun implementing daily Lean Six Sigma huddles which will be used to monitor ongoing contacts and efforts to contact/engage non-custodial parents (**Goal 4, Strategy 1**). Nebraska Process Improvement Coordinators and CFS Administrators monitor the occurrence of daily Lean Six Sigma huddles. These individuals are also employed to identify major barriers within CFS while working to make overall improvements to address certain identified barriers.

Strategy 2: Improving frequency and quality of contacts with children, youth and parents.

To improve Nebraska's practice around family engagement, CFS plans to implement a framework for guiding child welfare practice called Safety Organized Practice (SOP) to be used within Foster Care, In-Home and Alternative Response cases (**Goal 4, Strategy 2**). Safety Organized Practice (SOP) will be trained throughout the State of Nebraska in 2019. However, CFS recognizes this is a new framework used to guide statewide child welfare practice and will take additional time to become a fully integrated and successful implementation across the state. A cornerstone of SOP is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. It is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child, including the parents, extended family, child welfare worker, supervisors, lawyers, judges and even the child themselves to keep a clear focus on assessing and enhancing child safety at all points in the

case process and creating a safety network of support for the family. A central belief of SOP is that all families have strengths and uses techniques that align with the belief that the child and their 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. The overarching objectives of SOP are (a) Development of Good Working Relationships (b) Use of Critical Thinking and Decision Support Tools, and (c) Creation of Detailed case plans for Enhancing Daily Safety of Children. Safety Organized Practice works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety and risk. SOP will provide additional skill building which will better equip supervisors with the necessary framework and practice model to be team leaders, coaches and mentors to their teams as it relates to better engagement with families. The additional skills learned by team leaders, coaches and mentors will also aid the State of Nebraska by addressing possible worker biases, their own personal feelings about the families that they serve and overall cultural/community biases which our families face every day. Team leaders, coaches and mentors will be able to “challenge” the thinking of case managers and ensure that all case managers are appropriately and effectively engaging all families they serve equally.

Nebraska believes the implementation of Safety Organized Practice will most affect change within our In-Home and Alternative Response cases. Nebraska has identified barriers to engagement with In-Home and Alternative Response families due to the case managers lack of comfort discussing difficult issues and areas of contention with families as well as the lack of overall skills and abilities to successfully discuss these same difficult issues and areas of contention with these families. By not only implementing SOP but also ensuring the State of Nebraska has strong coaching and mentoring provided by the SOP champion network and CFS supervisors, case managers will be equipped with new child welfare practice tools which will aid them in broaching sensitive subjects as well as strengthen their skills to actively and successfully engage all members of the families they serve In-Home and through Alternative Response.

Prior to the Federal CFSR, Nebraska struggled greatly with maintaining frequent contact with children in foster care. When this was identified as an issue, Nebraska utilized reports documenting those missed contacts with children, which were directly used by CFS Administration and CFS Supervisors to work directly with case managers on improving the frequency of contacts with children in foster care. Nebraska had tremendous success in increasing the frequency of contacts with children in foster care through this means. It is for that reason that Nebraska will be developing and utilizing reports documenting missed contacts with mothers and fathers (stratified by in-home and out of home cases) during monthly case staffing to make the necessary improvements to overall frequency and quality of contacts with mothers and fathers within CFS cases (**Goal 4, Strategy 2**). Nebraska CFS believes that having continuity of and accessibility to the parents’ identifying information, location and contact information will greatly assist case managers in maintaining frequent contacts with the parents they work with, therefore Nebraska will be developing a “face sheet” for each individual on N-FOCUS which can easily be used by CFS supervisors and case managers during monthly case staffing to ensure contacts are occurring on an ongoing basis with both parents. (**Goal 4, Strategy 2**).

Strategy 3: Actively involving biological parents, caregivers and foster parents to improve communication and foster connections which will achieve overall outcomes.

Additionally, Nebraska is implementing several key activities described in **Goal 4, Strategy 3** to improve engagement between biological parents and caregivers/foster parents. Nebraska believes that a partnership between biological parents and caregivers/foster parents will ultimately aid in achieving overall goals and outcomes within each case. Foster parents are an amazing resource, therefore the State of Nebraska believes that an initial contact occurring between the foster parent and the biological parent within 24 hours of an out of home placement will immediately begin a partnership between these two important parties. Nebraska plans to promote opportunities for foster parents to support the families of the children they are caring for. Nebraska intends to utilize foster parents' knowledge, skills and abilities to mentor and/or coach biological parents on how to better support their children. Fostering relationships between biological parents, caregivers and foster parents to the extent that they can openly communicate with one another will also assist in improving stability of placements by allowing the children within these foster placements to maintain parent/child relationships with their biological parents and/or caregivers. One specific activity being implemented in Nebraska is that foster parents will contact the biological parents within 24 hours of the placement of the child(ren) into their home (**Goal 4, Strategy 3**). This will be the first step in opening the lines of communication and beginning connections between those individuals working towards the best interest of the children.

Nebraska is focused on developing a culture of Family Voice and Family Choice within our child welfare system. Therefore, included in **Goal 4, Strategy 3** are key activities regarding Family Organizations in Nebraska and the involvement of biological parents and caregivers in key case management decisions. Our goal is to preserve families whenever possible by teaching parents how to protect and support their children. Both the perspective of the child(ren) and their parents must be intentionally prompted and prioritized during their involvement in Nebraska's child welfare system. All assessments and service planning must be grounded in the family's perspective and it must reflect the family's values, preferences, beliefs, culture and identity. We must value the concept of "nothing about us without us" when it comes to our families. The identification and inclusion of the family's interpersonal and community relationships will provide natural support and stability to the child and their family. Families should have a voice in who supports them and how they are supported. Therefore we must provide access for families to review information about available services directly along with allowing a transparency of our service array that allows for informed consent and family choice. Nebraska's Family Organizations provide ongoing family peer support to coach biological parents and caregivers through a very difficult and often frustrating time in their lives. Family peer support individuals are essential to the development of parent/caregiver self-advocacy, and self-advocacy is a strong indicator of active engagement. Nebraska will encourage biological parents/caregiver of their ability to be involved in the decision making process throughout the life of the case. Ongoing parent involvement will foster better overall relationships which will have a direct impact on goals and outcomes being achieved more efficiently. Nebraska plans to promote partnerships with all stakeholders. This is critical to the success of our efforts for our families, our communities and our state. All of us need and want families and communities to support us and to give us the connections, relationships, and sense of belonging that are so critical to our well-being.

Strategies & Key Activities:

Goal 4: Improve engagement with our children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency.

Strategy 1. Increase efforts to notify, engage, and assess Non-Custodial Parents (NCP).

	Key Activity	Projected Completion Date
4.1.1	Implement new practice expectations to better engage non-custodial parents, specifically in Non-Court (In-Home) cases.	Quarter 3
a)	CFS Policy team will rescind Protection and Safety Procedure #30-2017 (Non-Custodial Parent Identification and Engagement) and implement new Standard Work Instruction (SWI) which does not require custodial parent consent for case managers to locate, contact and engage non-custodial parents, specifically in Non-Court (In-Home) cases.	Quarter 1
b)	The new Standard Work Instruction will be distributed to all CFS staff and incorporated into all training and quick tip materials.	Quarter 1
c)	Provide training and quality quick tips to the field to ensure they are familiar with the Standard Work Instruction.	Quarter 2
d)	CFS Policy team will develop a Non-Custodial Assessment tool for case managers to use when assessing non-custodial parents' abilities to protect and provide safe environments for their children. (Versions available for computer use as well as in person use.)	Quarter 2
e)	CFS Administrators and Supervisors will conduct monthly case reviews on a required number of cases using an internal tool that simulates CFSR Well-Being Items 12-15. The CFS Administrators and Supervisors will utilize results from these reviews to identify barriers to parent engagement. CFS Administrators will provide coaching and mentoring to CFS Specialists to develop specific strategies to address identified barriers to their cases selected for review.	Quarter 2
f)	The CFS RPE team will conduct targeted Quality Assurance reviews of Non-Custodial Parent Engagement to determine adherence to new practice expectations. If the implementation is inconsistent with the SWI practice expectations, NE will address deficiencies during quarterly local Service Area CQI meetings and share findings and solutions to adhering to SWI expectations.	Quarter 3
4.1.2	CFS RPE team will develop a new bi-weekly report which documents recent removals to highlight the need to immediately engage the Non-Custodial Parent (NCP) of the child in those cases.	Quarter 3
a)	CFS RPE will provide the bi-weekly removal report to CFS Supervisors by posting to the internal Quality Assurance Reports Library website on a bi-weekly basis. This will provide specific information to CFS Supervisors and case managers to improve the frequency of Non-Custodial parents being notified within 30 days of their child's removal.	Quarter 3

	b)	CFS Supervisors and case managers will identify cases that require improvement (when notification does not occur within 30 days) and ensure this notification occurs timely for all removals.	Quarter 3
4.1.3		CFS Supervisors will utilize Daily Lean Six Sigma Huddles to monitor ongoing contacts and efforts made to contact and engage Non-Custodial Parents (NCP).	Quarter 4
	a)	CFSR Supervisors will include a goal in their daily huddles focused on NCP engagement. Lean Six Sigma huddles will be used to address barriers to ongoing contacts with Non-Custodial Parents with daily conversations about the barriers and solutions to address barriers.	Quarter 4
	b)	State of Nebraska Process Improvement Coordinators will monitor Daily Lean Six Sigma huddles are occurring as expected.	Quarter 4
	c)	CFS Administrators will conduct GEMBA walks to ensure that daily huddles are occurring as expected and utilized to address case management process barriers (i.e. ongoing contacts and efforts to contact and engage NCPs).	Quarter 4

Strategy 2. Improving frequency and quality of contacts with children, youth and parents.

		Key Activity	Projected Completion Date
4.2.1		Utilize Standard Work Instruction (SWI) in conjunction with the Nebraska Department of Correctional Facilities to ensure timely and efficient monthly contacts with parents and/or caregivers who are incarcerated.	Quarter 2
	a)	CFS Policy Team will develop Standard Work Instructions (SWI) regarding specific individuals within each of the State of Nebraska Department of Correctional Facilities for case managers to contact in order to arrange for contacts with parents and/or caregivers who are incarcerated at those facilities.	Quarter 2
	b)	SWI will be distributed to staff and incorporated into initial worker and ongoing trainings as needed.	Quarter 2
	c)	Provide training and quality quick tips to the field to ensure they are familiar with the Standard Work Instruction.	Quarter 2
4.2.2		CFS Administrators and Supervisors will conduct monthly case reviews on a required number of cases using an internal tool that simulates CFSR Well-Being Items 12-15. The CFS Administrators and Supervisors will utilize results from these reviews to identify barriers to frequent and quality contacts with children, youth and parents. CFS Administrators will provide coaching and mentoring to CFS Specialists to develop specific strategies to address identified barriers during monthly case staffing.	Quarter 2
4.2.3		CFS will implement Safety Organized Practice (SOP) as a framework for guiding child welfare practice to better engage with our Foster Care, In-Home and Alternative Response cases.	Quarter 8
	a)	Holding rollout sessions to inform all stakeholders of Safety Organized Practice (SOP) implementation in Nebraska. Using these sessions to gather feedback from around the state.	Quarter 1

	b)	Provide a 2 day training of Safety Organized Practice (SOP) for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff will begin directly after the 2 day training for Administrators and Supervisors and will be completed by December 31, 2019.	Quarter 3
	c)	Implementing SOP specific module trainings which will occur once a month. Front line staff will be asked to “try” the tools they are trained on throughout the first year.	Quarter 3
	d)	CFS Supervisors will provide an opportunity for coaching and mentoring of the front line staff related to SOP values and principles monthly.	Quarter 3
	e)	Case managers will utilize SOP to better engage and build working relationships with children, youth, parents and foster parents as well as to ensure sufficient information is gathered to adequately assess the needs of the children, youth and families.	Quarter 3
	f)	SOP champion network will coach the front line staff to try one SOP strategy with a family once a month.	Quarter 3
	g)	CFS RPE team will be trained in SOP and conduct ongoing Quality Assurance (QA) reviews to determine if SOP practice is occurring as intended and consistent with the model. A QA review plan and schedule outlining the targeted SOP QA reviews will be developed and implemented for the entire state.	Quarter 8
4.2.4		CFS RPE team will develop a new report which documents missed contacts with mothers and fathers; which is stratified by in-home and out of home cases.	Quarter 1
	a)	CFS RPE team will provide the missed contact report to the Service Area Administrators once a month.	Quarter 2
	b)	CFS Service Area Administrators will review the list, assess the missed contacts and develop strategies and implement key activities to address the areas needing improvement in their Service Area.	Quarter 3
	c)	CFS Service Area Administrators will present findings regarding missed contacts and solutions implemented in their Service Area to the CFS Deputy Director during the monthly Service Area Administrators meetings.	Quarter 3
	d)	CFS will utilize the “missed contacts” report during their monthly case staffing as part of the standardized case staffing model to improve frequency of contacts with mothers and fathers.	Quarter 3
4.2.5		CFS RPE team will develop a “face sheet” report on N-FOCUS which will contain identifying information, location and contact information of case participants (specifically mothers and fathers) to be used by CFS supervisors and case manager’s during their monthly case staffing.	Quarter 4

Strategy 3. Actively involving biological parents, caregivers and foster parents to improve communication and foster connections which will achieve overall outcomes.

	Key Activity	Projected Completion Date
4.3.1	CFS will facilitate developing relationships between biological parents and foster parents.	Quarter 1
a)	Agency Supported Foster Care contracts will be modified to mandate that the foster parent will contact the biological parents within 24 hours of placement unless there is a documented safety concern. This will encourage an immediate partnership between the foster parent and the biological parent, improve communication and aide in achieving overall outcomes.	Quarter 2
b)	Relative and Kinship Foster parents will contact the biological parents within 24 hours of placements unless there is a documented safety concern. This will encourage an immediate partnership between the foster parent and the biological parent, improve communication and aide in achieving overall outcomes.	Quarter 4
c)	CFS Policy team will develop Standard Work Instructions (SWI) regarding the case managers' role in the facilitation of foster parents contacting the biological parents within 24 hours of placement.	Quarter 4
d)	SWI will be distributed to staff and incorporated into initial worker and ongoing trainings as needed.	Quarter 5
e)	Provide training and quality quick tips to the field to ensure they are familiar with the Standard Work Instruction.	Quarter 5
f)	The CFS RPE team will develop a baseline of how often foster parents are contacting the biological parents within 24 hours of placement by December 31, 2019 and Nebraska CFS will improve this frequency by 50% thereafter.	Quarter 6
4.3.2	Implement activities to promote a culture of Family Voice and Family Choice.	Quarter 4
a)	Nebraska CFS will modify policy to support Family Voice and Family Choice by mandating that a parent (mother or father) must be present at the family team meeting in order for CFS to "count" as an actual monthly family team meeting. Nebraska CFS will also be focusing on achieving more consistent monthly family team meetings occurring in all cases by making it a CFS priority measure for case managers in 2019.	Quarter 1
b)	Nebraska CFS will increase awareness of and continue utilization of 3 Family Organizations (Families CARE, Families Inspiring Families and Parent to Parent Network) to better assist biological parents and caregivers. Nebraska CFS will do so by providing training and education to Case Managers regarding the 3 Family Organizations.	Quarter 3
c)	Case Managers will be provided with a one page program description sheet which details the information and facts about the 3 Family Organizations, which will be individualized by Service Area availability.	Quarter 3

d)	Case managers will refer parents to Family Organizations for Peer Support. Family Peer Support utilizes a parent peer coaching model to facilitate child welfare system navigation, accessing community resources, engaging with formal and informal supports to ensure that set goals and objectives occur. This support includes assistance in helping the families understand the importance of their involvement in their juvenile case.	Quarter 3
e)	New contracts ensure the services from the 3 Family Organizations are accessible to Medicaid eligible clients. This will specifically assist more of our in-home and Alternative Response families who are Medicaid eligible. Family Organizations will assist families to complete Medicaid application to qualify for services. Additionally, Peer Support can continue to be provided to the family after their CFS case is closed.	Quarter 3
f)	CFS case managers will educate biological parents and caregivers of their right to have an active voice in the placement of their child(ren) after removal. CFS case managers will encourage them to take an active role in case planning focused around placement of their child(ren).	Quarter 3
g)	CFS case managers will educate biological parents and caregivers of their right to have an active voice in the development of safety planning and the possible use of Informal Living Arrangements (IFLA) to maintain the safety of their child(ren). CFS case managers will encourage them to take an active role in the development of the safety plan and when/if an IFLA is used.	Quarter 3
h)	CFS case managers will educate biological parents and caregivers of their right to have an active voice in the provision of in-home and out of home services that will best serve the family. CFS case managers will encourage parents to take an active role in deciding what services and what providers to use and when providing them with information about available services and providers and by supporting them through the selection process.	Quarter 3
i)	CFS will ensure activities 4.3.2 f through 4.3.2 h are occurring by the Family Organizations conducting ongoing focus groups comprised of parents from open CFS cases as well as the Family Organizations sending out satisfaction surveys to parents from open CFS cases.	Quarter 4
j)	CFS will utilize SOP champions and early adopters of SOP to address any biases vocalized by case managers in providing a culture of Family Voice, Family Choice.	Quarter 4

SYSTEMIC FACTORS:

Service Array:

- **Goal 5: Enhance the current service array to ensure appropriate and individualized services are accessible (Service Array Items 29 and 30).**

Both Items under the Service Array Systemic Factor were areas needing improvement for Nebraska.

***Item 29 Array of Services** is an area needing improvement due to challenges in accessing needed services in the more rural areas of the state, especially in the western part of the state. This item was also an area needing improvement due to challenges in accessing substance abuse and specialized mental health services to address trauma and other factors.

*** Item 30 Individualization of Services** was an area needing improvement due to lack of individualized services in some areas of the state. This item also needed improvement due to lack of placement resources that are individualized to meet the needs of each youth.

Nebraska is committed to prevention services and removing youth only when a safety condition warrants removal, while striving harder to serve more youth in their own home with services specifically designed to achieve family preservation. Accordingly, Nebraska is planning to transition from the IV-E foster care federal reimbursement program to the Family First Prevention Services (FFPSA) Act on October 1, 2019. Making this transition to FFPSA means that Nebraska CFS will be reviewing and implementing several new Well-Supported Evidence Based Practice services in the coming months. At this point we continue to work with our Federal partners seeking direction on the selection and implementation of eligible services that will materially improve the service array for youth involved with CFS in the coming years. Additionally, we believe that by having an improved array of in-home services available we will have fewer out of home youth. As such, Nebraska CFS expects that the FFPSA will not only improve in home service quality and array of available services, but FFPSA may also reduce the demand for out of home services that are often not available in a timely manner, particularly in rural parts of Nebraska.

In 2017, a program entitled Bring Up Nebraska, was developed to support statewide primary prevention work. Nebraska's First Lady, Susanne Shore, is championing Bring Up Nebraska efforts statewide in order to support current and expand existing Community Well-Being Collaboratives. Bring Up Nebraska focuses on generating capacity to provide collective impact for community well-being and building Protective Factors as the conditions that increase health and well-being. Communities apply strategies, practices, and activities supporting:

- **Social connections:** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents. Existing services include Circle of Security®-Parenting™ classes, neighborhood groups, Empowerment Network, faith communities, Community Cafes.
- **Concrete support in times of need:** Financial security to cover basic needs and unexpected costs when other resources aren't available; Flex Funds, access to formal

supports like TANF, Section 8 housing vouchers, SNAP and Medicaid, and informal supports from social, civic, and faith community services.

• **Children’s social and emotional development and competence:** A child’s ability to interact positively with others and communicate his or her emotions effectively. Existing services include: Rooted in Relationships, System of Care, Society of Care, SUTQ, KidSquad, Project Harmony’s School Connections. • **Nurturing and Attachment:** Nurturing, responsive parents and other caregivers support healthy physical and emotional child development. Strategies already implemented include Parents Interacting with Infants, Parent Child Interaction Therapy, home visitation programs such as Healthy Start and Early Head Start.

• **Knowledge of parenting and child development:** Accurate information about raising young children and appropriate expectations for their behavior. Existing examples: Sixpence, Educare, home visitation programs, Early Development Network, Step Up to Quality child care provider incentives, Circle of Security®-Parenting™ classes.

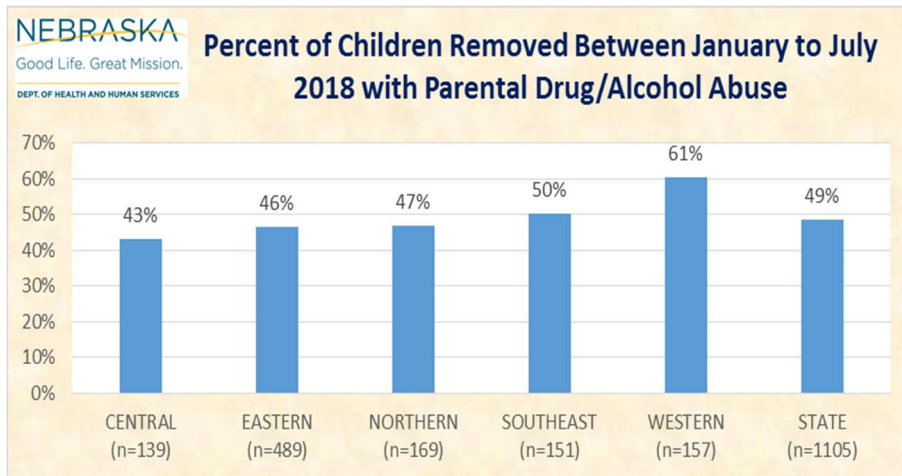
• **Parental resilience:** The ability to cope and bounce back from all types of challenges; Existing examples: System of Care, Pregnant and Parenting Youth Program, Project Harmony Connections Program, Lutheran Family Services immigrant/refugee programs.

Nebraska CFS is very excited with the progress of this Prevention program and indeed our partnering agency, the Nebraska Children & Families Foundation was just awarded a multi-million dollar grant to further expand and improve our ability to provide prevention services through local community supports.

Strategy 1. Expand services and service availability to improve service delivery.

A Service Array Assessment completed in Nebraska in February 2017 recommended expanding the capacity of treatment programs that allow children to remain with their parents. Given that separation from a parent causes additional trauma to the parent and the child, often a parent must choose between receiving needed treatment and being separated from their child who may reside in another town. If treatment is not available or taken advantage of, this increases the time that a child spends in foster care.

As the table below indicates, 49% of the youth that were removed between January and July of 2018, substance use/abuse was a contributing factor for the removal. As is the case nationally, when substance abuse causes safety threats, removal of the youth is often a requisite step in order for a parent to attend treatment and be reunified with their child. Nebraska is fortunate however to have an expansion of “The Bridge Mom and Me” program which allows the system to shift the focus from individual treatment of the parent to family preservation for more families where the mother and her children can be treated together. “The Bridge Mom and Me” program not only provides residential treatment for the mother, but includes parenting education and support, life skills training and peer support that extends beyond the time of treatment. This improves the chances that a parent will remain substance free following treatment. When children can remain with their parent or be reunified quickly, this reduces the trauma for the child and resulting emotional and behavioral disorders among the children. **(Goal 5, Strategy 1).**



“The Bridge Mom and Me” program provides long-term (6-18 months), residential treatment for substance abusing adult women for whom short-term treatment is deemed inadequate. “The Bridge Mom and Me” programming heavily focuses on pertinent parenting issues. The expansion permits this program to now accommodate dependent children, age eight (8) and under, who are in their mother's care while they live in the therapeutic community. On May 2, 2018, Nebraska welcomed the opening of the new facility in central Nebraska, right where it’s needed and providing an invaluable service to youth and families.

Based on our CFSR results, we discovered that Nebraska CFS has a deficiency in our capacity to provide individualized services for families involved with domestic violence (DV). Accordingly, CFS has created an innovation zone in Lancaster County, in collaboration with two Lancaster County Juvenile Judges (**Goal 5, Strategy 1**). This project is designed to expand our service array by providing the most appropriate DV services and case management/Court support to the families while ensuring we do not re-victimize the survivor. CFS is also providing specialized training to case managers and using dedicated staff to improve execution of this intervention. Additional family team meetings designed for the case, as well as additional hearings are included in the proposed plan. Domestic violence is a common factor for many youth in the custody of CFS and we believe that by creating this innovation zone we will be in better position to order and provide the highest level of support and service to improve outcomes for this group of youth and families. Additional service array expansion activities are included in **Goal 5, Strategy 1**.

Nebraska CFS believes that a stronger partnership with state programs such as Medicaid, Behavioral Health, Economic Assistance and Developmental Disabilities will greatly improve the state’s current service array while ensuring appropriate and individualized services are accessible for all individuals. These developing implementation activities are found below (**Goal 5, Strategy 1**).

Children that are removed from their parents and are expected to be out-of-home more than 60 days automatically qualify for Medicaid which helps fund dental care, physical care, prescription drugs, as well as an array of evaluations and mental/behavioral health care. Following conversations with the CFSS and after a review of services provided to critical youth, Nebraska CFS discovered that in isolated instances a lack of understanding by the CFSS and how the Managed Care Organizations (MCO) provide support resulted in the possibility of a

family receiving redundant services, or in isolated instances incomplete service provisions. Because of this finding, CFS created a process whereby all critical care youth's cases are staffed in a collaborative meeting attended by the MCO, CFS and other DHHS agencies to ensure that all eligible care is included in the conversations and provided in a timely manner (**Goal 5, Strategy 1**). Nebraska CFS also created a process to provide a path to simplify the process for the CFSS to determine which MCO is serving each youth as well as the contact information of the Medicaid care coordinator. By improving the dialogue between the CFSS and the MCO Care Coordinator, we greatly improve our ability to provide the best services available. CFS believes these changes will improve service availability of individualized services to all youth in our care, and in particular youth and families with critical care needs.

Based on input from families being served by Nebraska CFS, we discovered that all too often youth and families are being provided services by multiple servicing agencies, which results in additional staff and clinicians being involved with the family. Having an excess quantity of provider involvement creates added stress and at times confusion during the service provisions. For example, a foster care support specialist is employed by one company, the transportation provider is often a different company, as is the Intensive Family Preservation team or the family support service provider. By having multiple persons from multiple agencies involved in the service to the family, we are losing continuity between the family and service providers, which may have a tendency to inhibit progress. Accordingly, CFS will be performing an innovation activity in an attempt to determine the feasibility and outcomes associated with having fewer agencies providing services to a family. For example, if a placing agency provides a foster home for a youth, CFS will expect that this agency will also provide transportation, family support, and other in-home services (**Goal 5, Strategy 1**). CFS believes this change will ensure youth and families have consistency in the care they receive because they will be interfacing with fewer agencies and staff. This change is also expected to improve service level quality, service availability, and subsequently outcomes for youth and families in our care. By having agencies fully support the family and provide the necessary services, improvements will also be seen as children's contacts with their parents and siblings who are not placed within the same foster home will be managed and directly provided by the same agency who will have investment in the family staying connected as a whole.

During the summer of 2018, CFS formally made available a new service designed to assist with the reunification process of youth and families with higher needs. Intensive Family Reunification Service (IFRS), is similar to our Intensive Family Preservation (IFP) service, except this service is designed to provide intensive therapeutic and skill building interventions to families whose children have been removed and placed out of home. 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 as well as children's well-being, and families are safely reunified because of their change in behavior. CFS is excited to have this new service available for our families which eliminates safety threats and creates a sustainable change in the high need families that we serve (**Goal 5, Strategy 1**). Additional improvement activities aimed at improving service availability are included in **Goal 5, Strategy 1** below.

Strategy 2. Improve staff’s knowledge regarding available safety and ongoing services to meet identified needs.

One of the important methodologies Nebraska uses to improve outcomes as well as employee satisfaction is to seek input from and listen to the voice of our CFSS who are managing cases and working with families and service providers on a daily basis. During these sessions, CFS learned that a primary deficiency for the case managers in terms of service selection was the lack of knowledge regarding the correct service(s) or interventions that specifically match the family’s needs. The CFSS requested a tool that links each of the SDM safety threats with services and interventions designed to mitigate that specific safety threat. Accordingly, a collaborative group met and compiled a very effective matrix that provides the CFSS with an easy to use reference of services and interventions that are available for the specific needs of the family. This tool has been very well accepted and feedback from the CFSS indicates high utilization. Most importantly, the tool has been very effective helping CFSS determine the most appropriate individualized services and interventions available to best serve the families in our care (**Goal 5, Strategy 2**).

To further improve staff’s knowledge regarding available safety and ongoing services, CFS also plans to develop and conduct Webinars for case managers to provide education regarding the current service array. Nebraska plans to utilize daily Lean Six Sigma huddles to include problem-solving discussions regarding services needed to meet the needs of the youth and families (**Goal 5, Strategy 2**).

Strategies & Key Activities:

Goal 5: Enhance the current service array to ensure appropriate and individualized services are accessible.

Strategy 1. Expand services and service availability to improve service delivery.

	Key Activity	Projected Completion Date
5.1.1	Expand availability of residential substance use treatment (The Bridge Mom and Me) program to a site in Western Nebraska.	Completed
5.1.2	Provide Intensive Family Reunification Services (IFRS) to be available in Nebraska, designed to provide intensive, therapeutic, and skill building interventions for families to address safety threats that led to a child's removal and continued out of home placement.	Completed
5.1.3	Expand the use of the Nebraska Care Portal from Kearney, Hastings and North Platte into Lancaster County which will assist in providing needed items to the families Nebraska CFS serves.	Completed

5.1.4	Develop an innovation zone in Southeast Service Area by creating a dedicated case management team focused primarily on cases involving Domestic Violence.	Completed
a)	Evaluate the effectiveness of the DV Specialized Team in Southeast Service Area to determine its effectiveness and possible need for expansion into other service areas.	Quarter 5
5.1.5	Improve Nebraska CFS partnering with programs such as Medicaid, Behavioral Health, Economic Assistance and Developmental Disabilities to ensure all available services are provided.	Quarter 1
a)	Improve utilization of the Developmental Disability (DD) waiver to determine eligibility according to the waiver capacity.	Quarter 1
b)	Implementation of Nebraska Behavioral Health System of Care (NeSOC). The Nebraska SOC is a grant awarded and funded program which created a network of partnerships among public and private agencies, families and youth organized by the DHHS Division of Behavioral Health. The Nebraska SOC offers community-based services and support for youth at risk for mental health or other challenges. The Nebraska SOC consists of: Statewide Youth Mobile Crisis Response, Parents and Children Together (PACT), Youth Intensive Outpatient Program, Early Intervention, Statewide Family Peer support services, and Wraparound Model through the Professional Partner Program.	Quarter 4
c)	Develop and conduct Webinars for Nebraska CFS regarding the current community-based services and supports available for youth at risk through the Nebraska SOC.	Quarter 4
d)	Nebraska CFS has established MCO's care coordination services for all state wards. Case consultations will be held weekly with MLTC/MCO/CFS on critical cases in child welfare. Both CFS and MCO's can request for a weekly case consultation on any specific youth. If none are requested than targeted consultations are done focusing on priority populations such as children 5 and under on any psychotropic medications, any child on more than 3 psychotropic medications and youth who are 18 years of age on their way to leaving the system. MCO's have value-added benefits outside of the Medicaid approved services and by staffing cases, the MCO may become aware of a child's need which they can fulfill with one of their value-added benefits.	Quarter 1
5.1.6	CFS will implement an innovation activity to test the effectiveness of having providers provide the full array of foster care services, e.g., foster care, family support, visitation and safety services. This will assist with the continuity and provision of services to families because a single provider will be providing multiple services. CFS believes this will improve the level of service and outcomes for youth being served.	Quarter 4

5.1.7	Develop additional service provider performance measures designed to assess provider's performance and ability to improve safety, permanency and well-being outcomes. Include performance measures in future contracts.	Quarter 1
a)	Service providers will submit a report to CFS annually to show adherence to Evidence Based Practice (EBP).	Quarter 4
b)	CFS will post submitted reports to inform all service providers on their outcomes based on performance.	Quarter 4

Strategy 2. Improve staff's knowledge regarding available safety and ongoing services to meet identified needs.

	Key Activity	Projected Completion Date
5.2.1	Develop and implement a Guidance Services Decision Making tool for staff to use when determining which services are available in accordance with safety threats.	Completed
a)	Provide a tool for CFS Supervisors and CFS case managers to use when determining safety plan interventions, strategies and/or services for change to use specific to each identified safety threat, which will assist with minimizing timeframes from determination of safety threat to provision of services.	Completed
b)	CFS RPE Quality Assurance (QA) team will conduct focus groups with IA workers (at least 6 months after implementation) to inquire/evaluate if the guidance services decision making tool has been of assistance with them/their families.	Quarter 2
5.2.2	Develop and conduct Webinars for Nebraska CFS regarding the current service array.	Quarter 3
a)	CFS webinars will include information on the availability of Residential Substance Use Treatment in Nebraska.	Quarter 3
b)	CFS webinars will include information on the availability of Intensive Family Reunification Services (IFRS) in Nebraska.	Quarter 3
c)	CFS webinars will include information on the availability of Family Centered Treatment in Nebraska.	Quarter 3
d)	CFS webinars will include information on the availability of Nebraska Family-Run Organizations (Families Care Inc., Families Inspiring Families and Parent to Parent Network).	Quarter 3
5.2.3	Daily Lean Six Sigma huddles can be used to include ongoing team discussions to problem solve service array issues throughout all service areas in Nebraska.	Quarter 3
a)	Availability of daily discussions will allow for team members to share their knowledge with others and to have open discussions about lacking service array in certain service areas. The discussions will also allow for time to "think outside of the box" to problem solve barriers and come up with solutions or supports to fill in gaps of services.	Quarter 3

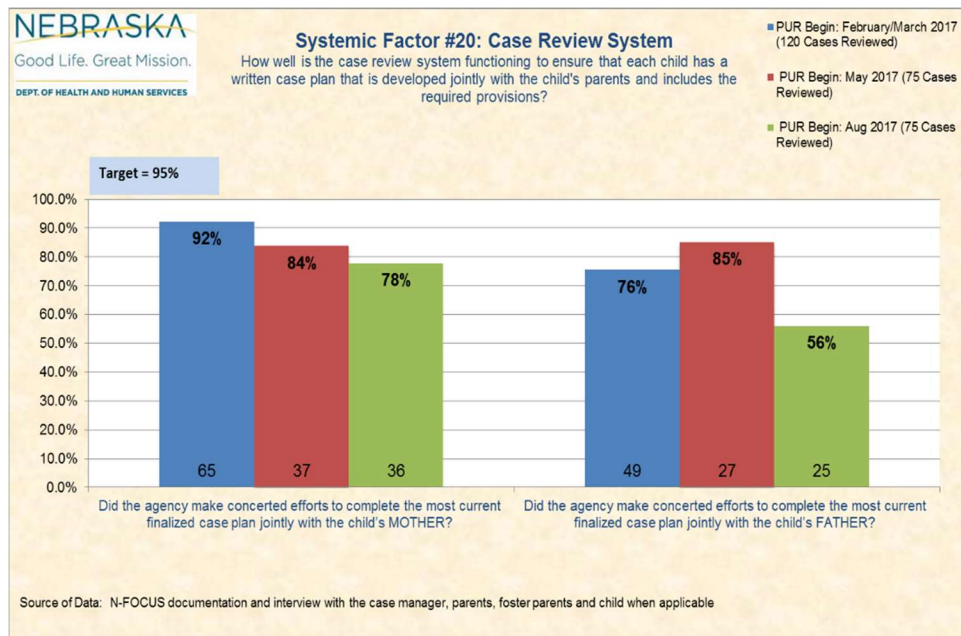
	b)	Service needs identified during daily huddle meetings will be communicated with Central Office Staff (Program Specialists and Administrator) in order to facilitate development and/or expansion of services as needed.	Quarter 3
	c)	State of Nebraska Process Improvement Coordinators will monitor Daily Lean Six Sigma huddles are occurring as expected. Additionally, CFS Administrators will conduct GEMBA walks to ensure that daily huddles are occurring as expected and utilized to address case management process barriers (i.e. service array issues).	Quarter 3

Case Review System:

- **Goal 6: Ensure the case review system is functioning to ensure timely permanency (Case Review System Items 21, 22 and 24).**

All four items under the case review systemic factor were areas needing improvement for Nebraska.

***Item 20 Written case plans.** As the data indicates below, CFS successfully creates case plans with participation by the child and the mother. In more than 80% of the case plans created, both the child and mother were active participants in the process and each had a voice in the development of the family case plan. An area where CFS doesn't do quite as well is inclusion of the child's father in the case plan development process. At approximately 56%, fathers are very commonly active participants; however CFS recognizes the value and need to improve the ratio of fathers that participate in the case plan development. This area needing improvement is addressed fully in Goals 1 and 4 previously described in this PIP document.



***Items 21 and 22, Periodic Reviews and Permanency Hearings,** were anecdotally identified at the stake-holders interview during the 2017 CFSR on-site review as areas needing improvement due to a perceived absence of 6-month review and 12-month permanency hearings for youth whose parent(s) were appealing a Termination of Parental Rights order. After further analysis of internal CFS data and data provided by the Foster Care Review Office (FCRO), Case Review System Table #1, Nebraska concluded that the rate of review hearings for youth with a TPR appeal is similar to youth that do not have a TPR appeal. Nebraska believes it is important to continue to ensure that youth involved in cases with TPR appeal are experiencing review and permanency hearings and will be implementing activities to monitor court hearing information for these youth and working collaboratively with the legal system to address barriers. See additional key activities and details listed under **Goal 6, Strategy 1.**

Case Review System Table #1: TPR on Appeal Permanency and Review Hearing Frequencies

TPR on Appeal Permanency and Review Hearings Frequencies			
Permanency Hearings – Every 12 Months			
Quarter during which the review was held	Children in care 12 mos reviewed	# with Permanency Hearings	Proportion
Jan-Mar 2018	23	23	100%
Apr-June 2018	11	11	100%
July-Sept 2018	34	32	94%
Jan - Sept 2018	68	66	97%
Review Hearings – Every 6 Months			
Quarter during which the review was held	Children in care 12 mos reviewed	# with Permanency Hearings	Proportion
Jan-Mar 2018	28	28	100%
Apr-June 2018	20	14	70%
July-Sept 2018	40	39	98%
Jan - Sept 2018	88	81	92%

*Data compliments of the State of Nebraska Foster Care Review Office

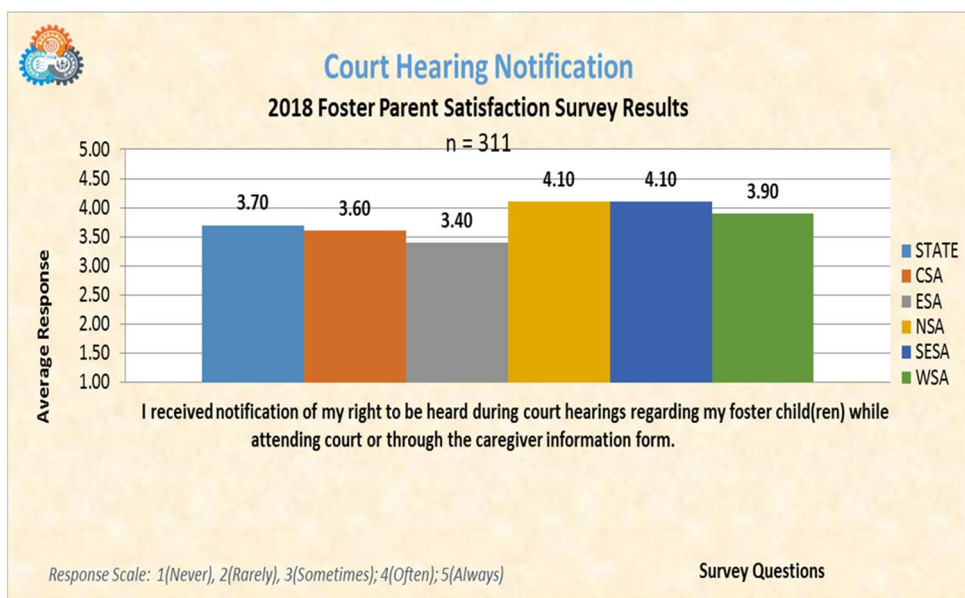
Permanency and Review Hearings Frequencies (No TPR Appeal) *			
Permanency Hearings – Every 12 Months			
Quarter during which the review was held	Children in care 12 mos reviewed	# with Permanency Hearings	Proportion
Jan-Mar 2018	564	522	93%
Apr-June 2018	628	595	95%
July-Sept 2018	630	579	92%
Jan - Sept 2018	1822	1696	93%
Review Hearings – Every 6 Months			
Quarter during which the review was held	Children in care 12 mos reviewed	# with Permanency Hearings	Proportion
Jan-Mar 2018	1099	1079	98%
Apr-June 2018	1125	1093	97%
July-Sept 2018	1033	992	96%
Jan - Sept 2018	3257	3164	97%

*Data compliments of the State of Nebraska Foster Care Review Office

***Item 23 Termination of Parental Rights** was an area needing improvement due to TPR petitions not being filed across the state in a timely manner. This area needing improvement is addressed in **Goal 3, Strategies 1 and 2.**

***Item 24 Notice of Hearings and Reviews to Caregivers.** Nebraska CFS is very much aware of the need and benefits of foster parents being directly involved with the legal process, case management, family services, bio-parents and the youth’s family. Our goal is to maximize

involvement with the foster parents in every respect given the importance of the role they play. One of the ways we measure our performance is on an annual basis we survey randomly selected youth and foster families in our care for their input as we seek ways to improve. Per the chart below, from a random sample of 311 foster parents surveyed during the summer of 2018, we see that foster parents responded with a score of 3.9 out of 5 on a 5-point Likert scale in response to the question; “I received notification of my right to be heard during court hearings regarding my foster child(ren) while attending court or through the caregiver information form.” The data analysis indicates that 65% of the foster parents responded to this question with a response of “often” or “always”.



Survey results indicate that in the majority of instances, foster parents have received notification and are aware of their right to be heard. CFS however believes the rate can and should be higher. As such, CFS is working on strategies that will increase communication with foster parents, directly as it pertains to this subject, and more broadly as it pertains to simply improving accessibility and involvement with the overall case.

CFS has partnered with the Division of the Supreme Court to develop a new process for the Courts to e-mail hearing notifications to foster parents for those with the capacity to receive e-mail correspondence. Courts will send out notice of court hearings to all foster parents. The email with the notice of court hearing will also include a copy of the Caregiver Information Form informing the foster parents of their right to be heard during any court hearings pertaining to the child(ren) in their care. CFS believe the email notification will improve foster parents awareness of not only legal proceedings and their right to be heard during those proceeding but just as importantly it will improve their ability to be aware of conditions pertaining to the case and the youth in their care and ensure all of the youth’s needs are met. See additional key activities and details listed under **Goal 6, Strategy 2**.

Strategies & Key Activities:

Goal 6: Ensure the case review system is functioning to ensure timely permanency.

Strategy 1. Improve outcomes for youth involved in TPR Appeal by providing education to legal parties to ensure court review and permanency hearings are occurring timely for these youth.

	Key Activity	Projected Completion Date
6.1.1	CIP will provide education to the Courts and Attorneys on the importance of continuing 6 month review and permanency hearings during TPR Appeal.	Quarter 4
6.1.2	CFS will continue to monitor 6 month review and permanency hearing data and case information from the FCRO reviews to ensure that all children/youth continue to experience 6-month review and 12-month permanency hearings at a minimum.	Quarter 4
	a) CFS will provide a list of youth to CIP of the youth involved in TPR appeals who are not experiencing ongoing review and permanency hearings during the TPR Appeal.	Quarter 4
	b) CIP who will work collaboratively with the court systems to address the barriers to continuing court hearings for these identified youth.	Quarter 5; every quarter thereafter

Strategy 2. Improve outcomes for youth and families by ensuring foster parents are notified and have a right to be heard in any court hearing held with respect to the child in their care.

	Key Activity	Projected Completion Date
6.2.1	Engaging with the Administrative Office of the Supreme Court to create a process to ensure foster parents are notified of review and permanency hearings.	Quarter 8
	a) Develop a court hearing email notification system.	Quarter 8
	b) Nebraska CFS will include foster parent email addresses in the Justice Data exchange to the Supreme Court Daily.	Quarter 8
	c) Courts will send out notice of review and permanency hearings to all foster parents. The email with the notice of court hearing will also include a copy of the Caregiver Information Form*.	Quarter 8

Foster and Adoptive Parent Licensing, Recruitment and Retention:

- **Goal 7: Enhance the State of Nebraska’s Foster and Adoptive Parent Licensing, Recruitment and Retention practices (Foster and Adoptive Parent Licensing, Recruitment and Retention Item 35).**

Items (33, 35 and 36) under this systemic factor were areas needing improvement for Nebraska. Specific strategies and key activities addressing **Item 35 (Diligent Recruitment of Foster and Adoptive Homes)** are outlined below in this PIP document. The remaining items needing improvement, items 33 and 36, will be addressed in Nebraska’s 2019 APSR and included in Nebraska’s 5 Year CFSP.

Item 35 Diligent Recruitment of Foster and Adoptive Homes is an area needing improvement due to the lack of diligent recruitment efforts across the state, particularly as it relates to ensuring diligent recruitment of potential foster and adoptive families to reflect the ethnic and racial diversity of the children in foster care.

Nebraska’s diligent recruitment efforts have led to an increase in the number of foster homes with diverse race and ethnicity in December 2018 compared to the same period in 2017 (Chart #1: Active Foster Homes Family Ethnic Group). Recent data also indicate that Nebraska has been able to recruit foster parents with similar race and ethnicity as the youth in foster care except for American Indian and Hispanic Youth (Chart 2: State Race/Ethnicity of Children in Out of Home Care and Non-Relative/Kin Foster Homes).

Chart #1: Active Foster Homes Family Ethnic Group

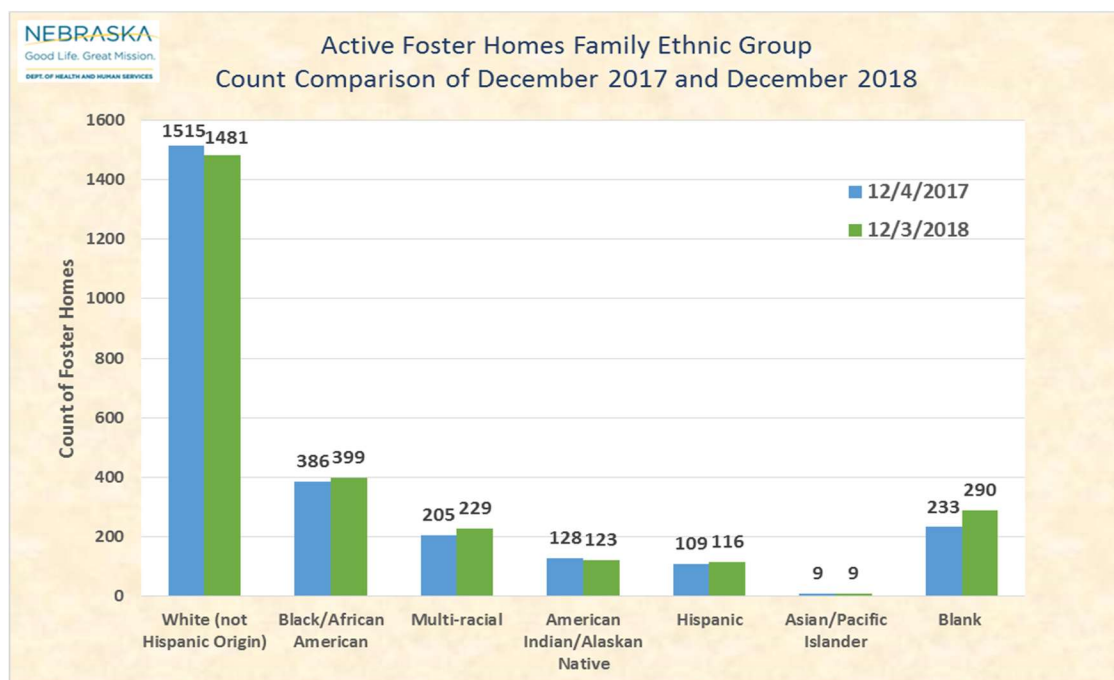
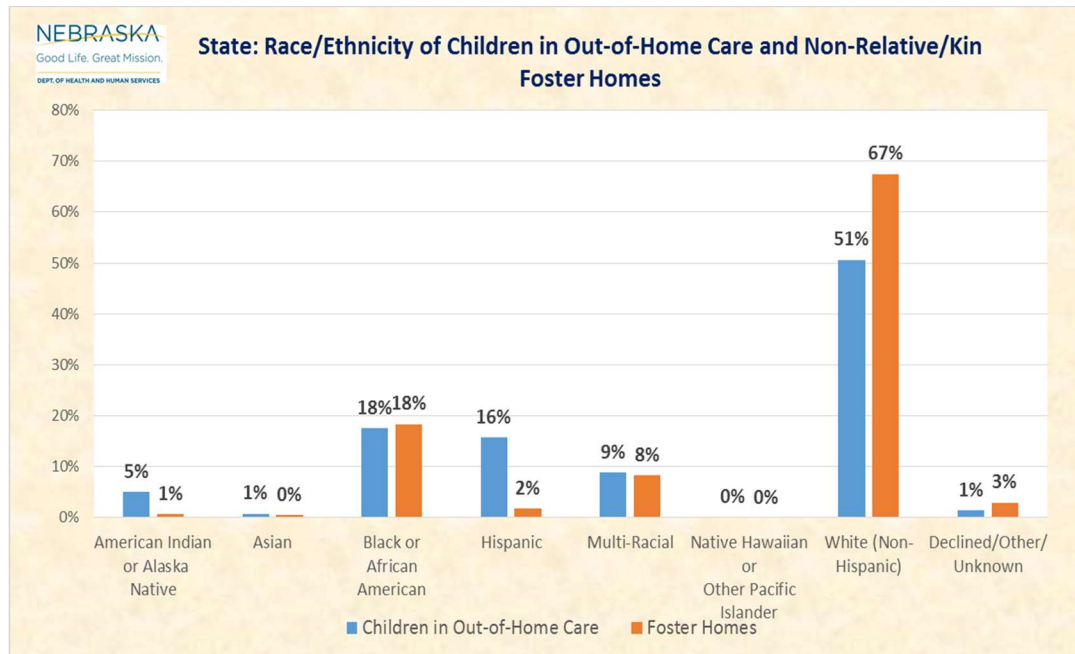


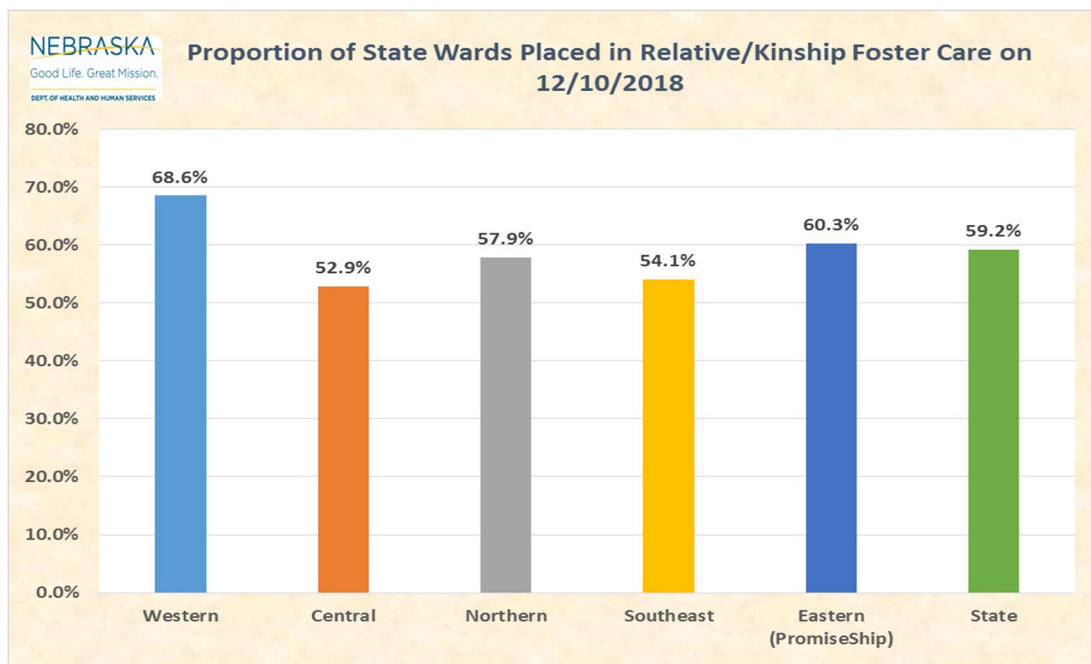
Chart #2: State Race/Ethnicity of Children in Out of Home Care and Non-Relative/Kin Foster Homes



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

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

Chart #3: Proportion of State Wards Placed in Relative/Kinship Foster Care



Notwithstanding the improvements illustrated above, Nebraska recognizes the importance of this deficiency and the need to continue to realize measurable improvements as it relates to our recruitment and retention efforts. One way that Nebraska can improve is by ensuring our child placing agencies are recruiting appropriate foster parents as determined by our population of youth in foster care.

CFS contracts with several child placing agencies for foster care across the state of Nebraska. A contractual requirement for child placing agencies is for each agency to submit a quarterly recruitment and retention plan and progress report in an effort to ensure the agency is recruiting foster parents best suited to meet the needs of the youth. Once those plans and progress reports are submitted to CFS, there is not an effective process in place to ensure ongoing review to ensure alignment to statewide goals. To address this need, Nebraska plans to develop a statewide recruitment and retention plan that includes specific goals and strategies to address areas needing improvement across the state. Additionally, Nebraska plans to implement a more effective process to review these quarterly reports and work collaboratively with the child placing agencies to adjust plans, strategies and activities in order to address identified barriers. Key details and key activities are listed under **Goal 7, Strategy 1**.

Nebraska's priorities continue to be finding and increasing the number of placements with relative/kinship homes when possible, placing siblings together, supporting relationships with the birth family, collaborating with the contracted child placing agencies to recruit foster families that reflect the needs of the youth in foster care, and ensuring the foster parents are supported and prepared to meet the needs of the youth. To continue to make improvement in as needed, Nebraska CFS is collaborating with Nebraska Children's Home Foundation (NCFE), and the Sherwood Foundation regarding CHAMPS-Children need amazing parents. CHAMPS is a national policy and communications campaign to ensure bright futures for kids in foster care by promoting the highest quality parenting. CFS Administrators, representatives from NCFE and the Sherwood Foundation attended a conference in Washington DC in January 2019 to discuss CHAMPS and foster care recruitment and retention with other states and the Children's Bureau. CHAMPS is a call to action for a new partnership between foster parents and the state and local agencies responsible for foster care programs. Nebraska CFS is committed to ensuring that foster parents have the tools, trainings, and support they need to be the amazing parents children deserve. CFS is having discussions with NCFE and the Sherwood Foundation regarding how they would be able to assist the state with our recruitment and retention efforts for foster parents. CFS plans to bring in the contracted Child Placing Agencies to these discussions and develop a plan together.

The strategies and key activities to address these identified areas needing improvement for Item 33 are included in **Goal 7, Strategy 1**.

Strategies & Key Activities:

Goal 7: Enhance the State of Nebraska’s Foster and Adoptive Parent Licensing, Recruitment and Retention practices.

Strategy 1. Improve Nebraska’s approach to recruiting foster and adoptive families ensuring foster and adoptive families reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed.

	Key Activity	Projected Completion Date
7.1.1	Develop statewide recruitment and retention plan and implement a more effective process to ensure progress to achieve statewide goals.	Quarter 4
	a) CFS will improve the provider recruitment and retention template used by child placing agencies for their quarterly submission of goals, activities and progress.	Quarter 3
	b) CFS will develop specific statewide recruitment and retention goals based on the current population of youth in foster care across the state.	Quarter 3
	c) CFS Administrators will implement a new process to review and ensure quarterly plans submitted by the contracted child placing agencies are aligned with statewide goals.	Quarter 4
	d) CFS Administrators and Resource Development staff will review quarterly provider recruitment and retention reports to determine progress made to achieve statewide goals and identify areas needing improvement.	Quarter 4; and every quarter thereafter
	e) CFS and contracted child placing agencies will work collaboratively to evaluate recruitment plans, progress made each quarter and adjust plans, strategies and activities in order to address identified barriers.	
7.1.2	Nebraska CFS is collaborating with Nebraska Children’s Home Foundation (NCFH), and the Sherwood Foundation regarding CHAMPS-Children need amazing parents. CHAMPS is a national policy and communications campaign to ensure bright futures for kids in foster care by promoting the highest quality parenting. CFS is having discussions with NCFH and the Sherwood Foundation regarding how they would be able to assist the state with our recruitment and retention efforts for foster parents. CFS plans to bring in the contracted Child Placing Agencies to these discussions and develop a plan together.	Quarter 6

Part Two: Measurement Plan

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

NEBRASKA Children and Family Services

CFSR Round 3 PIP Measurement Plan

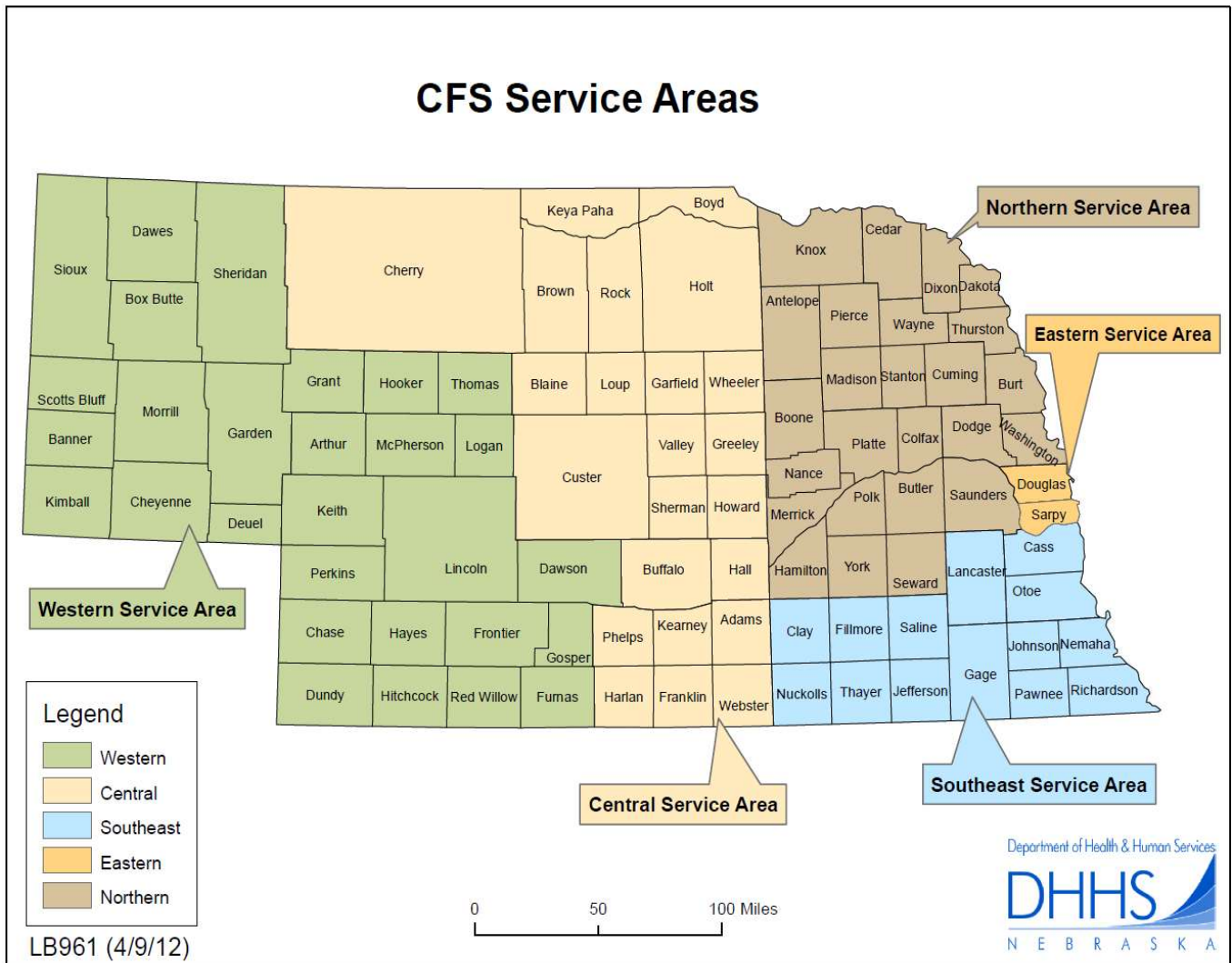
Original Submission Date: 1/19/18; Draft 2 Submission Date: 2/9/18; Draft 3 Submission Date: 2/28/18; Draft 4 Submission Date: 3/26/18; Updated 4/5/19

State of Nebraska

301 Centennial Mall South, Lincoln NE 68510

INTRODUCTION

Nebraska is a state administered child welfare system divided into 5 Service Areas with 93 counties as outlined in Figure 1 below. Nebraska proposes conducting case reviews based on the office location assigned to the case in each Service Area which will allow for all areas of the State to have an on-site CFSR review during the two year Program Improvement Plan period.



REVIEW PROCESS - APPROACH TO MEASUREMENT:

Case Review Instrument: Nebraska will utilize the Federal Round 3 OSRI

Period Under Review: Nebraska will utilize a rolling quarter PUR Timeframe. The beginning of the sampling period will mark the beginning of the PUR for all cases and the end date will be until the specific date each case is reviewed.

Federal CFSR Procedures Manual: The Federal CFSR Procedures Manual will be referenced and incorporated into the Nebraska ongoing case review process. For example, the case ratings will be applied consistent with the federal guidance and the FAQ page on the www.cfsrportal.org website will be utilized throughout the reviews. Key provisions of the state's review guidance are in line with those found the federal manual, such as guidance regarding conflict of interest and addressing safety concerns during case reviews, etc.

Case Elimination Criteria: Nebraska will follow case elimination criteria found in chapter 4 of the Federal Procedures Manual. The state will maintain a case elimination worksheet which will contain rationale for all cases eliminated. The case elimination worksheet will be made available to the Children's Bureau upon request. It is the state's intent to be mindful of overrepresentation of an individual case manager, Dually Adjudicated (OJS) and Alternative Response cases do not impact the CFSR case sample. The state plans to utilize case elimination criteria described below and also found in Attachments A and B.

- An in-home services case open for fewer than 45 consecutive days during the period under review
- An in-home services case in which any child in the family was in foster care for more than 24 hours during the period under review
- A foster care case open fewer than 24 hours during the period under review, which starts at the beginning of the sampling period and ends when the case is reviewed
- A foster care case in which the child was on a trial home visit (placement at home) during the entire period under review
- A foster care case that was closed according to agency policy before the sample period begins, resulting in no state responsibility for the case
- A case open for subsidized adoption or guardianship payment only and not otherwise inclusive of a child in foster care or open for in-home services during the period under review
- A case in which the target child turns age 18 before the period under review
- A case in which the child is or was in the placement and care responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact for the Placement of Children agreement
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period
- A foster care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer in foster care
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care at 45 CFR § 1355.20
- A case in which selection would result in overrepresentation of a single child welfare agency staff because two cases from the caseload of that worker have already been selected.

- A case in which selection would result in overrepresentation of Alternative Response or Dually Adjudicated (OJS) cases. The sample for each review will include the following:
 - A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.
 - A maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Case Related Interviews: Case related interviews will be conducted with key participants on each In Home and Foster Care case with children in the home (target child in foster care cases), parents, foster parents, and case managers per the CFSR procedures manual. Face to face interviews will be preferred and telephone interviews will offer an approved alternative.

Reviewers: The case reviews will be conducted by trained CFS Quality Assurance (QA) staff with years of experience utilizing the Federal OSRI to conduct case reviews. Case reviews will be completed by an individual QA staff with 100% of the cases being reviewed by an Initial QA reviewer and at least 50% of the cases reviewed by a 2nd level QA reviewer/lead.

Quality Assurance: Each case will be reviewed by an initial QA reviewer assigned to the case. The initial QA will be conducted by the CFS Quality Improvement Program Coordinator or Specialist who is assigned to complete the initial QA for the review site. A different CFC Quality Improvement Program Coordinator, Specialist or the CQI Administrator assigned as lead for each review will also complete a 2nd level review of each case before submitting as complete.

Secondary Oversight: Nebraska plans to work closely with the Children’s Bureau regarding their involvement in the secondary oversight during the PIP Measurement Period. The exact number of cases to be identified for secondary oversight will be negotiated with the Children’s Bureau.

Confidentiality: Case reviews will be completed by CFS Quality Assurance staff. These staff have an understanding of and committed to adhering to confidentiality requirements for child welfare records and information.

Conflict of interest: CFS Quality Assurance staff completing the case reviews are required to disclose any conflict of interest to cases that are selected for review. The reviewers will not be assigned to any cases that could result in a conflict of interest due to the following:

1. Direct or indirect involvement in case work activities or participants in the case. Reviewers and QA staff will not include any individuals that work at the site under review.
2. Participated in decisions related to the case or has personal interest in any participants in the case.

Safety Considerations: Reviews will immediately report any concerns regarding child safety to the Quality Assurance Site Lead who will work directly with the Children and Family Services Administrator to address immediately.

CASE REVIEW & SAMPLING PLAN

- Review Cycle:
 - Nebraska is proposing a 2 year cycle of quarterly CFSR reviews. Nebraska will repeat the cycle of quarterly reviews until the PIP measurement goals are met, or at the end of the non-overlapping PIP evaluation period, whichever date comes first.
- Sample Size and Mix:
 - 65 cases will be reviewed per quarter. The sample will consist of 40 Foster Care Cases and 25 In Home cases per quarter.
- Sampling Methodology:
 - Sample Approach:
 - We will use a random fixed quarter sample which will be provided to reviewers 45 days prior to the review to allow time to exclude cases that meet the elimination criteria. The sample period for out of home will be 6 months. The in-home sample will extend an additional 45 days after the end of the 6-month period. The 6 month sample period start date will be one year prior to the "Review begin date". Each case will be assigned a consecutive randomly generated number. The cases will then be sorted by the randomly generated number. For out-of-home cases, the first 40 cases will make up the sample. For in-home cases the first 25 cases make up the sample.
 - Oversample Number:
 - Nebraska will use the remainder of the sample frame, after the random sample is pulled, to serve as the oversample for the review.
 - Out of Home Sample:
 - The out-of-home sample will be created using the 'Monthly AFCARS' file which covers a rolling 6-month period and we will utilize the same methodology that was used in the federal Children and Family Services Review. Please see attachment 1
 - In Home Sample:
 - The in-home sample will be created using the same methodology that was used in the federal Children and Family Services Review. Please see attachment 2.
 - Sample Selection by Region:
 - All cases will be selected based on the office assigned to the case in each of the five Service Areas (Eastern, Central, Southeast, Northern and Western). Nebraska proposes the following schedule of reviews by office location per quarter. The offices selected serve multiple Counties within the Service Area and will have sufficient number of In-Home and Foster Care Cases for the review each quarter. Nebraska plans to limit the review to cases served out of

these selected offices and will not be reviewing cases in smaller offices in Central, Northern and Western Service Areas.

- The baseline review will consist of cases from Omaha, the Southeast Service Area, Grand Island, Seward/York and Lexington.

Service Area	Review Period: Baseline, Q2, Q4, Q6, Q8	Review Period: Q1,Q3,Q5, Q7
Eastern Service Area (ESA)*	Omaha	Omaha
Southeast Service Area (SESA)*	All Office in SESA	All Offices in SESA
Central Service Area (CSA)	Grand Island	Kearney
Northern Service Area (NSA)	Seward/York	Fremont
Western Service Area (WSA)	Lexington	North Platte

***Eastern Service Area (ESA):** Eastern Service Area consists of the Omaha metro area and will be reviewed every quarter due to its large population.

*** Southeast Service Area (SESA):** Southeast Service Area has the second highest population of youth served in the State and cases will be selected from all offices within the Service Area. There are 4 total offices in the Southeast Service Area, with the Lincoln office serving the majority of the youth involved in CFS. The other three offices are located within 60 miles from the Lincoln office.

- Review Sample Numbers by case type for each Service Area:

Service Area	Out of Home	In Home	Total
ESA	17	13	30
SESA	8	6	14
CSA	5	2	7
NSA	5	2	7
WSA	5	2	7
Total	40	25**	65***

**** In-Home Sample:** A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

***** In Home & Out of Home Sample:** Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

- Strategies/approaches for maintaining review sample by case type, when not enough In Home/AR cases are eligible for review in a particular Service Area.
 - Due to low number of applicable In Home and AR cases in smaller Service Areas (CSA, NSA and WSA), Nebraska plans to substitute any In Home and AR deficiencies from these areas with the same case type in ESA and SESA.

- Strategies/approaches for maintaining post baseline item-specific case number requirements.
 - Nebraska plans to monitor the number of item specific applicable cases to ensure our item specific case numbers meet or exceeds the baseline expectations.
 - For measurement period one and as needed for future review quarters, Nebraska will use the State’s random ordered oversample lists for the quarter to select the next applicable cases and conduct additional reviews during the last month of the current quarter or the first month of the following quarter.
 - The State’s random sample lists consists of 3 lists by case type (AR, Foster Care and In Home) for each Service Area for a total of 15 lists.
 - Cases will be drawn first from the Eastern Service Area (Omaha) as this area comprises almost half of the cases in the sample. Up to 6 cases can be drawn solely from this service area and maintain the metro proportion within 5 percentage points.
 - If additional case reviews are needed, those cases will be drawn next from the Southeast Service area, and then one from each of the other remaining services areas.
 - Cases will be drawn from the foster care sample frame first. NE will replicate the proportion of foster care (62%) and in-home services (38%) as able.
 - Up to 10 additional cases can all be foster care cases and maintain the case type ratio within 5 percentage points.
 - No additional oversample cases will be selected from the AR sample frame.
- Review Schedule Per Quarter:
 - Nebraska plans to utilize a review schedule focusing on select offices and services areas each month during each Quarterly review period. Cases will not be reviewed simultaneously across all offices at the same time. See review schedule details below. This review plan will continue until the PIP measurement goals are met, or at the end of the non-overlapping PIP evaluation period, whichever date comes first.

2018/2019 REVIEW SCHEDULE & SAMPLING PROCESS

Baseline to Set PIP Goals				
Review Begin Date 11/1/2018 Sample Period 11/1/2017 to 4/30/2018 Period Under Review 11/1/2017 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 1				
Review Begin Date 2/1/2019 Sample Period 2/1/2018 to 7/31/2018 Period Under Review 2/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 2				
Review Begin Date 7/01/2019 Sample Period 7/1/2018 to 12/31/2018 Period Under Review 7/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 3				
Review Begin Date 10/01/2019 Sample Period 10/1/2018 to 3/30/2019 Period Under Review 10/1/2018 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 4				
Review Begin Date 1/1/2020 Sample Period 1/1/2019 to 6/30/2019 Period Under Review 1/1/2019 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

**** In-Home Sample:** A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

***** In Home & Out of Home Sample:** Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Quarter 5				
Review Begin Date 4/1/2020 Sample Period 4/1/2019 to 9/30/2019 Period Under Review 4/1/2019 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

**** In-Home Sample:** A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.

***** In Home & Out of Home Sample:** Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.

Quarter 6				
Review Begin Date 7/1/2020 Sample Period 7/1/2019 to 12/31/2019 Period Under Review 7/1/2019 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 7				
Review Begin Date 10/1/2020 Sample Period 10/1/2020 to 3/30/2021 Period Under Review 10/1/2019 to Review Date				
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Kearney
NSA	5	2	7	Fremont
WSA	5	2	7	North Platte
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

Quarter 8

Review Begin Date 1/1/2021
 Sample Period 1/1/2020 to 6/30/2020
 Period Under Review 1/1/2020 to Review Date

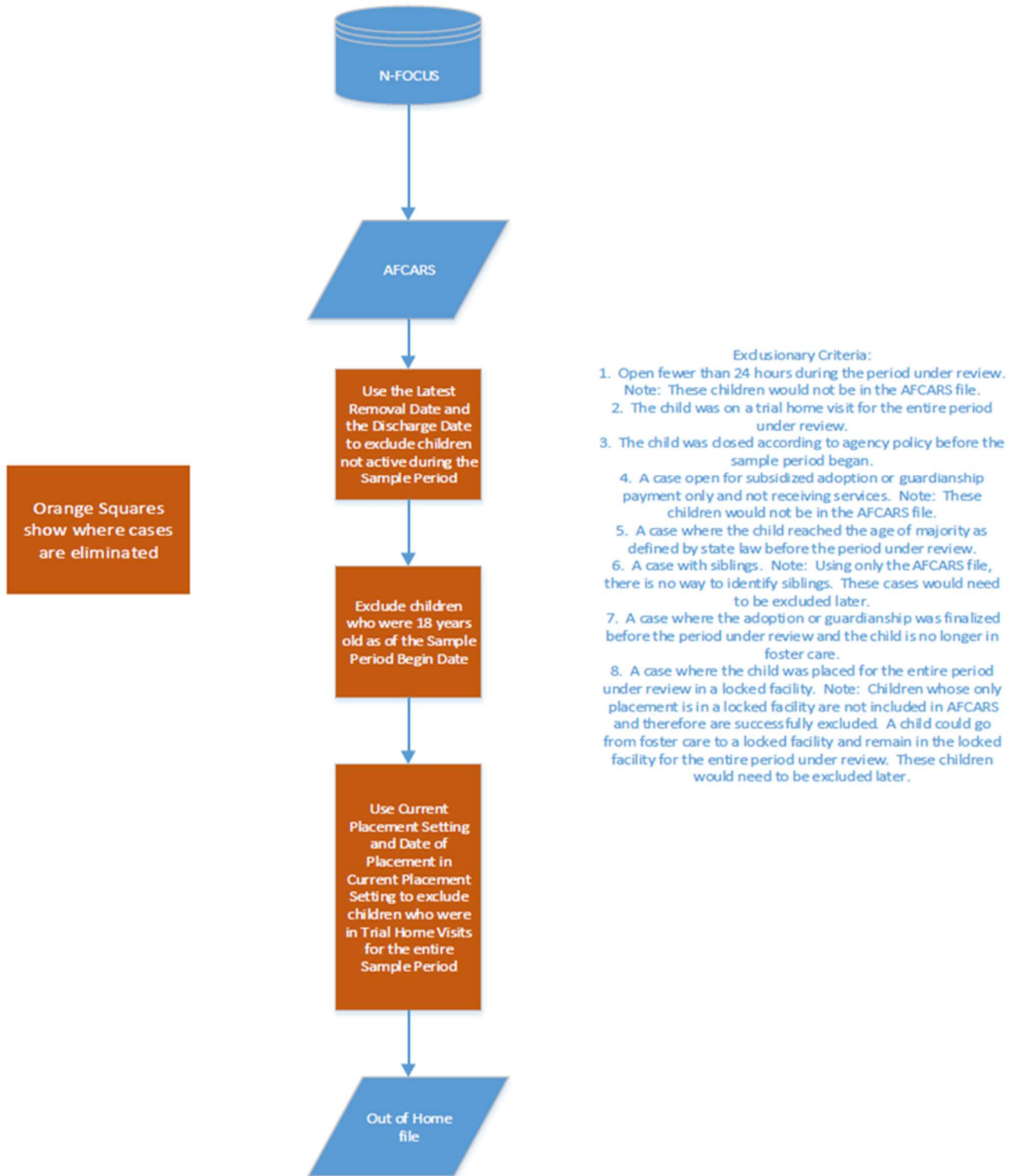
Service Area	Out of Home	In Home	Total	Primary Office
ESA	17	13	30	Omaha
SESA	8	6	14	Entire Service Area
CSA	5	2	7	Grand Island
NSA	5	2	7	Seward/York
WSA	5	2	7	Lexington
Total	40	25**	65***	

*** In-Home Sample: A total of 8 AR cases throughout the state according to the following breakdown by Service Area – 3 ESA; 2 SESA; 1 CSA; 1 NSA and 1 WSA.*

**** In Home & Out of Home Sample: Maximum of 2 Dual Adjudicated (Abuse/Neglect & OJS) cases per review.*

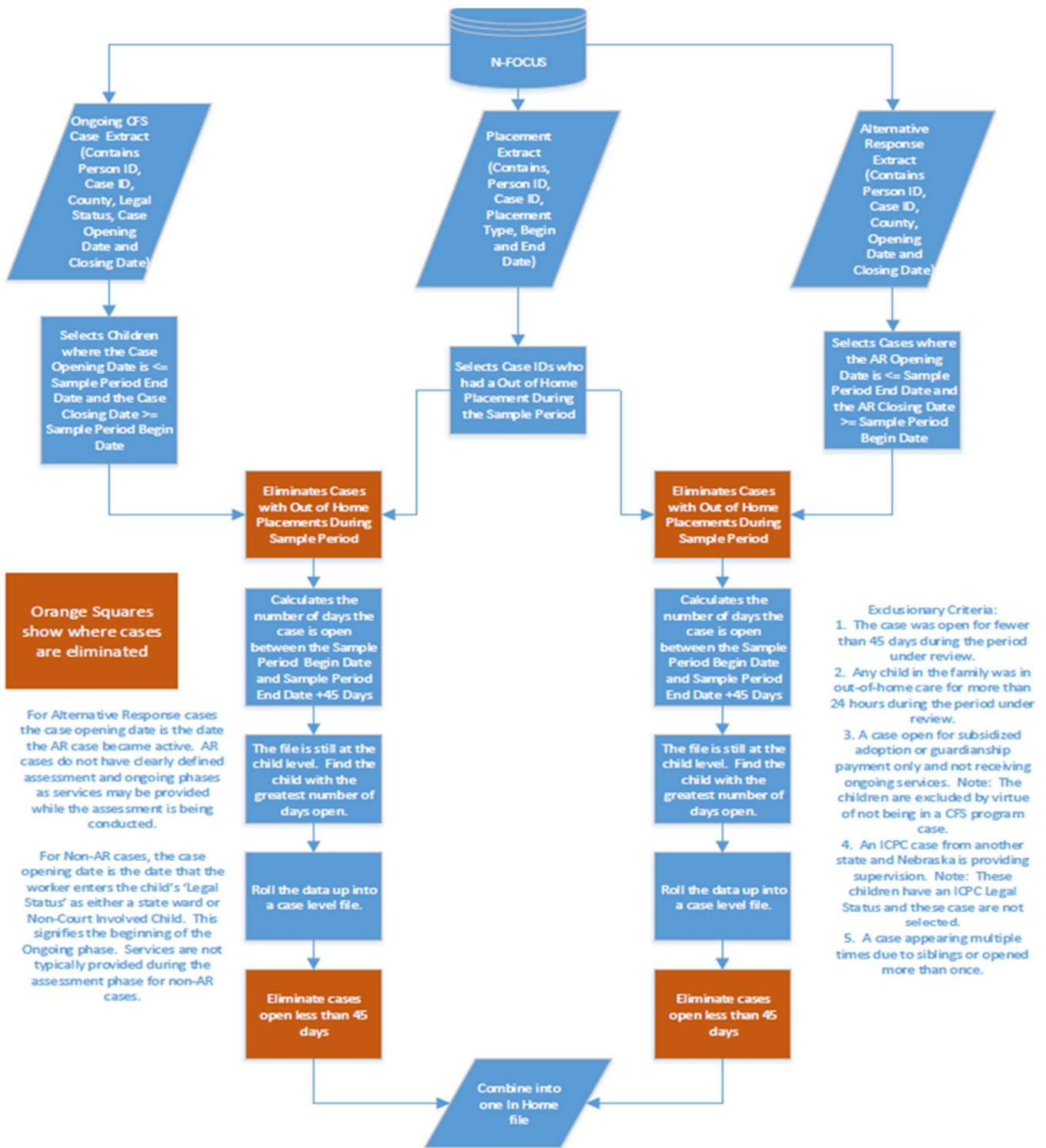
ATTACHMENT A:

OUT OF HOME SAMPLE



ATTACHMENT B:

IN HOME SAMPLE



ATTACHMENT C:

Nebraska: CFSR Program Improvement Plan (PIP) Measurement Plan Goal Calculation Worksheet

Child and Family Services Review (CFSR) Round 3

Nebraska Program Improvement Plan (PIP) Measurement Plan Goal Worksheet

Case Review Items Rated as an Area Needing Improvement

Retrospective Method Used to Establish PIP Baselines and Goals Based on Case Reviews Conducted October 2018 - December 2018

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	42	32	76.2%	0.084122278	84.6%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	23	17	73.9%	0.117197488	85.6%
Item 3	Risk and Safety Assessment and Management	1.28	65	48	73.8%	0.069772617	80.8%
Item 4	Stability of Foster Care Placement	1.28	40	30	75.0%	0.087635609	83.8%
Item 5	Permanency Goal for Child	1.28	39	22	56.4%	0.101636303	66.6%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	17	42.5%	0.100047988	52.5%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	65	31	47.7%	0.079297636	55.6%
Item 13	Child and Family Involvement in Case Planning	1.28	63	48	76.2%	0.068685552	83.1%
Item 14	Caseworker Visits With Child	1.28	65	51	78.5%	0.065266307	85.0%
Item 15	Caseworker Visits With Parents	1.28	61	37	60.7%	0.080061127	68.7%

Explanatory Data Notes:

¹ Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

² Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³ PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

⁴ Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵ PIP Goal: Calculated by adding the sampling error to the baseline percentage. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods.