



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

601 East 12th Street, Room 349, Kansas City, MO 64106-2808 [www.acf.hhs.gov](http://www.acf.hhs.gov)

April 26, 2017

Douglas J. Weinberg, Director  
Division of Children and Family Services  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

Dear Director Weinberg:

The purpose of this correspondence is to provide information on the outcome of our review and discussions concerning the final version of the Nebraska Child and Family Services Review (CFSR) Statewide Assessment Instrument (SAI) submitted on April 5, 2017. This information can be helpful for Nebraska's planning and coordination of stakeholder interviews we will conduct as a component of the Nebraska CFSR.

We have determined stakeholder interviews are needed to collect additional information and data to inform ratings and determinations of substantial conformity with federal requirements for the following systemic factors:

- Statewide Information System
  - Item 19 Statewide Information System
- Case Review System
  - Item 21 Periodic Review
  - Item 22 Permanency Hearings
- Quality Assurance System
  - Item 25 Quality Assurance System
- Staff and Provider Training
  - Item 26 Initial Training
  - Item 27 Ongoing Training
  - Item 28 Foster and Adoptive Parent Training
- Service Array
  - Item 29 Accessibility of Services
  - Item 30 Individualization of Services
- Agency Responsiveness
  - Item 31 State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR
- Foster and Adoptive Parent Licensing, Recruitment, and Retention
  - Item 33 Standards Applied Equally
  - Item 34 Requirements for Background Checks
  - Item 36 Cross-Jurisdictional Resources

Nebraska and the Children’s Bureau (CB) are in agreement the systemic factor items identified below are not functioning as required and stakeholder interviews are not needed to determine systemic factor item ratings and substantial conformity with federal requirements. Based on mutual agreement, these systemic factor items will be rated as an “Area Needing Improvement (ANI)” in Nebraska’s CFSR Final Report.

Case Review System

Item 20 Written Case Plans

Item 23 Termination of Parental Rights

Item 24 Caregivers Notice and Right to be heard

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 35 Diligent Recruitment of Foster and Adoptive Homes

Attached to this letter is a table that identifies: (1) individuals and/or groups we recommend are interviewed to gather additional data and information, and (2) the corresponding systemic factor items that will be addressed in the interview. It is important Nebraska identify individuals and/or groups that can individually or collectively address how well the specified systemic factors are functioning statewide. We would like to discuss the stakeholder interview plan in more detail and the need for potential modifications based on feedback from Nebraska.

Stakeholder interviews will be tailored to the specific individuals and/or groups. Nebraska can help stakeholders prepare for the interviews by asking the individuals and/or groups to review relevant sections of Nebraska’s SAI. The stakeholder interview questions are outlined in the CFSR Stakeholder Interview Guide (SIG) dated April 2014 and is available on the CFSR portal at: [https://training.cfsportal.org/resources/3105#Stakeholder Interview Guide](https://training.cfsportal.org/resources/3105#Stakeholder%20Interview%20Guide)

Schedules for all stakeholder interviews should be completed by Nebraska and approved by the Children’s Bureau (CB) no later than two weeks prior to the state’s onsite review week. Debi Hatfield, State Program Specialist, will be in contact with Nebraska to schedule a conference call to begin the planning and coordination of stakeholder interviews in preparation for the Child and Family Services Review.

Thank you for your partnership in this process.

Sincerely,

Deborah Smith, MSW  
Regional Program Manager  
Children’s Bureau

cc: Vicki Maca, NE Deputy Director, Lincoln, NE  
Allison Wilson, NE CFSR Lead, Lincoln, NE  
Debi Hatfield, CB Program Specialist, Kansas City, MO  
Patricia Long, CB Contract Program Specialist, ICF, Kansas City, MO  
Linda Mitchell, CB CFSR Supervisor, Washington, DC  
Richard Longoria, CB CFSR Program Specialist, Washington, DC

Stakeholders	Systemic Factors
System Information staff	Item 19
Child Welfare agency senior managers	Items 19, 25, 31, 33, 36
Child welfare case manager(s)	Items 19, 21, 22, 25, 26, 27, 29, 30, 31, 36
CQI/Quality Assurance Staff	Items 19, 25
Foster Care Administrative Review Office	Items 19, 21, 22, 26, 27
Court system /Court improvement program (CIP)	Items 21, 22, 29, 30
Judges	Items 21, 22, 26, 27, 29, 30, 34, 36
Attorneys for the child/youth	Items 21, 22, 29, 30, 34, 36
Child welfare Supervisor(s)	Items 21, 22, 25, 26, 27, 29, 30, 34, 36
CASA	Items 21, 22, 29, 30, 34, 36
Attorney(s) for Agency	Items 21, 22, 29, 30
Attorney(s) for Parents	Items 21, 22, 29, 30, 34
Training Staff	Items 26, 27, 28
Foster and Adoptive Parents	Items 26, 27, 28, 29, 30, 31, 34
Foster/Adoptive Licensing Staff (include staff from CPA's)	Items 28, 33, 34
State Licensed/Approved Child Care Facility Staff	Items 28, 33, 34
Service Provider(s)	Items 29,30
Consumers (parents)	Items 29, 30, 31
Tribes	Items 29, 30, 31
Youth	Items 27, 29, 30, 31
Foster/Adoptive Licensing Supervisors	Items 28, 33, 34, 36
ICPC staff	Item 36

**CHILD AND FAMILY SERVICES  
REVIEW  
ROUND 3  
STATEWIDE ASSESSMENT**

Submitted To:  
Children's Bureau  
Administration for Children and Families  
April 5, 2017

## Section I: General Information

**Name of State Agency:** Nebraska Department of Health and Human Services,  
Division of Children and Family Services

### CFSR Review Period

**CFSR Sample Period:** **Out-Of Home:** 4/1/16 - 9/30/16  
**In- Home:** 4/1/16 – 2/15/17

**Period of AFCARS Data:** 4/1/2013 to 3/31/2016

**Period of NCANDS Data:** FFY 2015 and FFY 2015

**Case Review Period Under Review (PUR):** April 1, 2016 to June 8, 2017

### State Agency Contact Person for the Statewide Assessment

**Name:** Vicki Maca

**Title:** Deputy Director

**Address:** 301 Centennial Mall South Lincoln, NE 68509

**Phone:** 402-471-1362

**Fax:** 402-471-9034

**E-mail:** vicki.maca@nebraska.gov

## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

### State Response:

Name	Organization	Role
Sheila Kadoi	DCFS	CFSR Co-Lead
Allison Wilson	DCFS	CFSR Co-Lead
Doug Weinberg	DCFS	DCFS Director
Doug Beran	DCFS	Deputy Director, CFSR Core Team
Emily Kluver	DCFS	Prevention Administrator, CFSR Core Team
Vicki Maca	DCFS	Deputy Director, CFSR Core Team
Doug Kreifels	DCFS	Finance Administrator, CFSR Core Team
Lindy Bryceson	DCFS	Field Administrator, CFSR Core Team
Stacy Scholten	DCFS	Permanency Administrator, SWA Team
Ross Manhart	DCFS	Administrator, SWA Team
Alyson Goedken	DCFS	Administrator (Training, AR), SWA Team
Mike Puls	DCFS	Service Area Administrator
Camas Steuter	DCFS	Service Area Administrator
Jerrilyn Crankshaw	DCFS	Service Area Administrator
Sherrie Spilde	DCFS	Service Area Administrator
Kathleen Stolz	DCFS	Service Area Administrator
Katherine Batt	DCFS	CFS Administrator
Brenda Brooks	DCFS	CFS Administrator
KaCee Zimmerman	DCFS	CFS Administrator
Casey Smith	DCFS	CFS Administrator
Cindy Williams	DCFS	CFS Administrator
Lara Swerczek	DCFS	CFS Administrator
John Ullrich	DCFS	CFS Administrator
Monica DeMent	DCFS	CFS Administrator
Jennifer Runge	DCFS	CFS Administrator
Sara Jelinek	DCFS	CFS Administrator
Kim Bro	DCFS	CFS Administrator
Kinsey Baker	DCFS	CFS Administrator
Kari Pitt	DCFS	CFS Administrator
Jennifer Potterf	DCFS	CFS Administrator
Bethany Connor Allen, JD	Policy Analyst, Nebraska Children's Commission	Provided information and feedback for the Case Review Systemic Factor
Sarah Forrest	Assistant Inspector General, Ombudsman's Office	Provided information and feedback for the Case Review Systemic Factor
Katie McLeese Stephenson	Director of Court Improvement, Former	Provided information and feedback for the Case Review Systemic Factor
Deb VanDyke-Ries	Director of Court Improvement	Provided information and feedback for the Case Review Systemic Factor
Mary Ann Harvey, JD	Project Specialist, Court Improvement Project	Provided information and feedback for the Case Review Systemic Factor

Katherine Bass, Ph.D.	Former Research and Evaluation Specialist, Court Improvement Project	Provided information and feedback for the Case Review Systemic Factor
Matt Lewis, JD	Project Specialist, Court Improvement Project	Provided information and feedback for the Case Review Systemic Factor
Shelly Johnson	Training Administrator, Center for Children, Family and the Law	Provided information and feedback for the Staff Training Systemic Factor
Paulette Sombke	Field Training Coordinator, Center for Children, Family and the Law	Provided information and feedback for the Staff Training Systemic Factor
Linda Cox	Research Analyst II, Foster Care Review Office	Provided data and information for the Case Review Systemic Factor
Kim Hawekotte	Director, Foster Care Review Office	Provided data and information for the Case Review Systemic Factor
Ashley Brown	Foster Family Treatment Association (FFTA)-Past President of Nebraska chapter and KVC-Vice President.	Assisted in developing standard RPPS curriculum.
Tracey Pearson	Nebraska Association for Homes and Services for Children (NeAHSC)-President & Youth Cares Group Home-Executive Director.	Assisted in developing standard RPPS Curriculum.
Nebraska Strengthening Families Act Taskforce	Consists of several providers, current/former foster youth and current/former foster parents	Reviewed standard RPPS curriculum.
Felicia Nelson	Nebraska Foster and Adoptive Parent Association-Executive Director.	Aggregated NFAPA monthly reports into one report for knowing if foster parent pre-service training prepares potential foster parents with skills and knowledge
Brenna Poindexter	Right Turn-Marketing & Community Outreach Coordinator.	Provided data relating to Right Turn and post-adoption services.
Recruitment & Retention Workgroup	Christian Heritage, KVC, Ponca Tribe, Probation, NFC, Building Blocks, and Nebraska Children's Home Society.	This group developed the standard reporting template for quarterly recruitment and retention plan updates.
Tom Livoti, from Tetrus	NEICE production-Director of Customer Support. Nebraska for cross-jurisdictional resources.	Assisted in implementing NEICE system
Rachael Kalhoff	Building Blocks	Service Provider participating in December 2016 On-Site Provider Survey
Jeff DeWispelare	Omaha Home for Boys	Service Provider participating in December 2016 On-Site Provider Survey
Corrie Edwards	Mid-Plains Center for Behavioral Healthcare	Service Provider participating in December 2016 On-Site Provider Survey
Lana Verbrigghe	Child Saving Institute	Service Provider participating in December 2016 On-Site Provider Survey
Brenda Cook	South Central Behavioral Services	Service Provider participating in December 2016 On-Site Provider Survey
Bill Williams	Compass	Service Provider participating in December 2016 On-Site Provider Survey

Brad Stocpart	Compass	Service Provider participating in December 2016 On-Site Provider Survey
Felicia Nelsen	NFAPA	Service Provider participating in December 2016 On-Site Provider Survey
Amy Sehrbeck	South Central Behavioral Services	Service Provider participating in December 2016 On-Site Provider Survey
Ashley Brown	KVC	Service Provider participating in December 2016 On-Site Provider Survey
Amanda Brunkherst	Owens and Associates	Service Provider participating in December 2016 On-Site Provider Survey
Sara Scott	Owens and Associates	Service Provider participating in December 2016 On-Site Provider Survey
Corinne Crouch	Better Living Counseling	Service Provider participating in December 2016 On-Site Provider Survey
Michaela Young	Cedars Youth Services	Service Provider participating in December 2016 On-Site Provider Survey
Shawna Hammond	Boys Town	Service Provider participating in December 2016 On-Site Provider Survey
Nancy Johner	Pathfinder Support Services	Service Provider participating in December 2016 On-Site Provider Survey
Erin Martin	Jenda Family Services	Service Provider participating in December 2016 On-Site Provider Survey
Jackie Meyer	The Counseling and Enrichment Center and Building Blocks	Service Provider participating in December 2016 On-Site Provider Survey
Marshall A. Paczosa	Epworth Village	Service Provider participating in December 2016 On-Site Provider Survey
Vicki Anson	Independence rising	Service Provider participating in December 2016 On-Site Provider Survey
Amanda Cusatis	South Central Behavioral Services	Service Provider participating in December 2016 On-Site Provider Survey
Chelsey Burr	Omni Behavioral Health	Service Provider participating in December 2016 On-Site Provider Survey
Marty Beard	Cedars Youth Services	Service Provider participating in December 2016 On-Site Provider Survey
Tami Gangwish	Futures Family Services	Service Provider participating in December 2016 On-Site Provider Survey
Megan Andrews	Boys Town	Service Provider participating in December 2016 On-Site Provider Survey

Laura Kemp	Boys Town	Service Provider participating in December 2016 On-Site Provider Survey
Anne Reicheneker	TFI Family Services	Service Provider participating in December 2016 On-Site Provider Survey
Shanna Huline	Christian Heritage	Service Provider participating in December 2016 On-Site Provider Survey
Traci Ober	Building Blocks	Service Provider participating in December 2016 On-Site Provider Survey
Diane Carver	St. Francis Community Services	Service Provider participating in December 2016 On-Site Provider Survey
Lana Temple-Plotz	Nebraska Children's Home	Service Provider participating in December 2016 On-Site Provider Survey
Brian Rader	Christian Heritage	Service Provider participating in December 2016 On-Site Provider Survey
Terry Robinson	NFAPA	Service Provider participating in December 2016 On-Site Provider Survey
Joleen Stowell	Christian Heritage	Service Provider participating in December 2016 On-Site Provider Survey
Brian Essen	Pathfinder Support Services	Service Provider participating in December 2016 On-Site Provider Survey
Brian Dempsey	St. Francis Community Services	Service Provider participating in December 2016 On-Site Provider Survey
Garrett Swanberg	Release Ministries	Service Provider participating in December 2016 On-Site Provider Survey
Josh Wininger	Release Ministries	Service Provider participating in December 2016 On-Site Provider Survey
Jay Bazemore	Mark of Honor Youth Lodge	Service Provider participating in December 2016 On-Site Provider Survey
Mike Betzold	Better Living Counseling	Service Provider participating in December 2016 On-Site Provider Survey
Jewel Schiffers	Nebraska Families Collaborative	Service Provider participating in December 2016 On-Site Provider Survey
Laura Opfer	Christian Heritage	Service Provider participating in December 2016 On-Site Provider Survey
Jeff Schmidt	Jenda Family Services	Service Provider participating in December 2016 On-Site Provider Survey
Mick Klein	The Counseling and Enrichment Center	Service Provider participating in December 2016 On-Site Provider Survey

**Surveys**

<b>Name</b>	<b>Organization</b>	<b>Role</b>
2016 foster parent satisfaction survey	Surveys are anonymous; therefore, the names of the participants are not included.	The survey recipients are randomly selected from a list of active wards of the state. DCFS anticipates completing 350 surveys annually.
Nebraska Child Welfare Blueprint (2017)	The development of this Blueprint was funded by the Sherwood Foundation. It was researched and written by Childfocus in close consultation with Nebraska Appleseed, Voices for Nebraska's Children and the Nebraska Children and Families Foundation.	This Blueprint tells the story of Nebraska's recent progress on child welfare reform and outlines key opportunities to continue improving outcomes for the state's most vulnerable children and families. The information for the report was gathered from a diverse group of Nebraska's child welfare stakeholders, including advocates, providers, and state administrators (for a list of stakeholders interviewed see report).
December 2016 On-Site Provider Survey	Conducted by Valaista, Inc. See list of Service Providers below	Survey of Child Welfare Providers regarding services offered, and the counties in which they offer these services.
December 2016 Service Array Survey	Conducted by Valaista, Inc. Surveys are anonymous; therefore, the names of the participants are not included.	A survey of judges, foster care providers, service providers and DCFS staff was also conducted that provided additional information about the Service Array.

## Section II: Safety and Permanency Data

### State Data Profile

See attachment CFSR 3 Data Profile-2016 Sept-NE and CFSR 3 Data Profile – Data Dictionary 2016 Sept.

# **Section III: Assessment of Child and Family Outcomes and Performance on National Standards**

## Introduction to data and information included in the Assessment of Performance

The data presented in this section includes information from the Nebraska Child and Family Services Review (CFSR) case reviews; the Children’s Outcomes Measured in Protection and Safety Statistics (COMPASS) Reports – Round 2 Federal Indicators; Nebraska Round 3 Federal Indicator Measures; the Nebraska Family Online Client User System (N-FOCUS) data; and from various stakeholders.

The following table describes each of these data sources.

Data Sources	Description
<b>CFSR Case Reviews</b>	<p>DCFS conducts CFSR case reviews to help improve child welfare services and achieve the following outcomes: Safety, Permanency and Well-Being.</p> <p>The DCFS Research Planning and Evaluation (RPE) Continuous Quality Improvement (CQI) team utilizes the federal Onsite Review Instrument (OSRI) and the federal OMS system to conduct CFSR reviews on an ongoing basis. For more information about the CFSR case review process, Systemic Factor: <i>Quality Assurance System</i></p> <p>The RPE CQI team began using the new OSRI and the federal OMS Case Review System to complete statewide reviews in February 2015. Approximately 180 cases are randomly selected across the state for the review each quarter.</p> <ul style="list-style-type: none"> <li>• N-FOCUS file information and phone interviews with the case manager, parents, foster parents and youth (if applicable) were used as the source of information for the reviews.</li> <li>• RPE Program Accuracy Specialists complete case reviews individually and 100% of the cases are also reviewed by a 2<sup>nd</sup> Level QA Reviewer.</li> </ul>
<b>COMPASS Reports &amp; Round 3 Federal Indicators</b>	<p>The Children’s Outcomes Measured in Protection and Safety Statistics (COMPASS) is a web-based program that houses “rolling year” data pertaining to federal and state data measurements for child welfare (Round 2 Federal Indicators). It is interactive, so that high-level data may be broken down into more specific units (e.g., state, service area, judicial district, city, and county level data) as dictated by the user. COMPASS can be viewed at: <a href="http://www.dhhs.ne.gov/compass">http://www.dhhs.ne.gov/compass</a> Nebraska created this in 2007.</p> <p>Nebraska created a statewide report with the new Round 3 Federal Indicators and Requirements. The Round 3 Federal Indicators are included in the statewide CQI document posted on the DHHS website.</p> <p>Nebraska continues to utilize both the COMPASS and the new Round 3 Federal Indicator Reports to assess performance.</p>
<b>N-FOCUS Data</b>	<p>DCFS operates a Statewide Automated Child Welfare Information System (SACWIS) called the Nebraska Family Online Client User System (N-FOCUS). Reports are generated using data extracted from N-FOCUS.</p>
<b>Stakeholder Data and Information</b>	<p>Stakeholder input from internal DCFS staff (case managers, supervisors, administrators, resource development staff, legal representatives, policy and program specialists etc.) and external community stakeholders is an integral part of DCFS CQI and critical to identifying strengths and areas needing improvement in Nebraska’s Child Welfare System. Feedback from various stakeholders is obtained during formal DCFS CQI meetings, other community meetings, surveys, work groups, and during individual meetings and discussions. Please refer to Statewide Assessment Participant Section for more details about stakeholders.</p>

# A. Safety

## Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

### State Response:

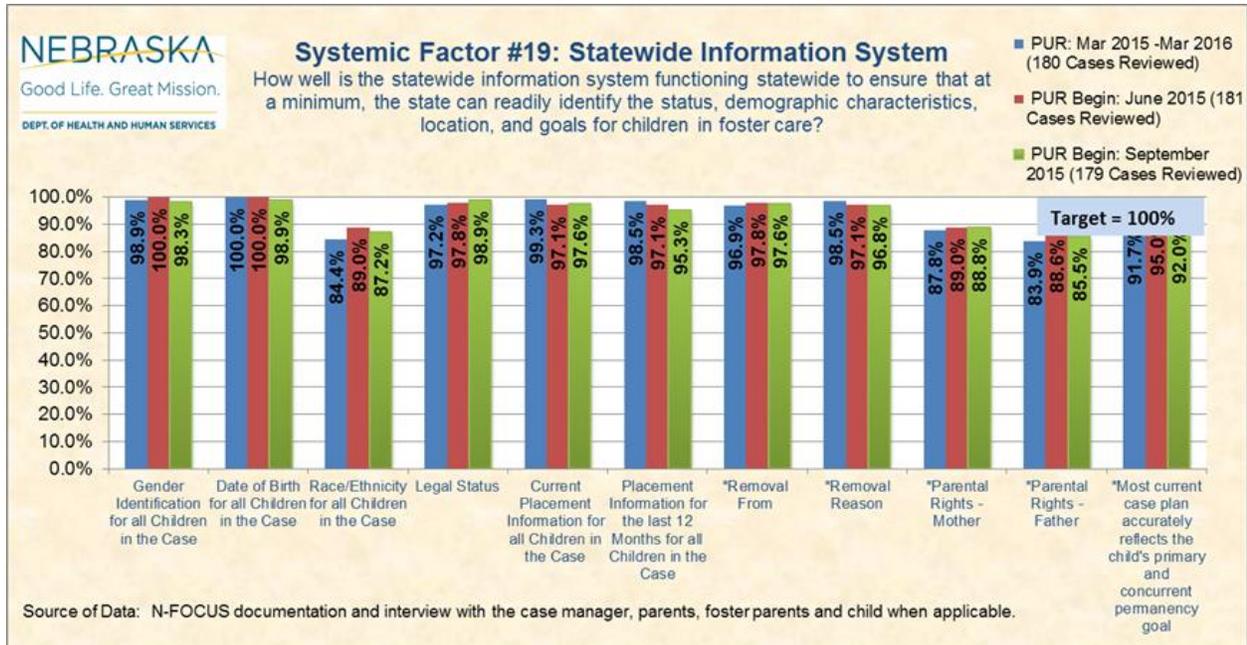
#### Safety Outcome #1: Children are first and foremost protected from abuse and neglect:

**Item 1: Timeliness of initiating investigations of reports of child maltreatment. Were the agency’s response to all accepted child maltreatment reports initiated, and face to face contact with the child victims made within the timeframes established by agency policies or state statute?**

The current DCFS policy for response timeframes are: 24 hours for Priority 1 (P1) cases; 5 calendar days for Priority 2 (P2) cases; and 10 calendar days for Priority 3 (P3) cases. The priority response timeframes are based on the severity of the allegation and the time the call (“intake”) is accepted by the centralized Child Abuse and Neglect Hotline (“DCFS Hotline”).

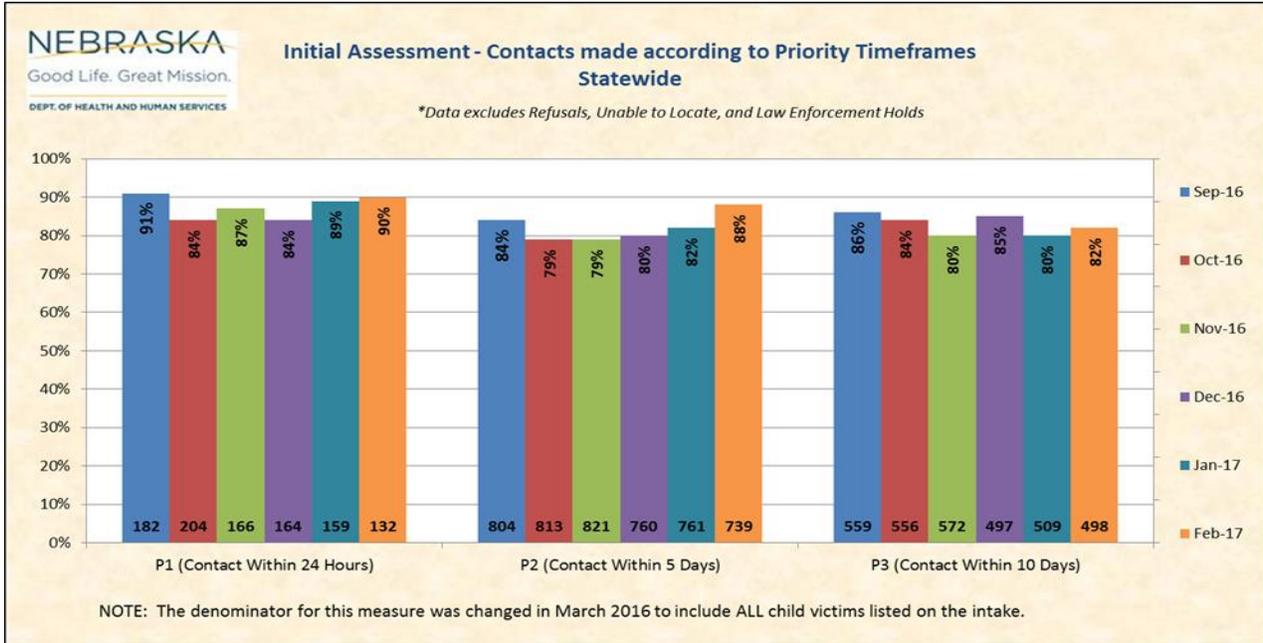
During the most recent review, DCFS responded timely to reports of abuse/neglect according to DCFS policy timeframes in 96 of 119 (81%) applicable cases (see chart below).

**CFSR OSRI Case Review Data**

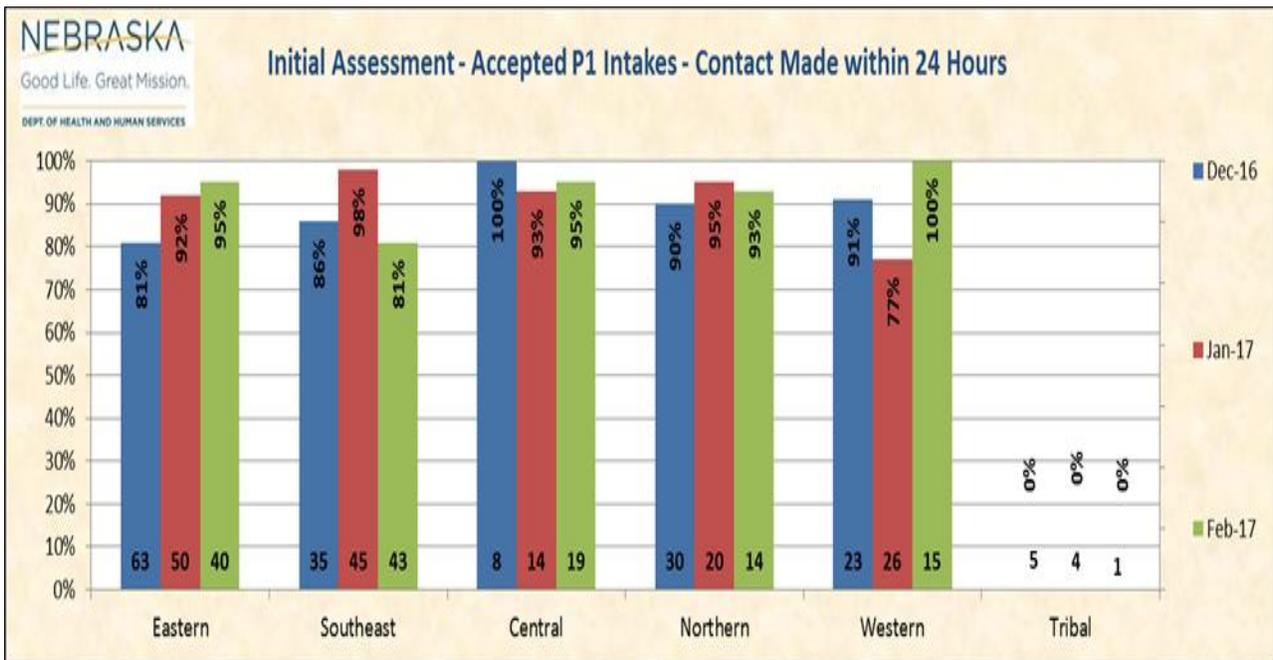


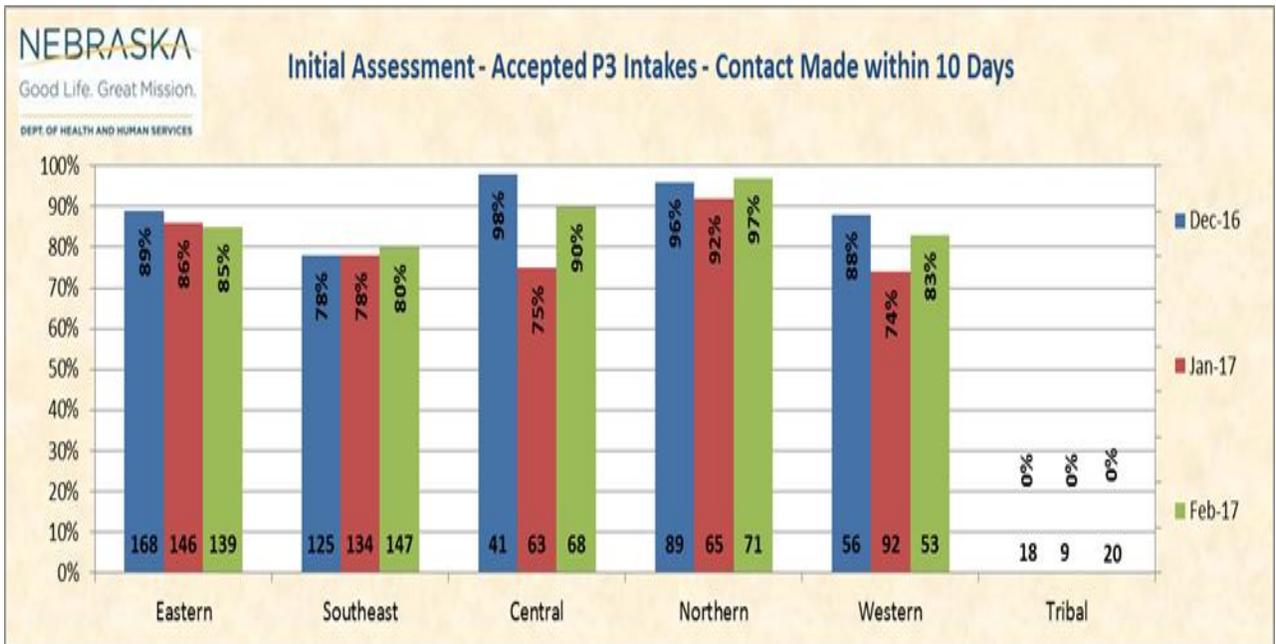
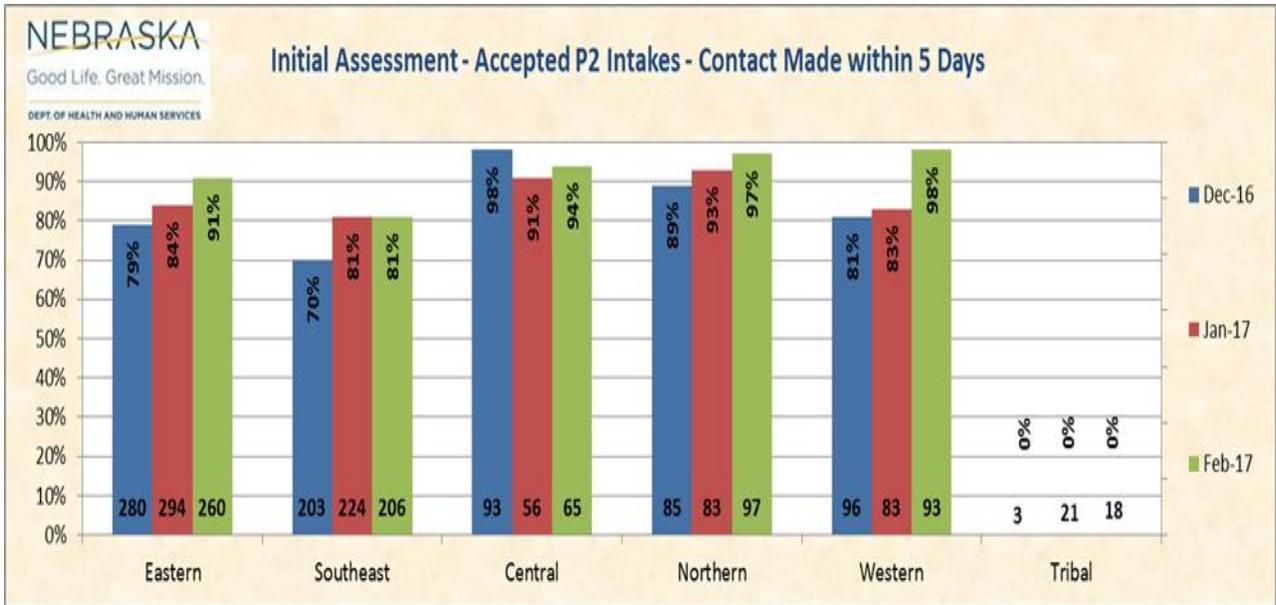
According to recent N-FOCUS data, in January 2017, there was an increase in meeting the P1 and P2 response timeframes and a decrease in P3 response time frame. Case managers met with the child victim(s) in a timely manner 90% of the time for P1 intakes, 88% of the time for P2 intakes and 82% of the time for P3 intakes.

### N-FOCUS Data



\*The number on the bottom of each bar is the number of child victims on all accepted intakes. The percentage is the percent of applicable victims that were contacted by the CFS specialist according to the state's timeframe expectations for the assigned intake priority (P1, P2 or P3).





Data and feedback from stakeholders suggest the following:

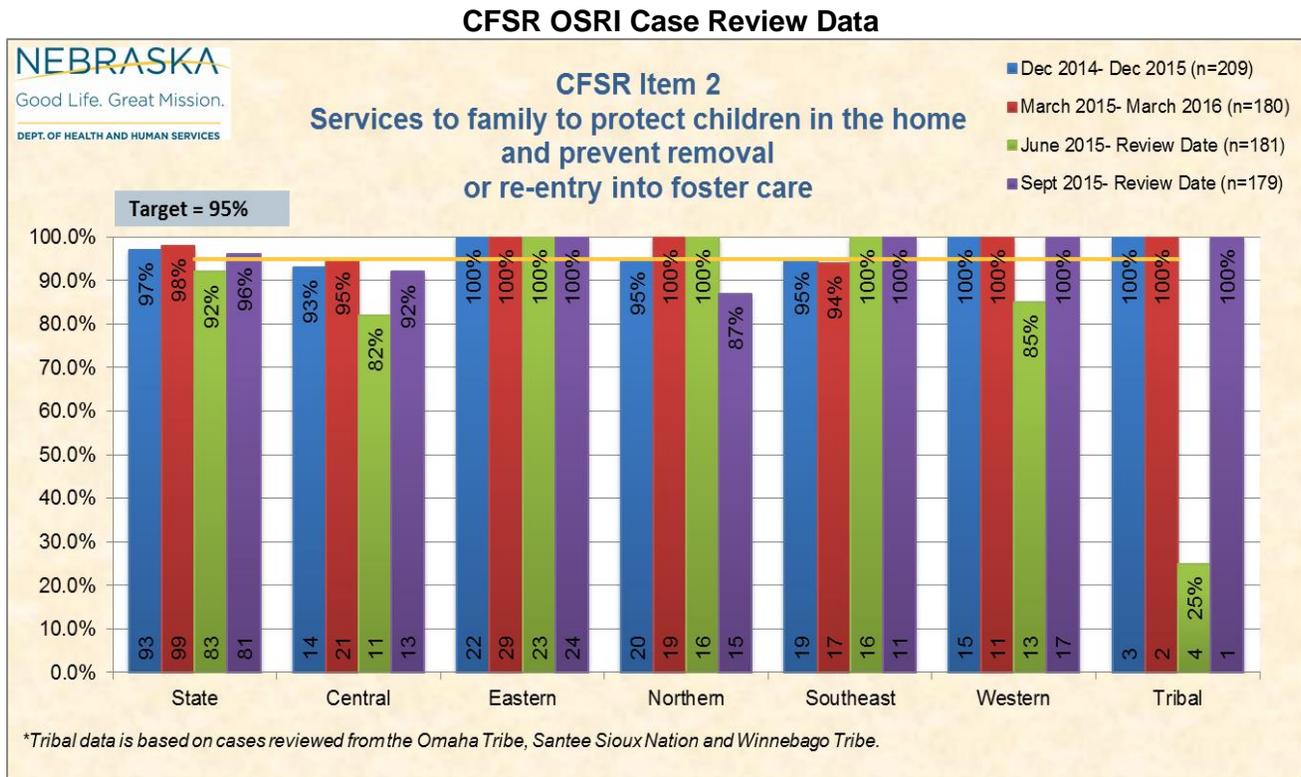
- DCFS has a clear system where intakes are received at the DCFS Hotline when accepted for a response and assigned to a Child and Family Services Specialist (CFSS) thus avoiding delays.
- DCFS is most effective in responding to P1 reports of child maltreatment in a timely manner.
- Decrease in contact timeframes in some of the Service Areas is partly due to case manager turnover and vacancies while at the same time experiencing an increasing number of intakes accepted for investigation.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

While Nebraska’s performance for Safety Outcome #1 is below the federal standard of 95% for substantial conformity, the most recent CFSR case reviews indicate 81% of the cases reviewed had a rating of substantially achieved for this outcome. Nebraska continues to utilize local service area and statewide CQI processes and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state’s most recent APSR.

**Safety Outcome #2: Children are safely maintained in their homes whenever possible and appropriate**

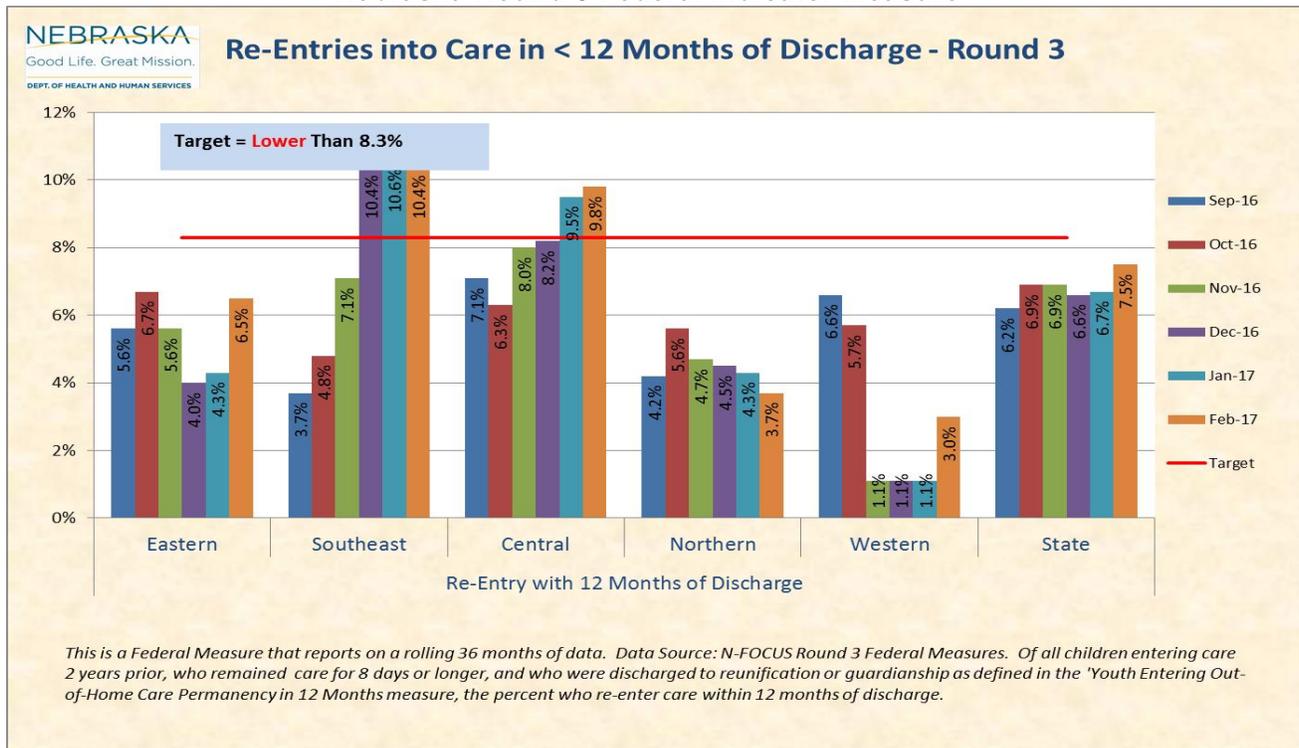
**Item 2: Services to families to protect children in the home and prevent removal and reentry into foster care. Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?**

Services to families at risk of out-of-home placement are an important aspect of child welfare service delivery in Nebraska. During the most recent internal CFSR review, DCFS made concerted efforts to provide services to safely maintain children in the home or prevent re-entry into foster care in 90 of 93 (97%) applicable cases.



According to the state’s Round 3 Federal Indicators, the state shows 7.5% of children who are discharged from foster care experience re-entry into care in less than 12 months from discharge.

## Nebraska Round 3 Federal Indicator Measure



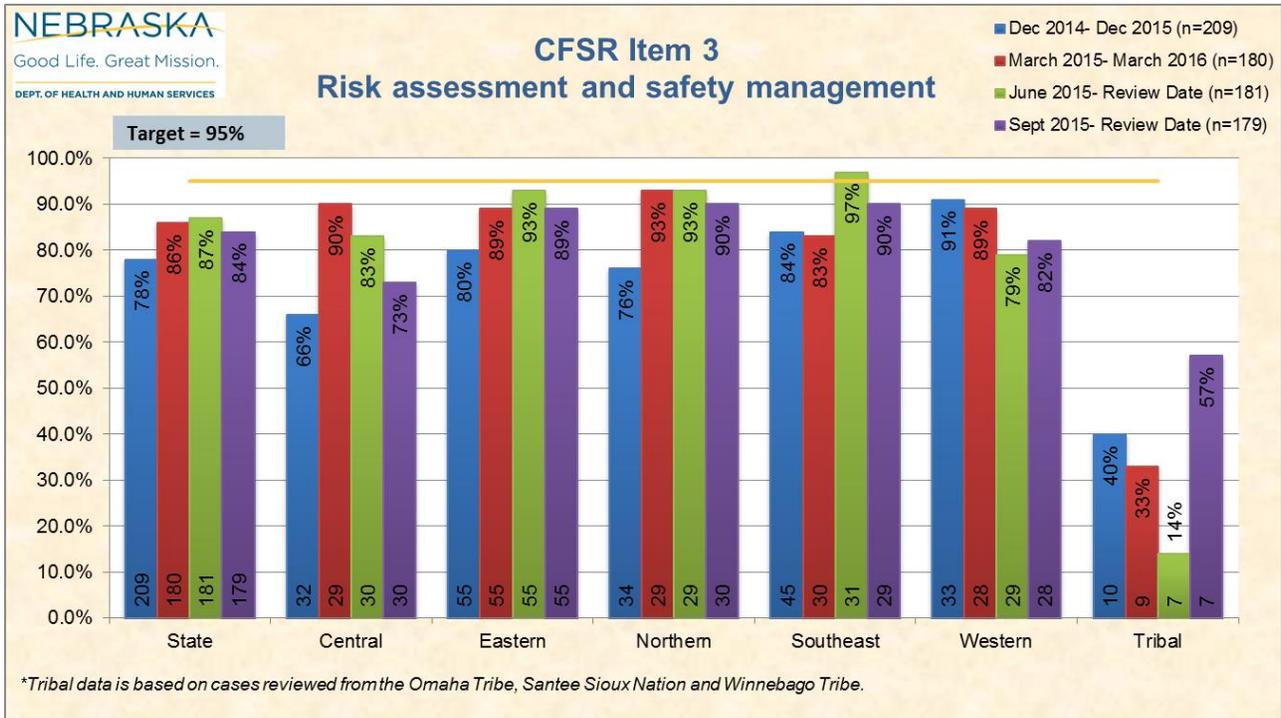
Data and feedback from stakeholders suggest the following:

- In general, DCFS is effective in preventing re - entry of children into foster care. As a whole, the state has consistently met the target goal of re-entries lower than 8.3%. Further review and analysis will be focused on cases from Southeast and Central Service Areas to determine opportunities for improvement. These two service areas are currently not meeting the state's target goal of re-entries lower than 8.3%.
- While performance in this item can be attributed to many factors, DCFS believes that ongoing partnerships with community service delivery providers' play a key role in ensuring children and families are safe and thus preventing re-entry into foster care.

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

DCFS makes concerted efforts to assess and address risk and safety concerns of children receiving services in their own homes and in foster care. During the most recent internal CFPSR review, DCFS made concerted efforts to assess and manage for safety and risk in 150 of 179 (84%) applicable cases.

## CFSR OSRI Case Review Data

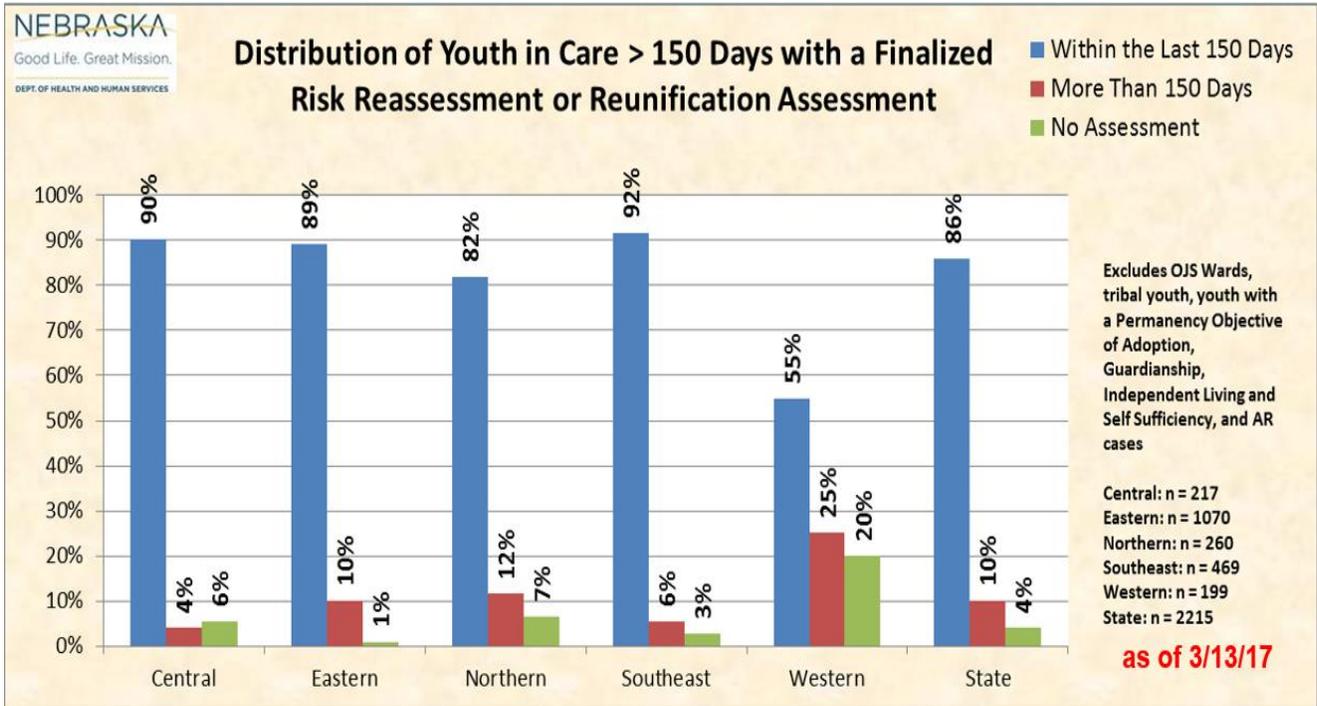


\*The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

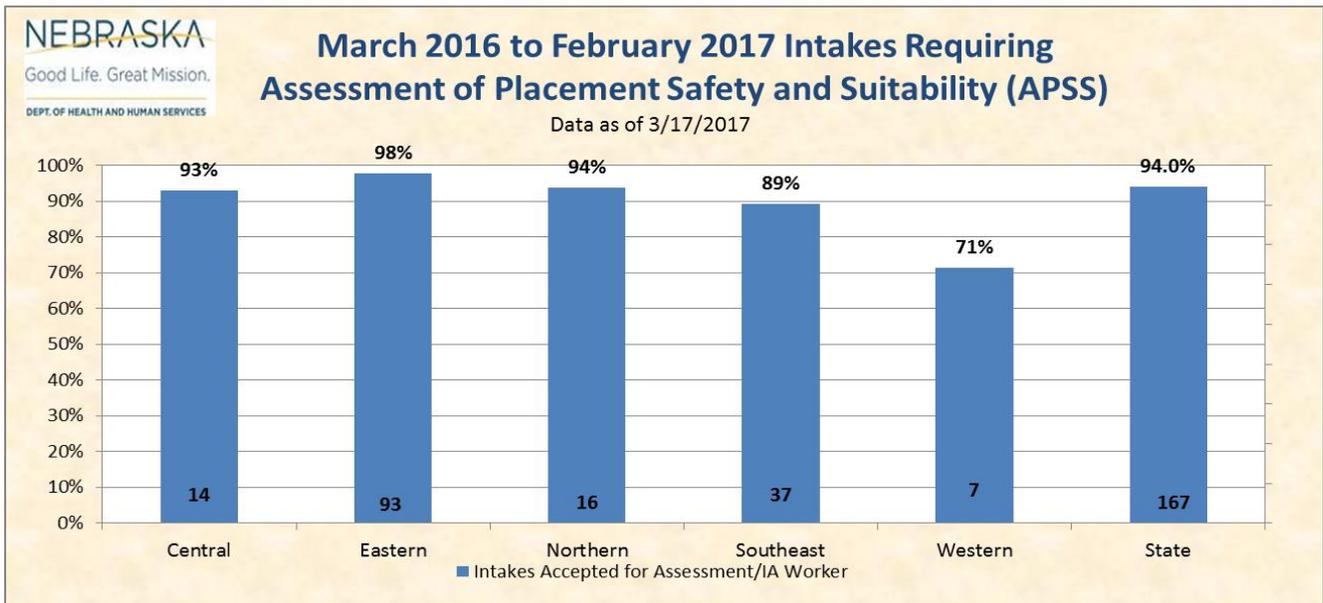
DCFS conducts initial and ongoing safety and risk assessments using the Structured Decision Making (SDM®) Assessment Tools. In addition to these formal risk and safety assessment tools, DCFS also makes concerted efforts to informally assess for risk and safety through ongoing face to face contacts and family team meetings with the youth and families.

DCFS continues to focus on timely completion of all the SDM® Assessments: Safety Assessment, Risk Assessment, Prevention Assessment, Risk Reassessment, Reunification Assessment, and the Family Strengths and Needs Assessment (FSNA). Timely completion of SDM® assessment not only ensures safety and identifies levels of risk but also provides critical information used to make important decisions in the case such as reunification and/or case closure. The Southeast Service Area continues to excel in completing SDM® assessments in a timely manner. A report is made available to all Service Areas with details on cases requiring assessments.

## N-FOCUS Data

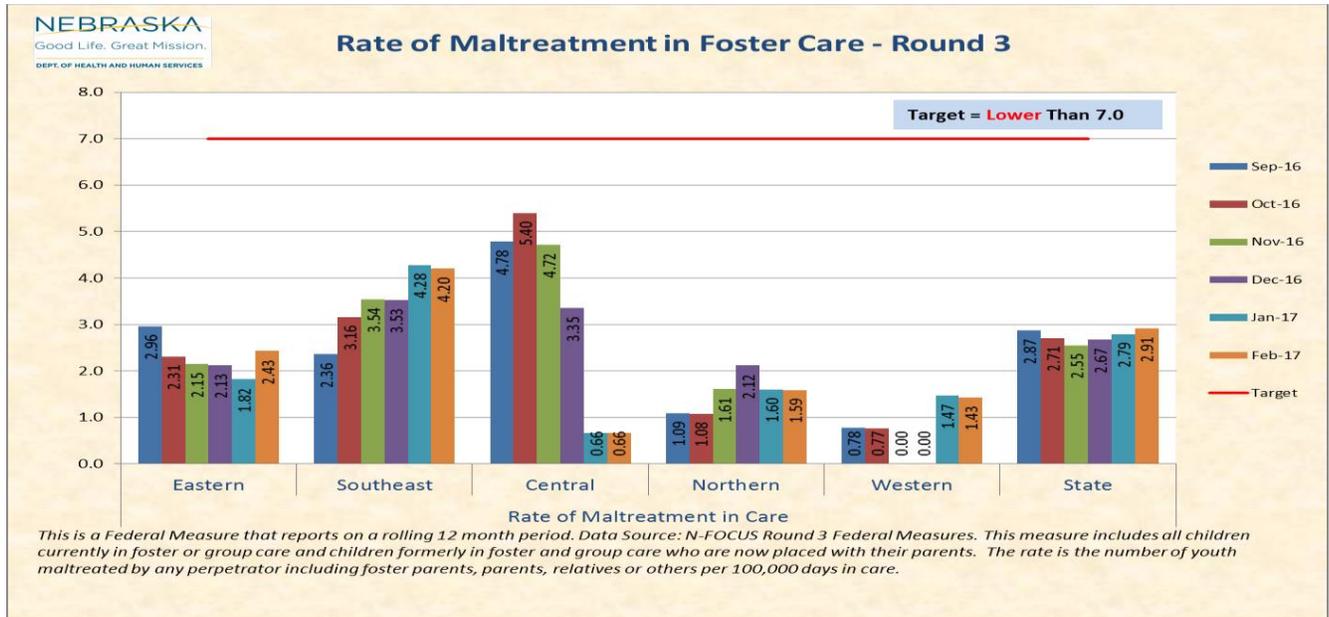


DCFS also continues to utilize the SDM® Assessment of Placement Safety and Suitability (APSS) to assess safety and care concerns for children in foster care. When an intake on a foster home is accepted, the APSS is completed by an Initial Assessment CFS Specialist in a timely manner in 94% of the intakes requiring an investigation between March 2016 and February 2017.



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

According to the state’s Round 3 Federal Indicators, the state shows a rate of maltreatment in foster care at 2.91, which is well below the federal target rate and the state’s own target of a rate less than 7.0.



Data and feedback from stakeholders suggest the following:

- DCFS uses SDM® to effectively assess safety and risk for youth in home and while in foster care. DCFS policy requires ongoing risk and safety assessments throughout the life of the case.
- DCFS effectively addresses safety concerns during visitations for children who are placed in foster care.
- DCFS effectively addresses safety concerns related to the child’s foster care placement and/or foster parents.
- DCFS recognizes the opportunity to improve documentation to support ongoing monitoring and updating of safety plans to adequately address all identified safety threats for the children who remain in the family home. While informal assessment of safety and risk takes place during the monthly face to face contacts with the case manager, the case narratives do not always include detailed information with regards to ongoing efforts to assess for safety, monitoring and updating of the safety plan for the children who remain in the home.
- The Tribes experience barriers to timely documentation in the state’s information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

While Nebraska’s performance for Safety Outcome #2 is below the federal standard of 95% for substantial conformity, the most recent internal CFPSR case reviews indicate 84% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 6% had a rating of partially achieved, meaning at least of the applicable CFPSR items (2 or 3) was a strength. Nebraska continues to utilize local service area and statewide CQI processes and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state’s most recent APSR.

## B. Permanency

### Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

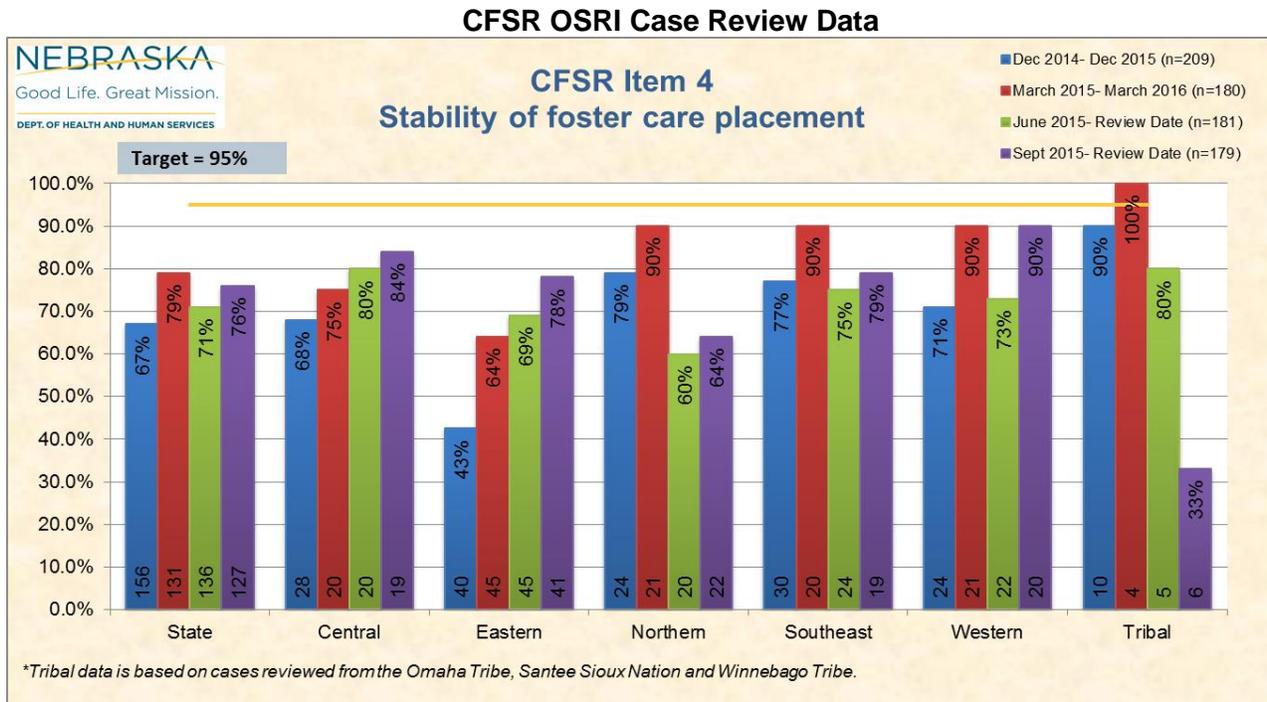
- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

### State Response:

#### Permanency Outcome #1: Children have permanency and stability in their living situations

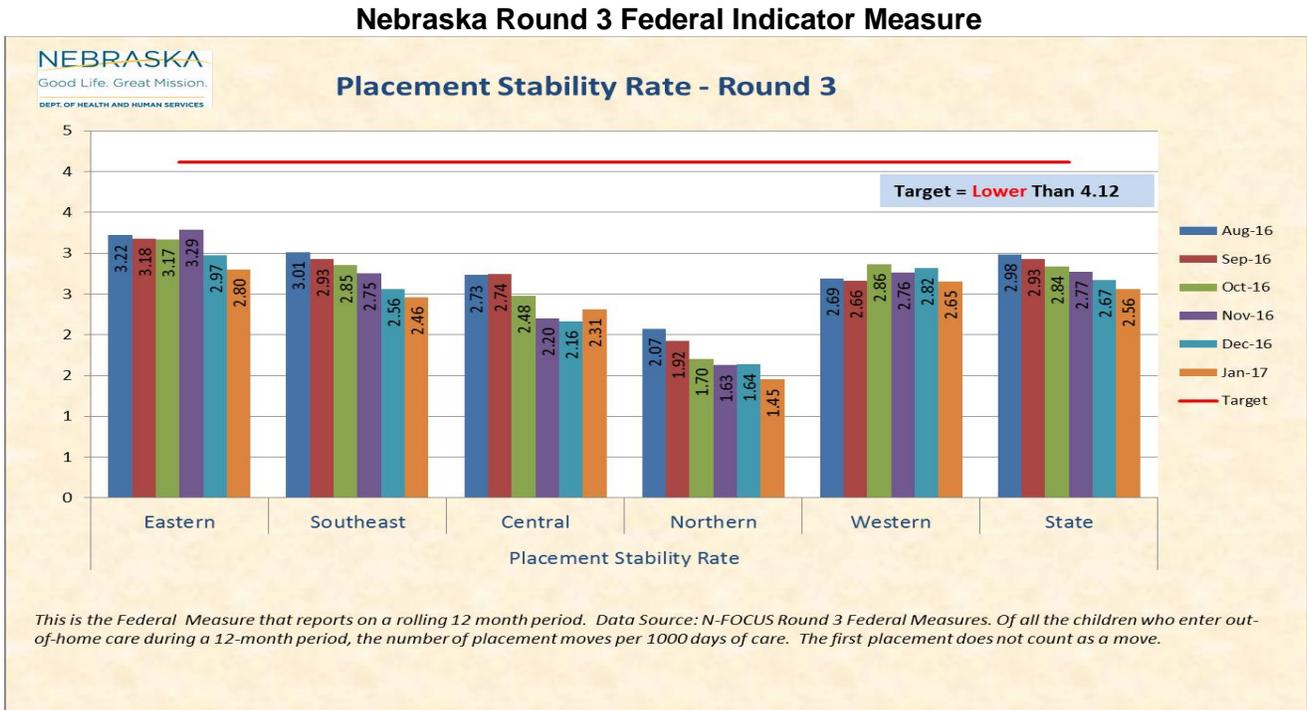
**Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?**

Nebraska recognizes that placement stability is a key factor to ensuring timely permanency for children in foster care. During the most recent internal CFSR review, DCFS achieved stability of foster care placement in 97 of 127 (76%) applicable cases.



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

According to the state's Round 3 Federal Indicator Measure, the state's placement stability rate of 2.56 is below the state's established target of 4.12.

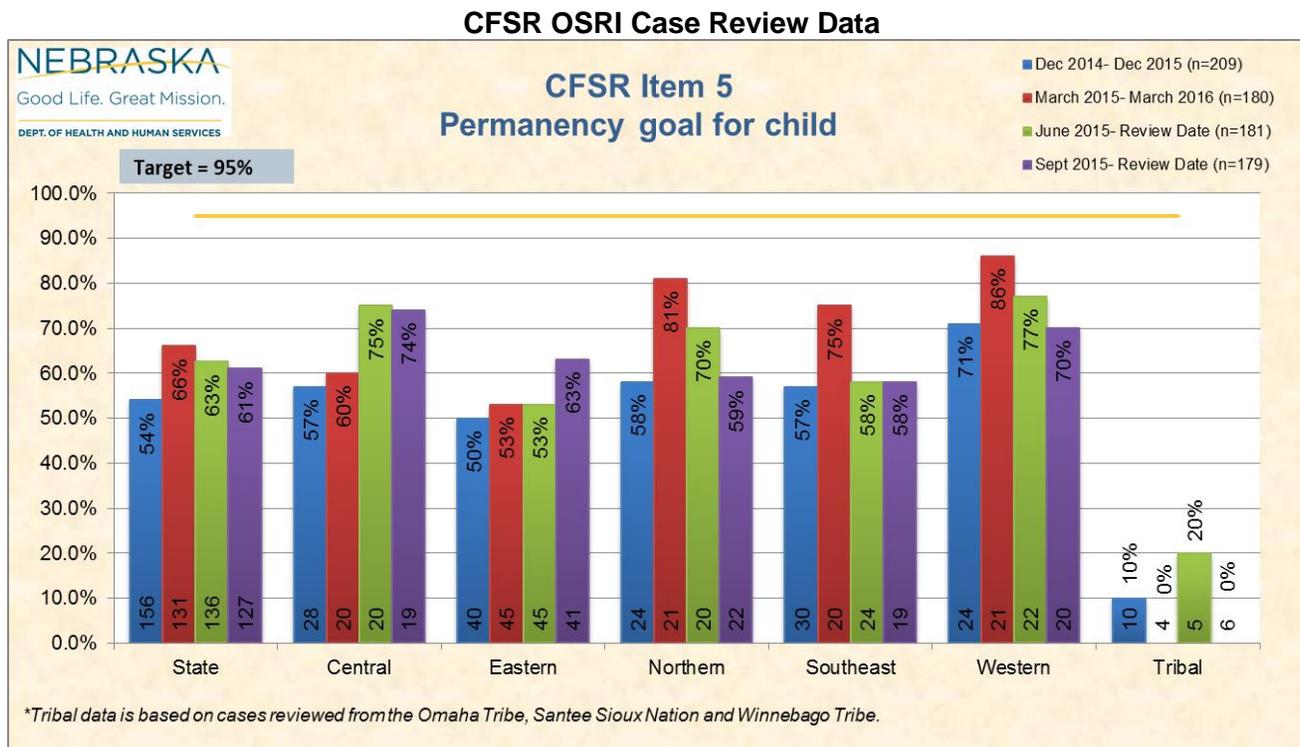


Data and feedback from stakeholders suggest the following:

- Case review information indicate DCFS continues to see unplanned placement changes or disruptions to placements due to the foster parent's inability to manage the youth's behaviors as well as placement changes due to reasons that are not considered to be in the best interest of the child.
- DCFS continues to work closely with the Foster Care Agency providers to address placement support needs and ensure that youth are placed with foster parents who have the ability and adequate support to maintain placement stability for the youth.
- The Eastern and Western Service Areas continues to show a higher rate of placement changes compared to the other Services Areas. The Northern Service Area is doing the best with a placement stability rate of 1.45 which is even lower than the state's rate of 2.56.
- In the past year, the Eastern Service Area focused on improving supports to relative foster placements to address placement concerns and maintain placement stability.
- Service Areas continue to discuss and share strategies to address placement stability during the statewide CQI meetings, local Service Area CQI meetings and during the ongoing meetings with providers throughout the state.
- DCFS recognizes the opportunity to improve supports to foster parents and have begun tracking placement disruptions as part of the Provider Performance Improvement (PPI) Initiative. DCFS will be developing strategies with foster care agencies/providers to address identified needs. Additional information about PPI can be found in the Quality Assurance section of the statewide assessment.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

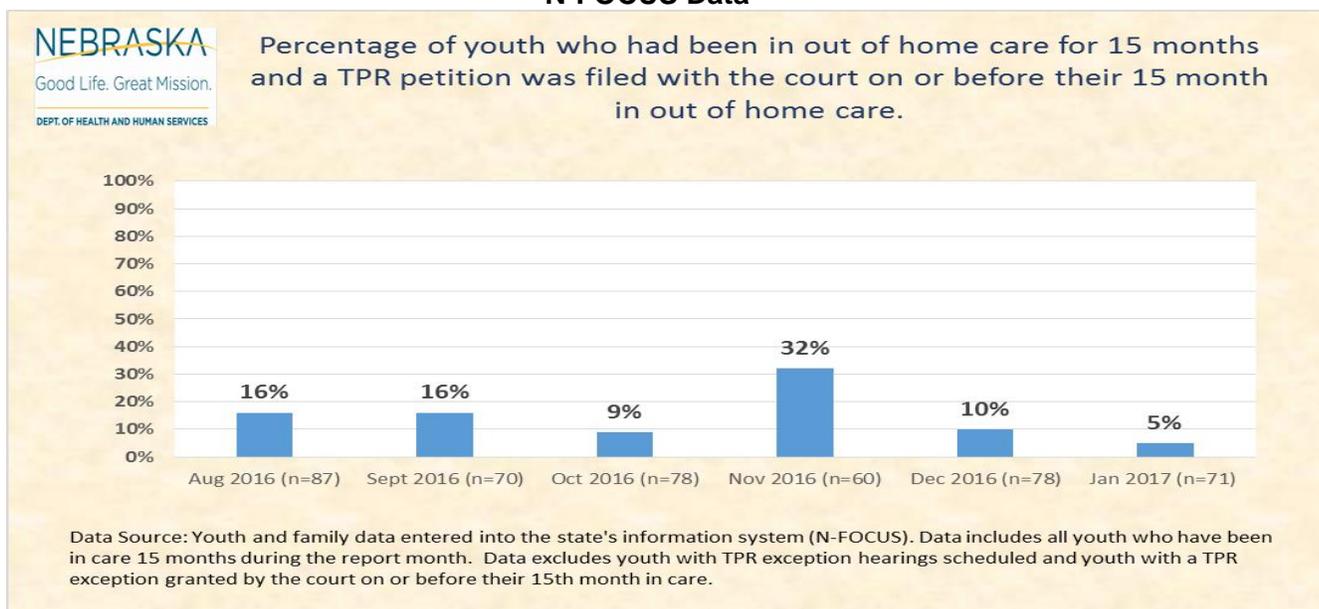
During the most recent internal CFSTR review, DCFS established timely and appropriate permanency goals for the child in 77 of 127 (61%) applicable cases. Additional supports have been provided to all Service Areas to help the case manager ensure goals are appropriate and concurrent goals are established in a timely manner. Service Areas continue to report legal concerns related to timely TPR and Exception hearings.



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

Information entered into N-FOCUS regarding timeliness of TPR filing indicate this is an area for improvement for Nebraska. The chart below indicate that a TPR petition is filed in a timely manner for less than 20% of youth on their 15 month in out of home care.

## N-FOCUS Data

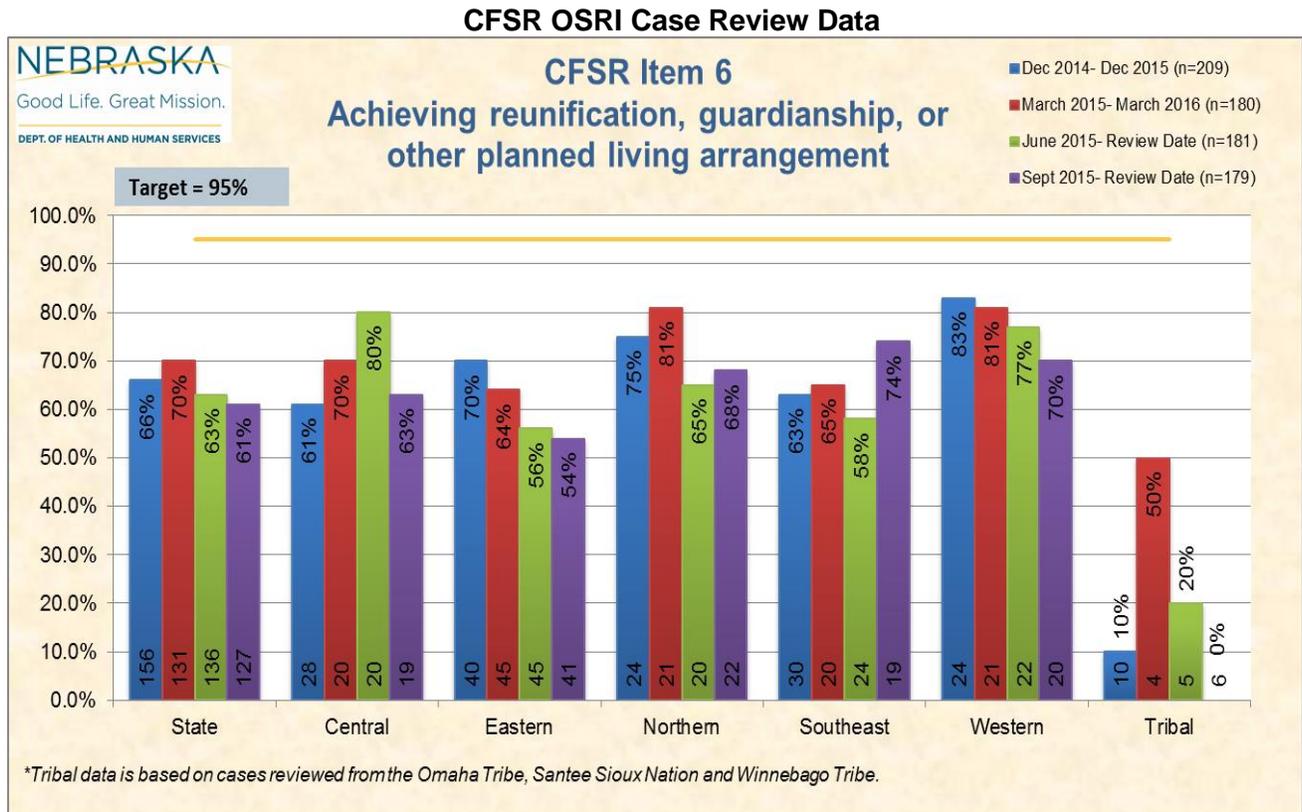


Data and feedback from stakeholders suggest the following:

- In the past year, DCFS has created various reports that are made available to case managers and the courts to identify and bring attention to children who have been in foster care at 15 or more months.
- DCFS case managers also now have access to internal reports that identify youth without a finalized case plan well before the child has been in foster care for 60 days.
- DCFS should continue to educate staff regarding timely discussions with the family regarding the initial permanency goal and timely establishment of concurrent goals and changes to the child's permanency objective as needed.
- DCFS should continue ongoing efforts to educate internal staff and external stakeholders (attorneys, judges, providers, parents, etc.) regarding timely establishment of concurrent goals for the child.
- DCFS should continue to work with the Courts and the Court Improvement Project (CIP) to address barriers to timely TPR petition and/or exception hearings.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

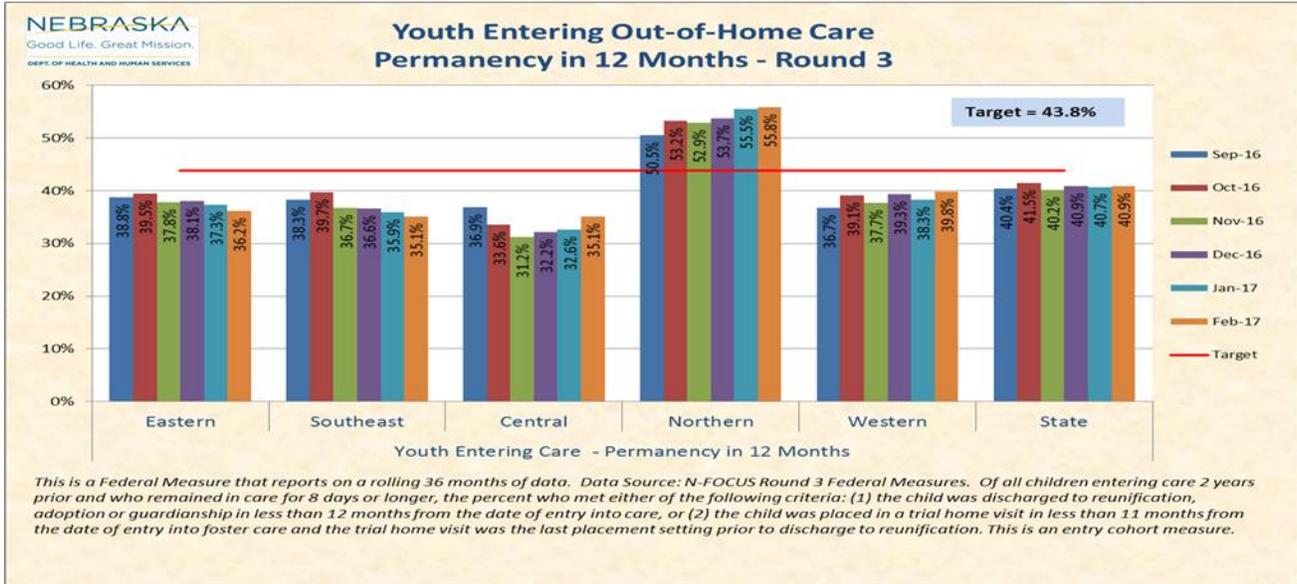
During the most recent internal CFSTR review, DCFS achieved permanency for the youth in a timely manner in 77 of 127 (61%) applicable cases. The state has seen a decline in the success of this item in the last 3 CFSTR reviews.



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

According to the state's Round 3 Federal Indicators, the state is not meeting its target goal for achieving permanency for youth entering foster care within 12 months. The state is achieving permanency within 12 months for 40.9% of youth entering care. The state is just short of the target goal of 43.8%. The Northern Service Area is the only Service Area that is meeting the state's target goal at this time.

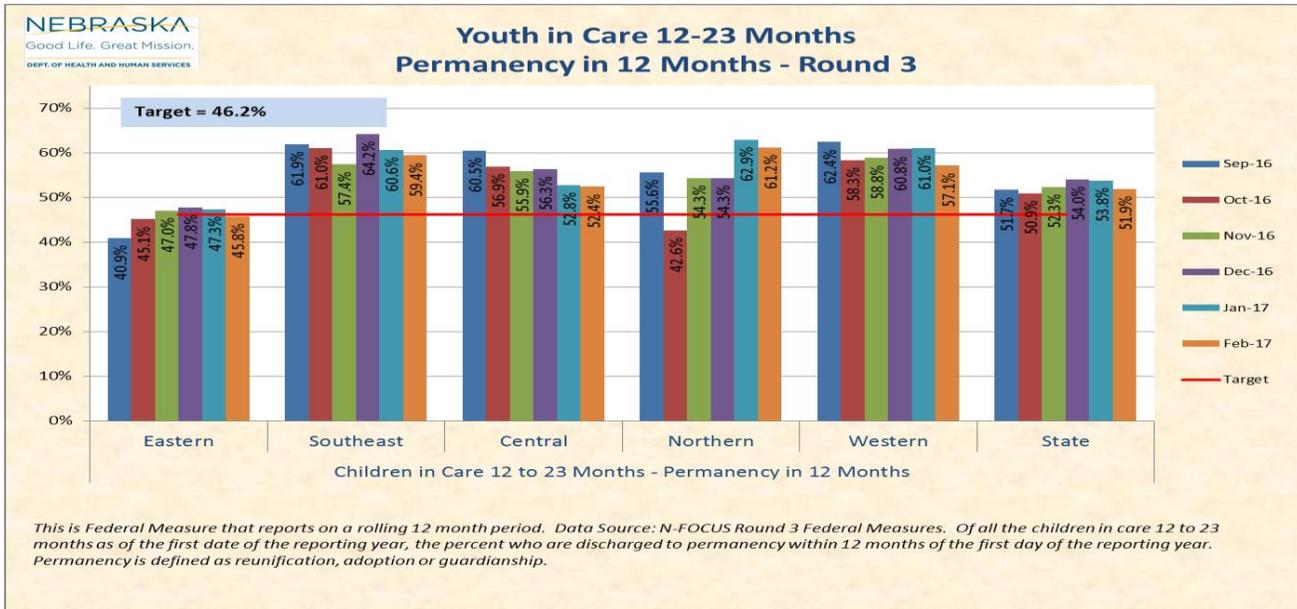
### Nebraska Round 3 Federal Indicator Measures

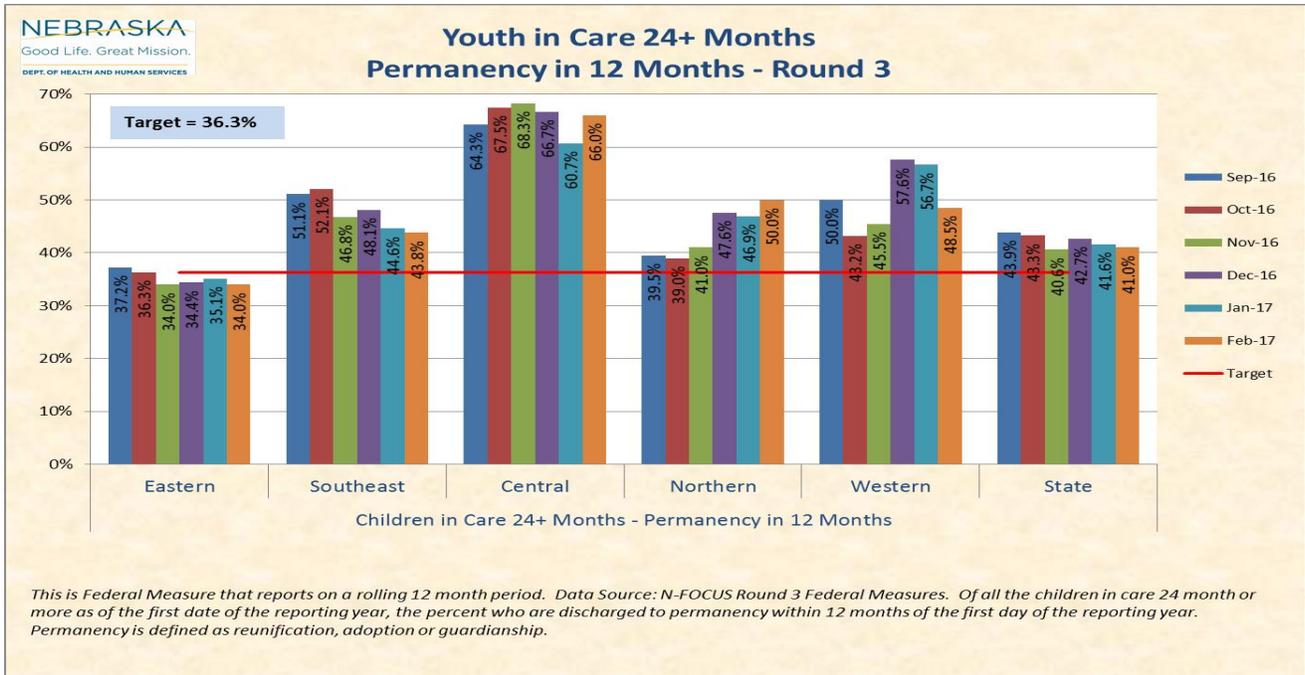


The State is currently meeting its target goal for the following Round 3 Federal Indicators:

- Permanency in 12 months for youth in care 12-23 months (51.9%)
- Permanency in 12 months for youth in care 24+ months (41.0%)

The Eastern Service area is the only Service area that is not meeting the target goals for these two measures.





Data and feedback from stakeholders suggest the following:

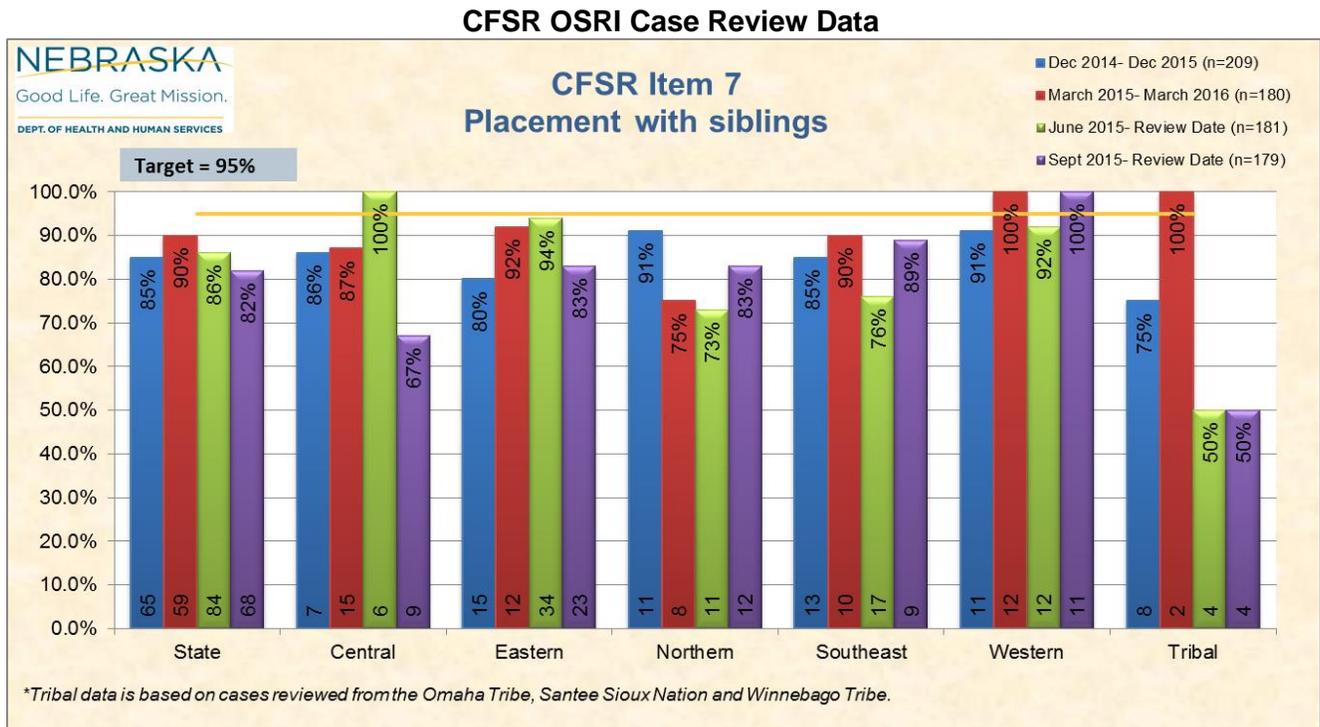
- Appropriate services are implemented to support reunification within 12 months
- In the past year, DCFS created various reports that are made available to case managers to easily identify length of time in care for each youth.
- DCFS case managers have access to internal reports that identify youth without a finalized case plan well before the child has been in foster care for 60 days. Reports are utilized by staff to identify cases for review and staffing to ensure timely achievement of permanency goals.
- DCFS should continue ongoing efforts to educate internal staff and external stakeholders regarding timely establishment of concurrent permanency goals for the child. At times, concurrent planning is not taking place in a timely manner to ensure timely permanency for the youth.
- DCFS staff should continue to assess the case circumstances and consider reunification as early as possible when safety can be maintained in the family home with an in home safety plan.
- DCFS should continue to work with the Courts and the Court Improvement Project (CIP) to address barriers to timely TPR.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

While Nebraska's performance for Permanency Outcome #1 is below the federal standard of 95% for substantial conformity, the most recent CFPSR case reviews indicate 42% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 50% had a rating of partially achieved, meaning at least of the applicable CFPSR items (4, 5 and 6) was rated as a strength. Nebraska continues to utilize the local service area and statewide CQI process and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state's most recent APSR.

**Permanency Outcome #2: The continuity of family relationships and connections is preserved for children.**

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

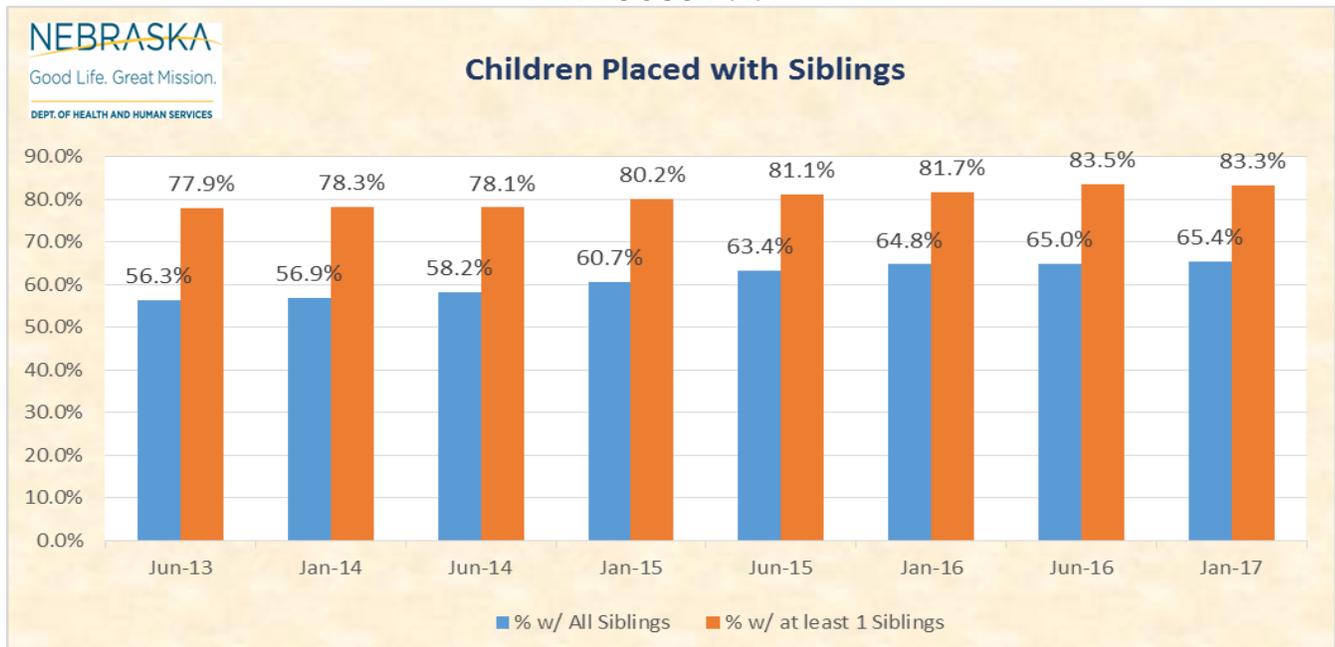
DCFS believes in the importance of keeping siblings together in foster care. DCFS has ongoing communications with contracted service providers to ensure efforts are made to place siblings together. During the most recent review, DCFS ensured siblings were placed together or justified the need to place siblings separately in 56 of 68 (82%) applicable cases. While the percentage for achievement for the tribes and the Central Service Area are the lowest in the state, it is important to note that these two areas had very low number of applicable cases for this item.



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

Information entered into N-FOCUS show a steady increase in placement with siblings for Nebraska over the past few years. In January 2017, 83% of children were placed with at least one of their siblings in foster care and 65% of children were placed with all of their siblings in foster care.

## N-FOCUS Data:



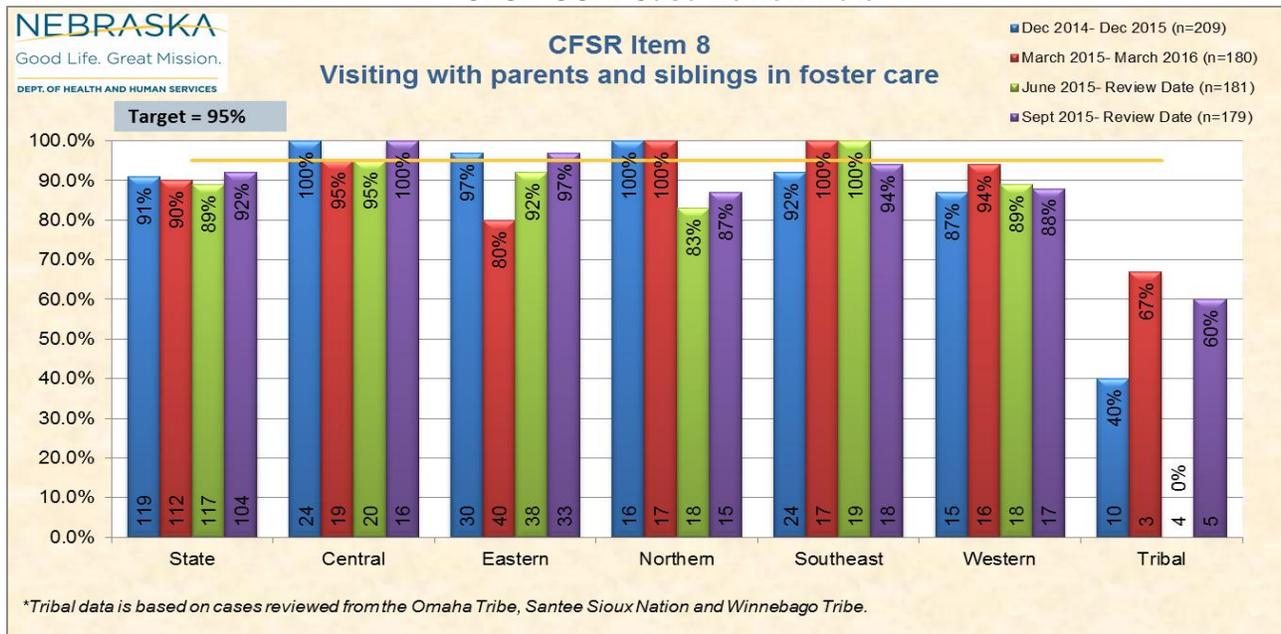
Data and feedback from stakeholders suggest the following:

- In the past year, Nebraska experienced change in state statute to allow more flexibility and exceptions to be made when necessary to ensure siblings are placed together. Prior to the statute change, large sibling groups were often difficult to place together due to the required limit in number of children placed in the same foster home.
- DCFS Contract Monitoring Team conducts ongoing monitoring and discussions with placement agencies to ensure efforts are made to place siblings together and support is provided to ensure placement stability and timely permanency for youth in foster care. Additional information regarding contract monitoring activities can be found in the Quality Assurance section of the statewide assessment.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

During the most recent internal CFSR review, DCFS ensured youth placed in foster care continued to have visits with their parents and siblings in 96 of 104 (92%) applicable cases. Service Area performance ranges from 60%-100% for this item. Nebraska has historically done a great job of ensuring visits are taking place between the child and parents and siblings in foster care but have struggled with documenting information on N-FOCUS regarding the quality of the visits.

## CFSR OSRI Case Review Data



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

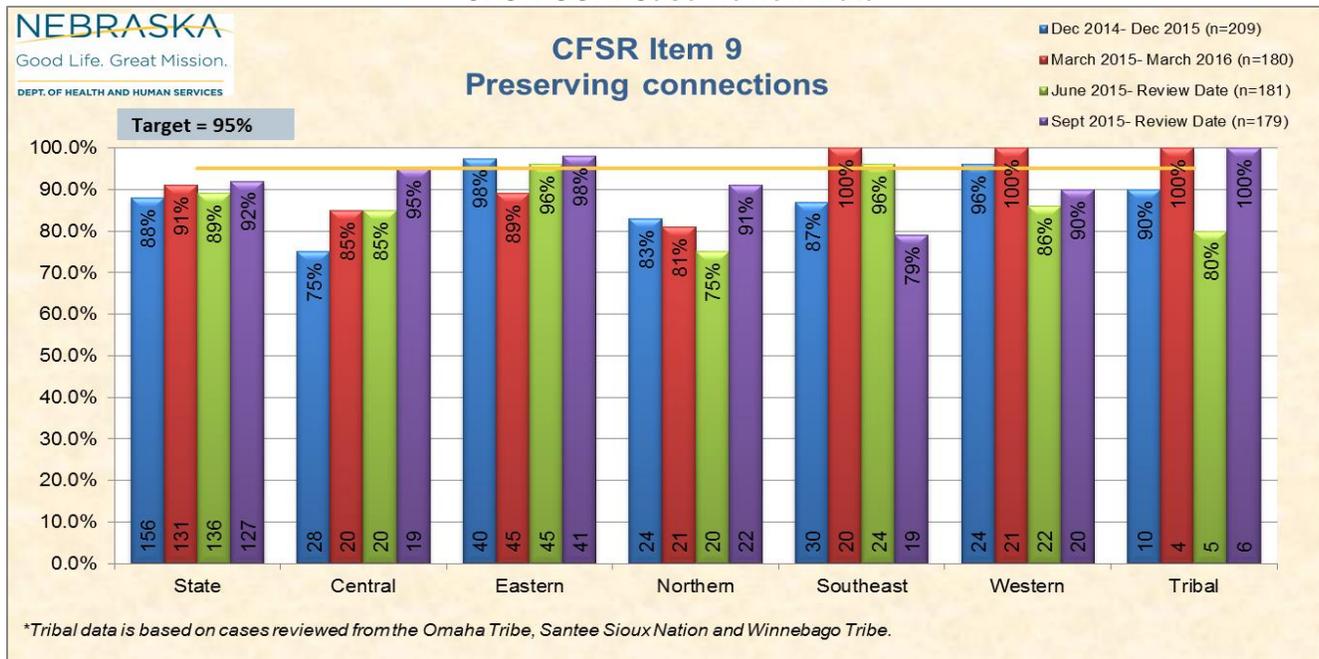
Data and feedback from stakeholders suggest the following:

- DCFS staff are utilizing N-FOCUS to document visitation plans and addressing the frequency of the visits.
- Documentation needs to include more details regarding the quality of the visits. This information should be documented in the reunification assessment and/or the court report.
- DCFS staff are making efforts to ensure visitation takes place between siblings when they are unable to be placed together while in foster care.
- Case managers need ongoing training and guidance around concerted efforts to engage the non-custodial parent. Policy memo was recently updated to include additional guidance for case managers.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

During the most recent internal CFSR review, DCFS made concerted efforts to preserve important connections for children in care in 117 of 127 (92%) applicable cases. The Eastern Service Area has done very well with this measure in the past 4 reviews. The other Service Areas have seen increases and decreases depending on the review period. The Service Areas often report making efforts to preserve the child's important connections, however the case managers struggle with documenting information on N-FOCUS regarding those efforts.

## CFSR OSRI Case Review Data



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

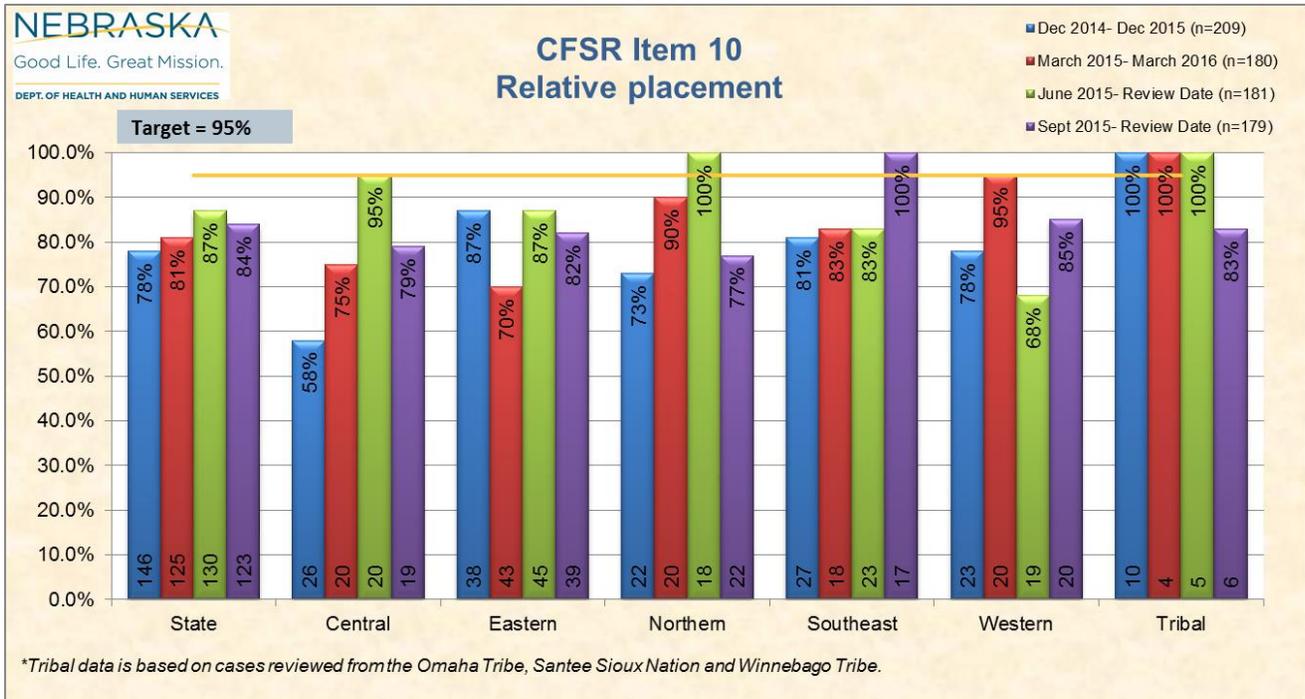
Data and feedback from stakeholders suggest the following:

- DCFS staff are making concerted efforts to maintain the child in the same school upon entry into foster care.
- DCFS staff are making concerted efforts to identify and preserve the child's connections with relatives and other kin.
- DCFS staff are making concerted efforts to identify and preserve the child's other important connections such as connections with the community, church or faith etc.
- DCFS staff received mandatory training to ensure ICWA compliance in applicable cases. Areas needing improvement have been identified through a separate ICWA compliance review process and strategies developed address identified needs.
- ICWA Program Coordinator and ICWA Champions in each Service Area are able to provide necessary support to other CFS staff to ensure ICWA compliance. Additional information regarding ICWA and Tribal cases can be found in the state's recent APSR.

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

During the most recent internal CFSR review, DCFS made concerted efforts to place children with their relatives in 103 of 123 (84%) applicable cases. In general, more children are being placed with relatives throughout the state.

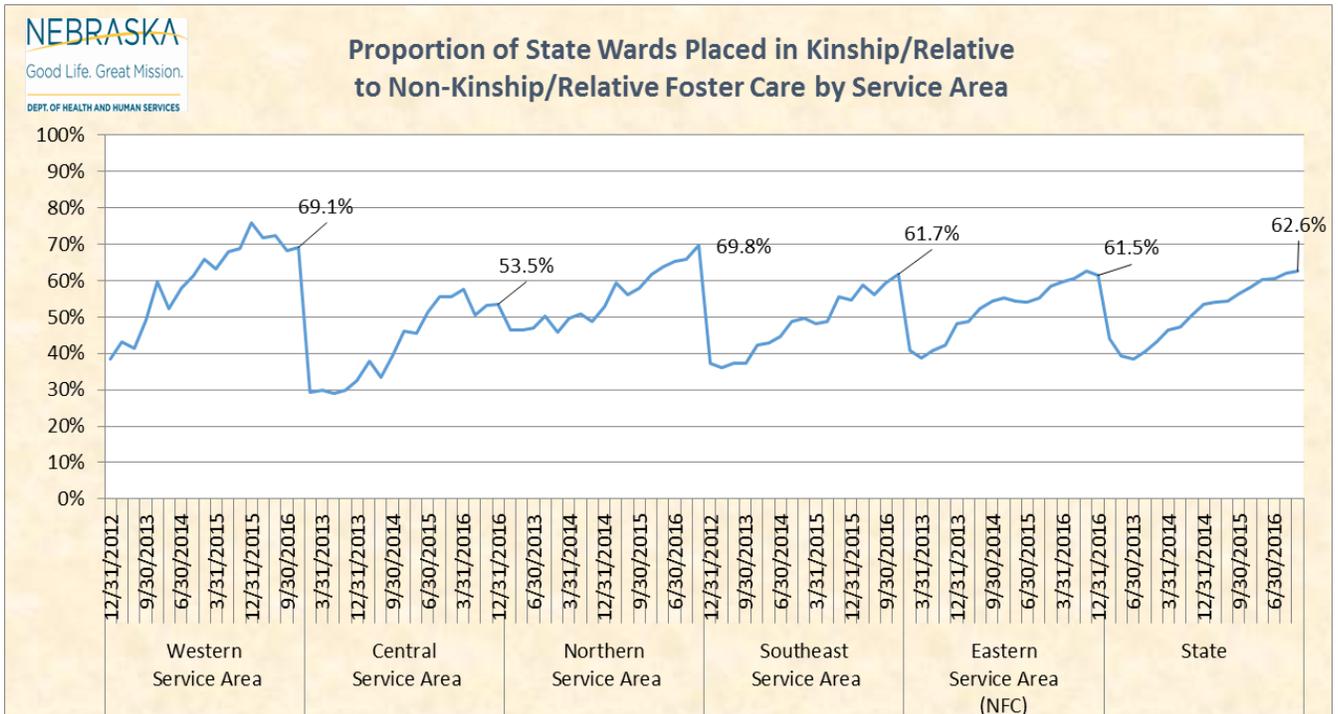
### CFSR OSRI Case Review Data

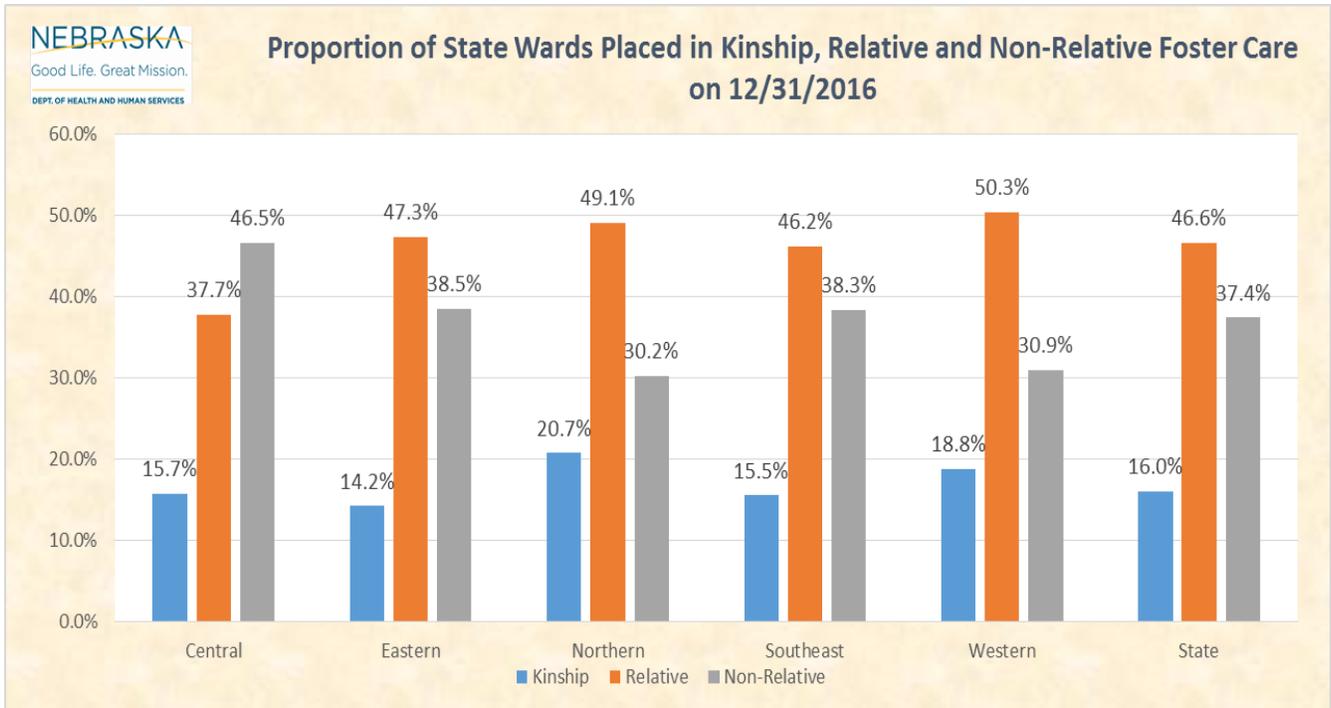


\*The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

According to N-FOCUS data, the Western Service Area is doing a great job of placing children in kinship and relative placements. N-FOCUS data from December 2016 show that over 60% of the children in foster care throughout the state are placed in a relative or kinship placement.

### N-FOCUS Data



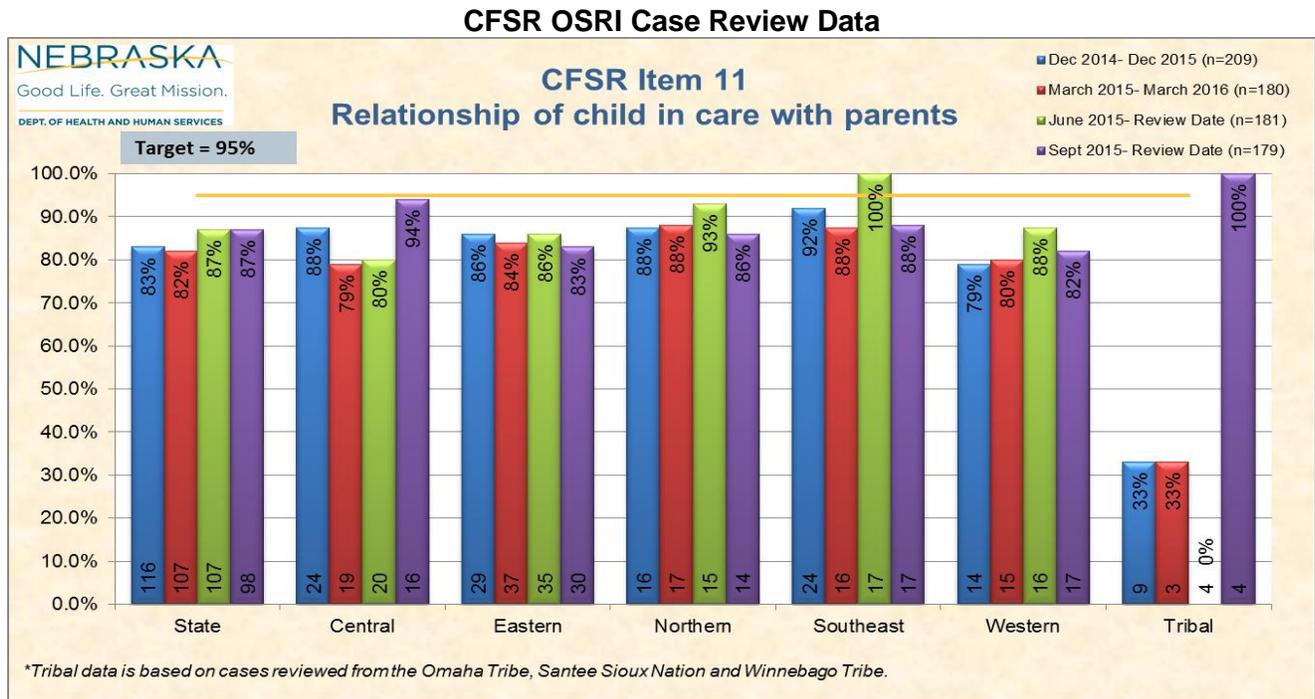


Data and feedback from stakeholders suggest the following:

- DCFS staff are doing a better job of identifying, locating, informing and evaluating relatives for potential placement at the initial removal and placement into foster care.
- DCFS staff need to continue to identify, locate, inform and evaluate relatives for potential placement especially when the child is unable to be placed initially with relatives or an initial placement with a relative is unable to be maintained.
- N-FOCUS changes have been made to allow for thorough and efficient documentation of relative searches, location, communication and evaluation.
- DCFS staff and contract monitoring team continue to work with foster care agencies and providers to ensure adequate support is provided to relatives in order to maintain placement stability for children in their care.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case

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

During the most recent internal CFSR review, DCFS made concerted efforts to preserve the relationship between the child in foster care and their parent(s) in 85 of 98 (87%) applicable cases. In general this item has seen an increase overall.



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

Data and feedback from stakeholders suggest the following:

- DCFS staff are utilizing N-FOCUS narratives to document concerted efforts to promote, support and maintain positive relationships between the child in foster care and his or her mother and father.
- Ongoing discussions and reminders are communicated to DCFS staff to address this area especially during ongoing Family Team Meetings with the child’s mother and father.
- Case managers need ongoing training and guidance around concerted efforts to engage the non-custodial parent. Policy memo was recently updated to include additional guidance for case managers.
- The Tribes experience barriers to timely documentation in the state’s information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

While Nebraska’s performance for Permanency Outcome #2 is below the federal standard of 95% for substantial conformity, the most recent CFSR case reviews indicate 89% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 9% had a rating of partially

achieved, meaning at least two of the applicable CFSR items (7, 8, 9, 10 or 11) was rated as a strength. Nebraska continues to utilize the local service area and statewide CQI process and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state's most recent APSR.

## C. Well-Being

### Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

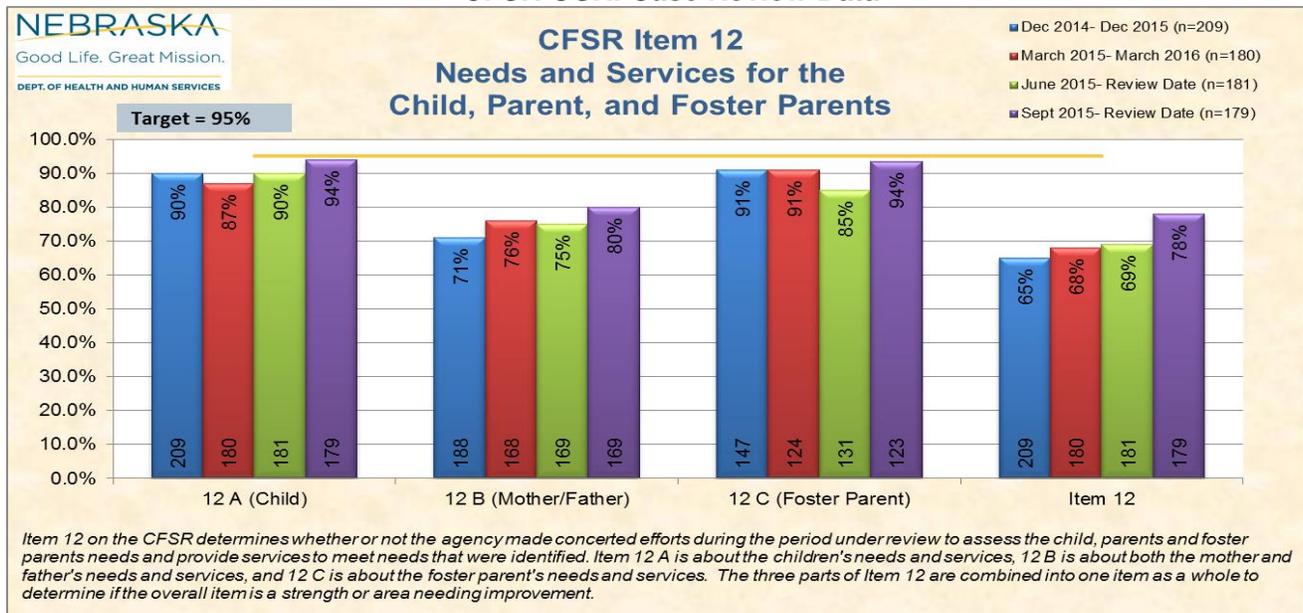
### State Response:

#### Well-Being Outcome #1: Families have enhanced capacity to provide for their children's needs.

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

During the most recent internal CFSR review, DCFS made concerted efforts to assess the needs and provide appropriate services for children, parents, and foster parents in 140 of 179 (78%) applicable cases. DCFS does very well with assessments and services for the child and foster parents but continues to struggle with needs assessment and services to the parents.

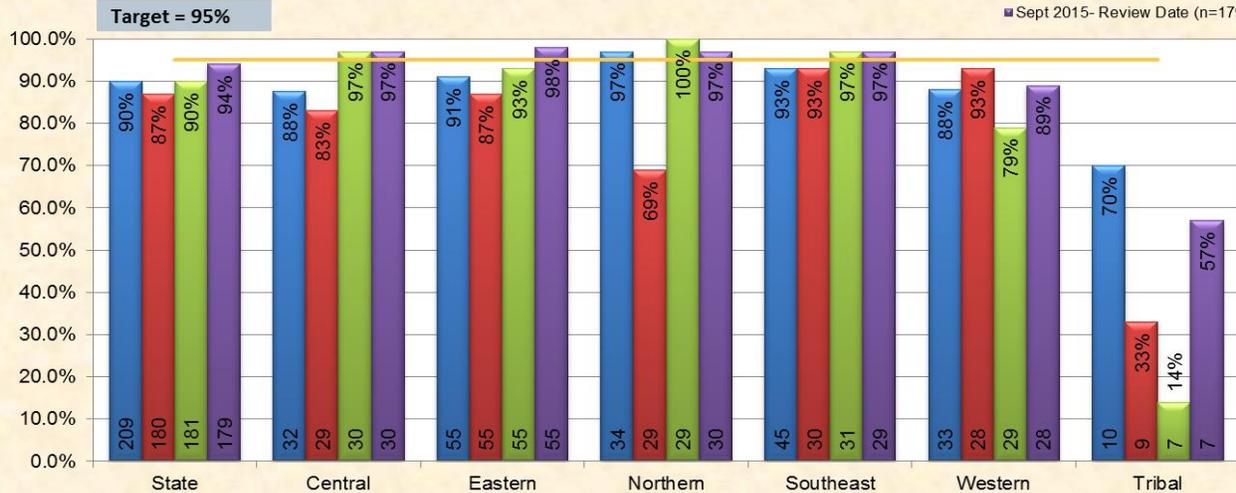
#### CFSR OSRI Case Review Data



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

### CFSR Item 12a Needs and services of child

■ Dec 2014- Dec 2015 (n=209)  
■ March 2015- March 2016 (n=180)  
■ June 2015- Review Date (n=181)  
■ Sept 2015- Review Date (n=179)

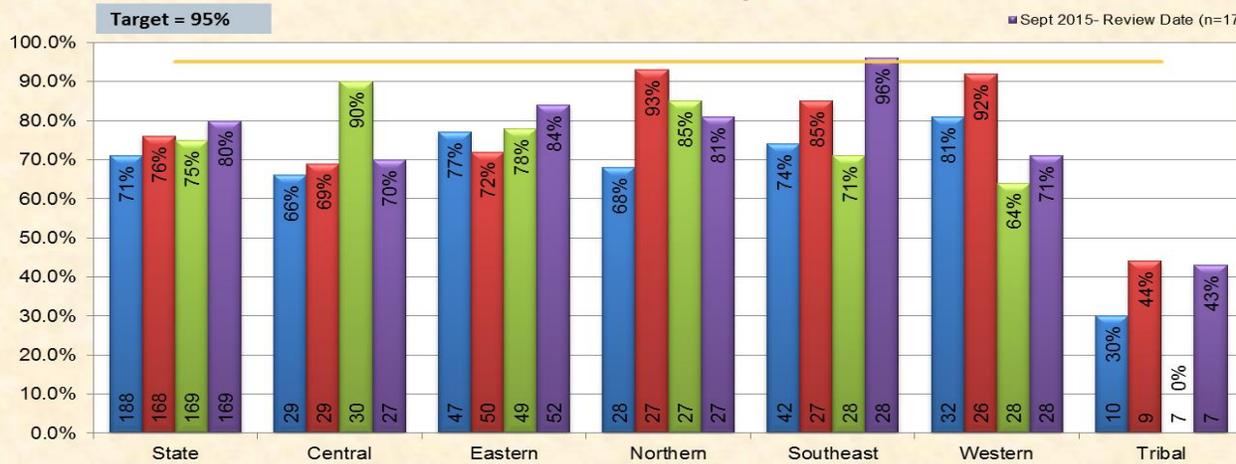


\*Tribal data is based on cases reviewed from the Omaha Tribe, Santee Sioux Nation and Winnebago Tribe

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

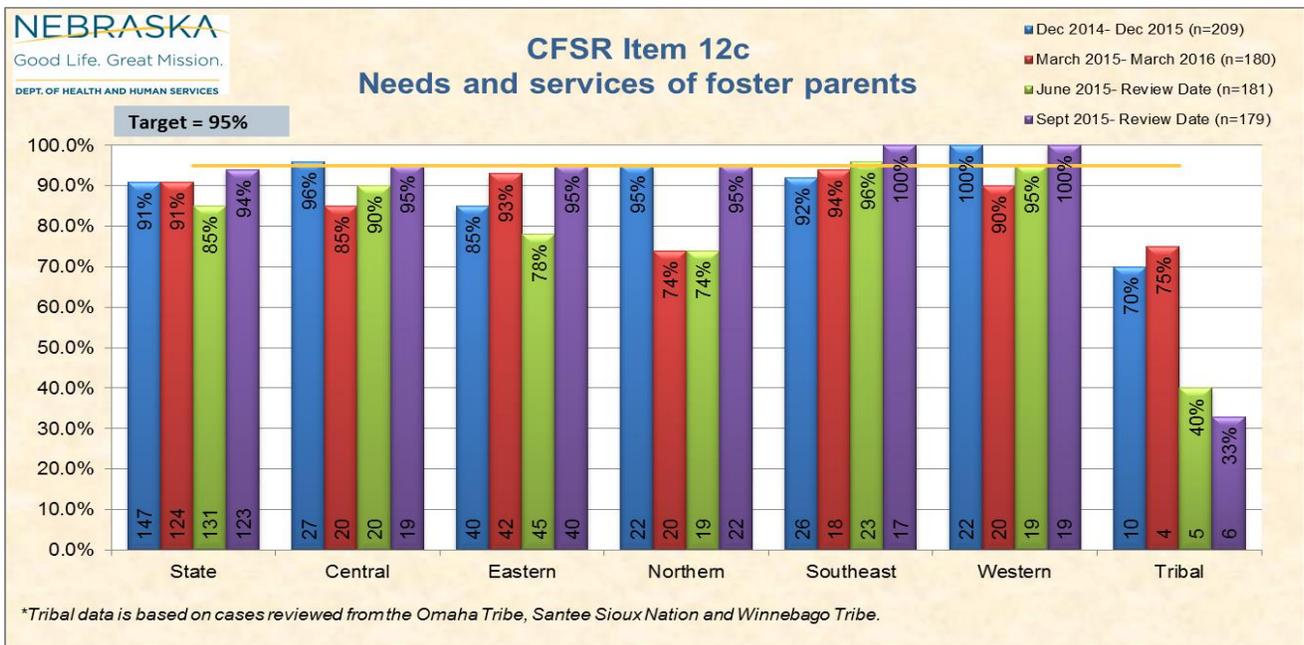
### CFSR Item 12b Needs and services of parents

■ Dec 2014- Dec 2015 (n=209)  
■ March 2015- March 2016 (n=180)  
■ June 2015- Review Date (n=181)  
■ Sept 2015- Review Date (n=179)



\*Tribal data is based on cases reviewed from the Omaha Tribe, Santee Sioux Nation and Winnebago Tribe.

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



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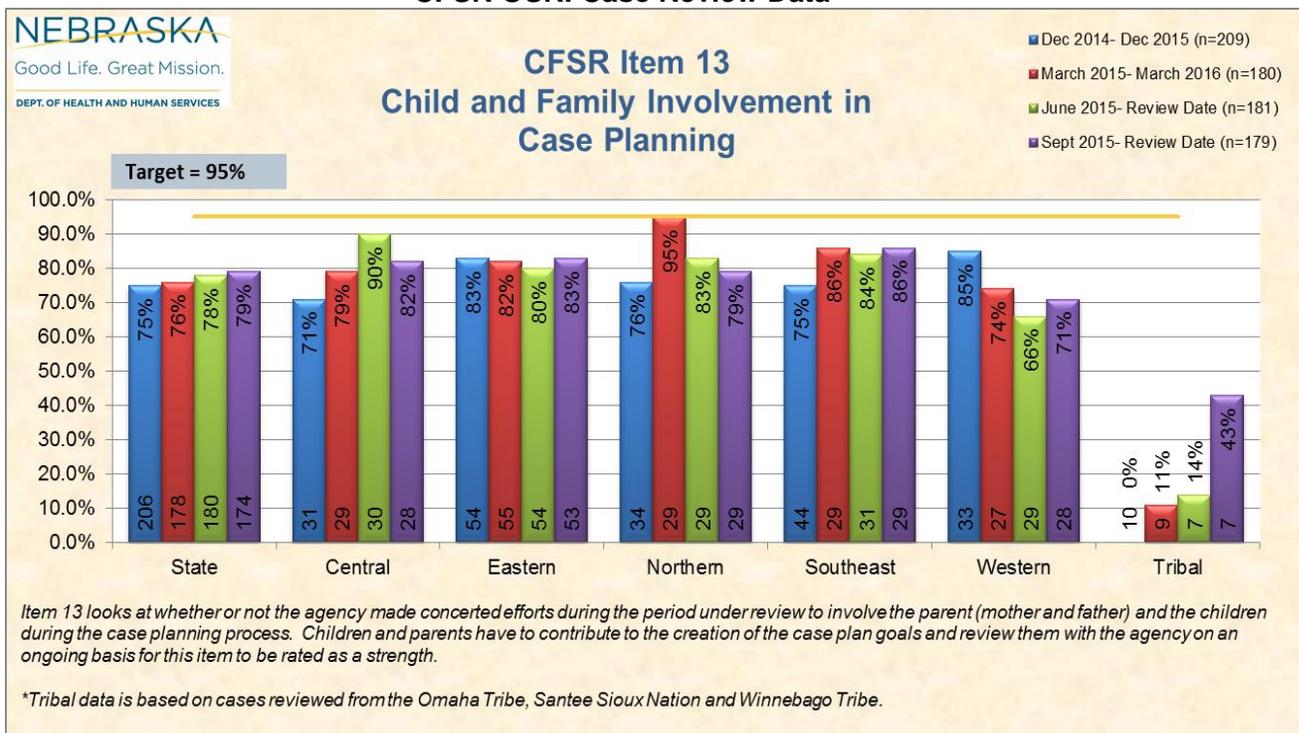
Data and feedback from stakeholders suggest the following:

- Initial and ongoing assessments of needs for the child, the child’s mother (custodial parent) and the foster parents are being conducted.
- Case managers need ongoing training and guidance around concerted efforts to engage the non-custodial parent (in most cases, the non-custodial parent is the child’s father). Policy memo was recently updated to include additional guidance for case managers.
- The Tribes experience barriers to timely documentation in the state’s information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

During the most recent internal CFCSR review, DCFS made concerted efforts to actively involve children and parents in case planning in 137 of 174 (79%) applicable cases.

## CFSR OSRI Case Review Data



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

Data and feedback from stakeholders suggest the following:

- Family Team Meetings and case manager face to face contacts with children and parents are being utilized as modes to involve children and parents in case planning.
- Documentation typically supports efforts to involve the parent(s) with whom the child resides for in-home cases.
- For Out of Home cases, the documentation typically supports efforts to involve the parent(s) that the child was removed from and with whom the agency is working toward reunification (in most cases, this is the child's mother).
- Case managers need ongoing training and guidance around concerted efforts to engage the non-custodial parent (in most cases, the non-custodial parent is the child's father). Policy memo was recently updated to include additional guidance for case managers.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

During the most recent review, DCFS maintained visits with children that were of sufficient frequency and quality in 141 of 179 (79%) applicable cases. The State has seen a gradual increase in performance on this item.

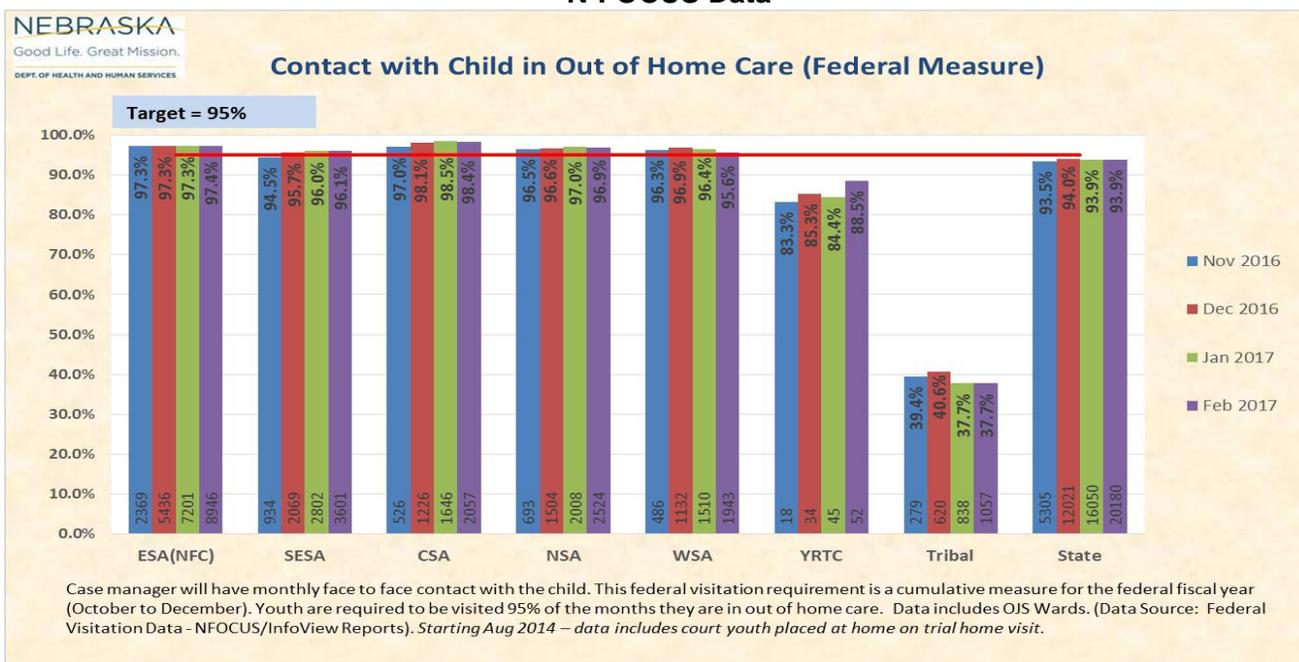
## CFSR OSRI Case Review Data



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

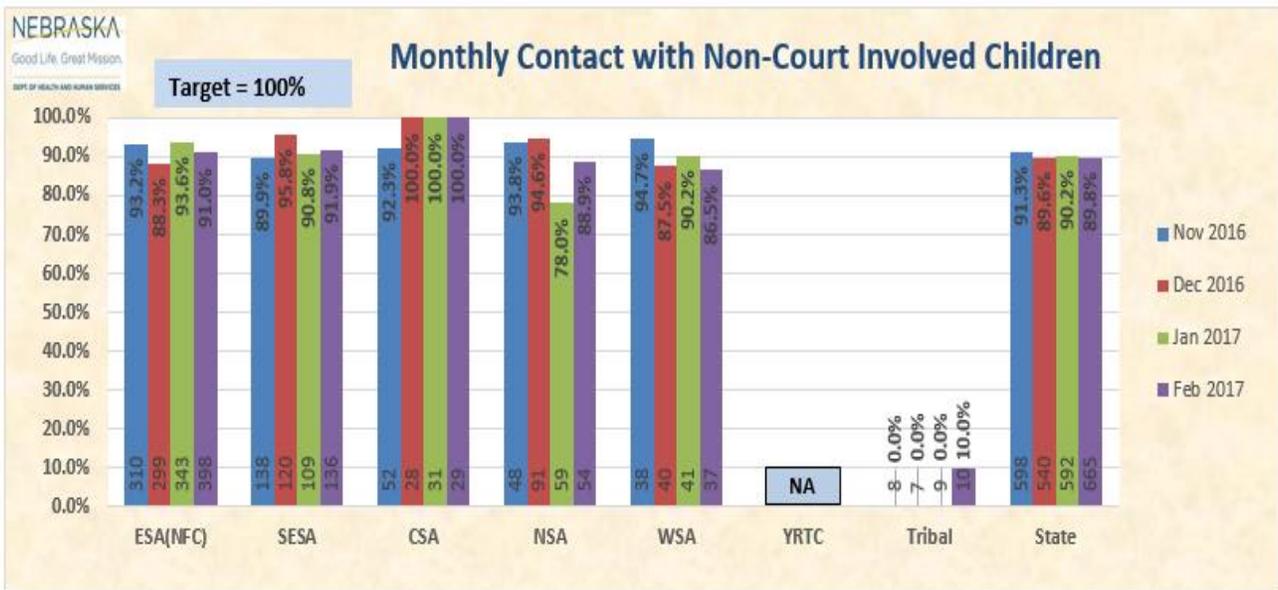
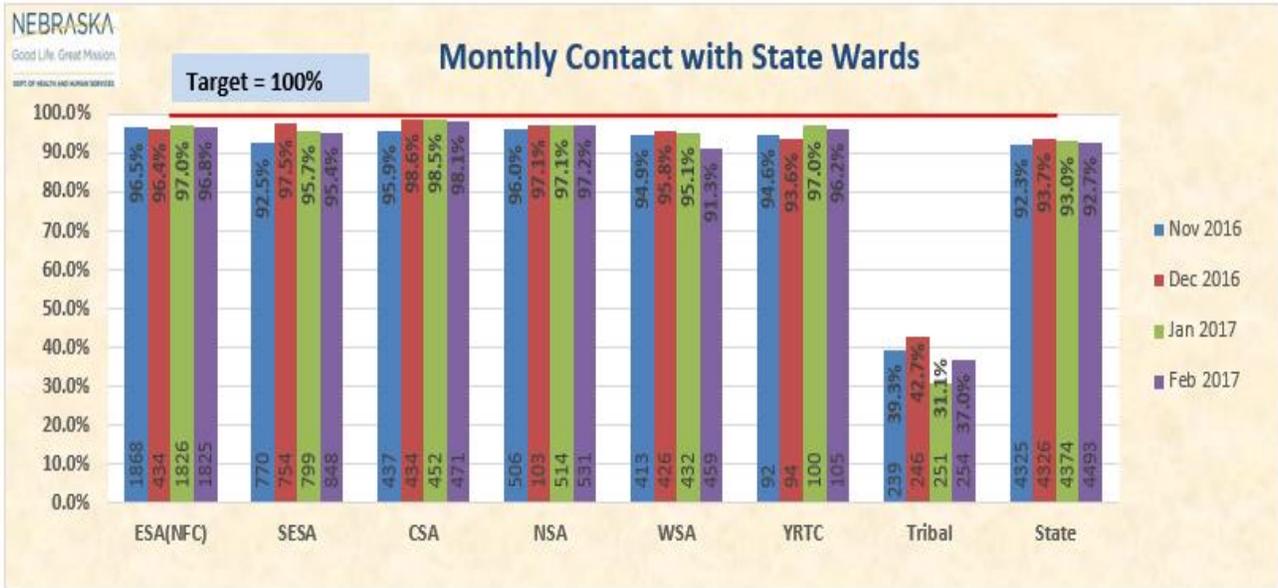
The current federal goal for contact with children in out-of-home care is 95%. As of February 2017, the state performance is at 93.9%, which is below the target goal. Performance is 95% and above for all Service Areas except for 37.7% for tribal cases and 84.4% for youth placed in the YRTC.

## N-FOCUS Data



\*The number on the bottom of each bar is the number of applicable months in out of home care. The percentage is the percent of applicable months in which a contact was made with a child in out of home care.

N-FOCUS Data indicate that case managers met with 92.7% of state wards and 89.9% of children in non-court cases during the month of February 2017.



Data and feedback from stakeholders suggest the following:

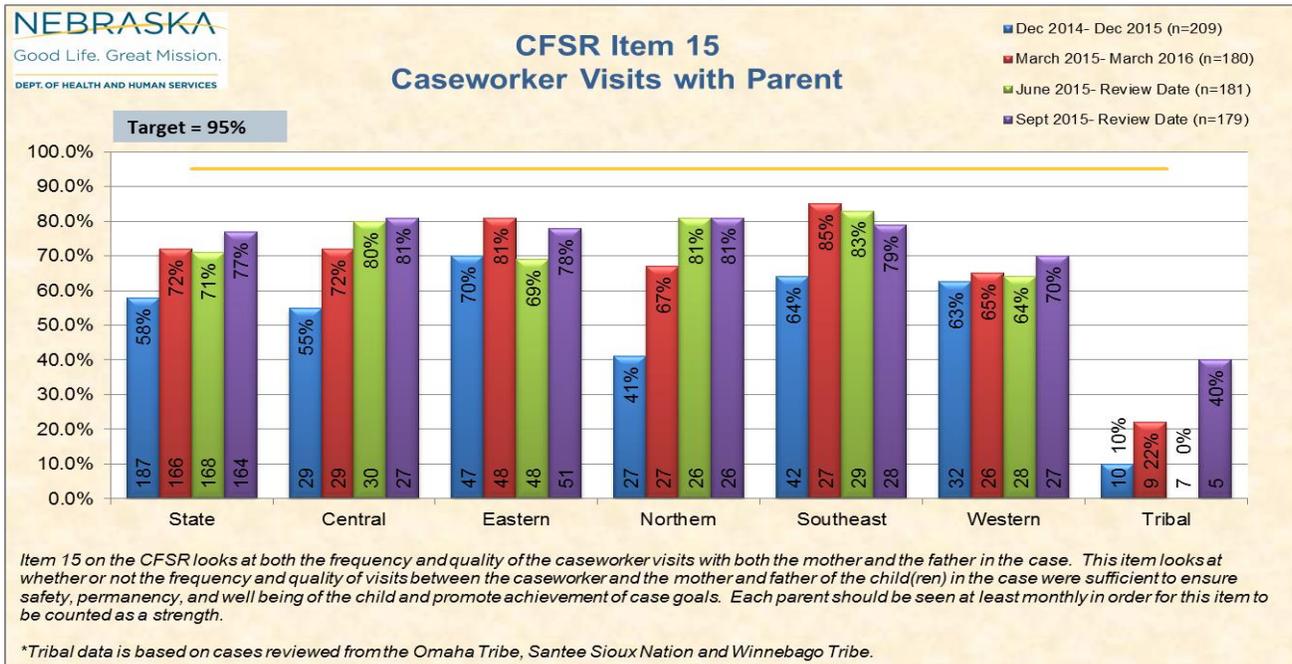
- Frequency of contact with the youth is an area of strength for DCFS case managers. Case managers continue to utilize the Case Management Due Date Report to ensure monthly child contacts are taking place with the child each month.
- The quality of visits between the case manager and the youth is an area needing improvement.
  - Efforts are being made to address documentation barriers:

- Case managers are using Dragon Speak to document contacts with the child and family.
  - Changes have been made in N-FOCUS to make it easier to document contacts for multiple children at the same time.
  - Ongoing training and quick tips are made available to case managers to address quality of the contacts with the child as well as efficient documentation of each contact that reflects active participation by the youth in case discussions.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

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

During the most recent review, DCFS maintained visits with parents that were of sufficient frequency and quality in 126 of 164 (77%) applicable cases.

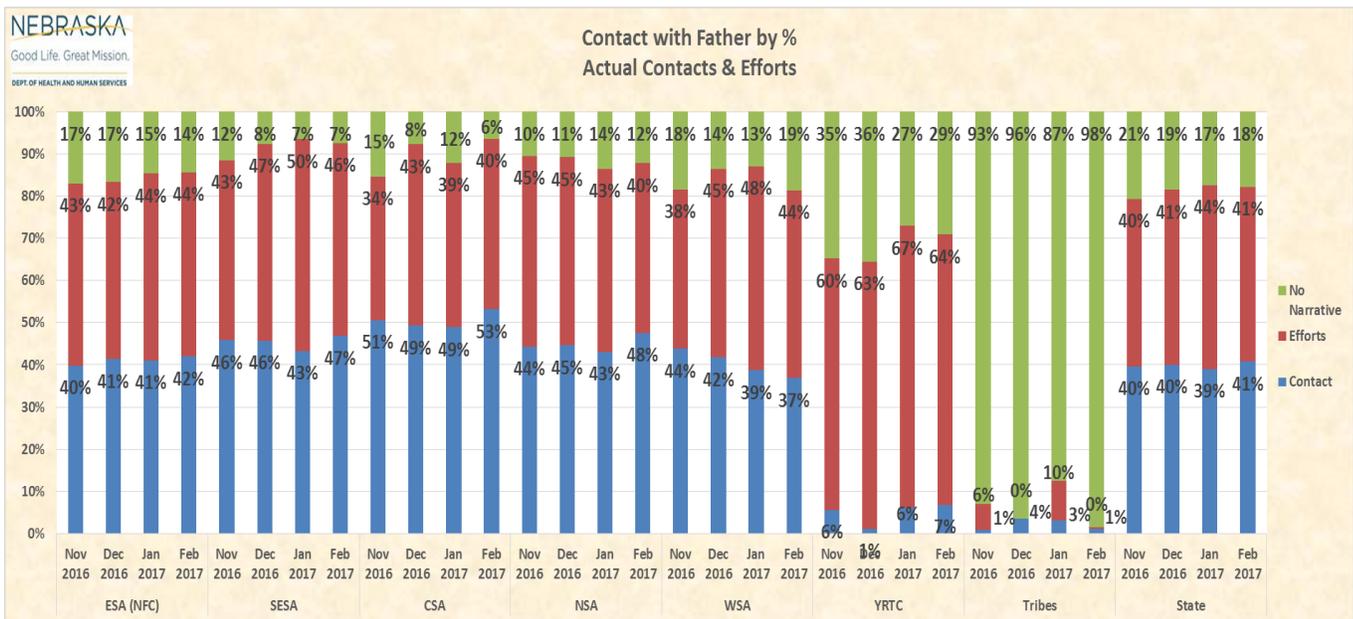
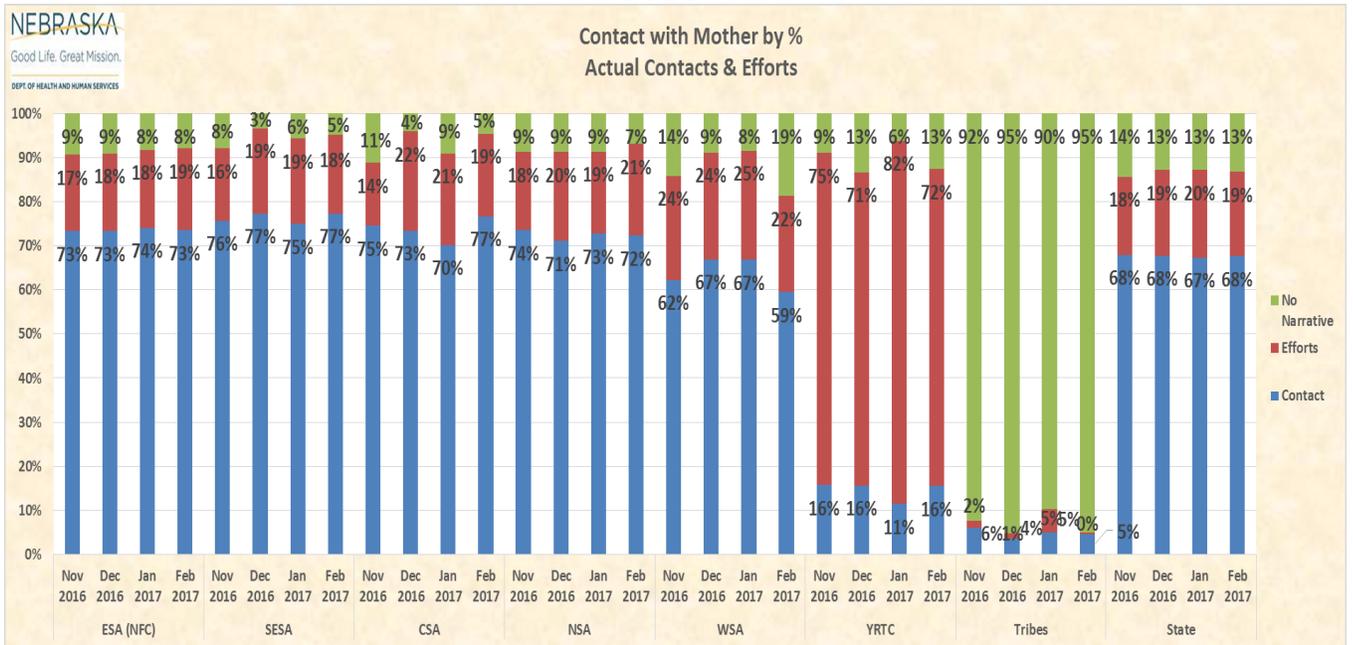
**CFSR OSRI Case Review Data**



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

According to N-FOCUS data, the case manager is having face to face contacts each month with 68% of the mothers and 41% of the fathers whose rights are in-tact and continue to be involved in the child’s life. There are no documentation of contacts or efforts to contact approximately 13% of the mothers and 18% of the father’s whose rights are in-tact and who should be engaged in the case.

## N-FOCUS Data



Data and feedback from stakeholders suggest the following:

- Case managers are increasing efforts and documentation of those efforts to contact parents on a monthly basis.
- Case managers need ongoing training and guidance regarding non-custodial parent engagement and efforts needed to ensure ongoing relationship with the child. Policy memo was recently updated to include additional guidance for case managers.

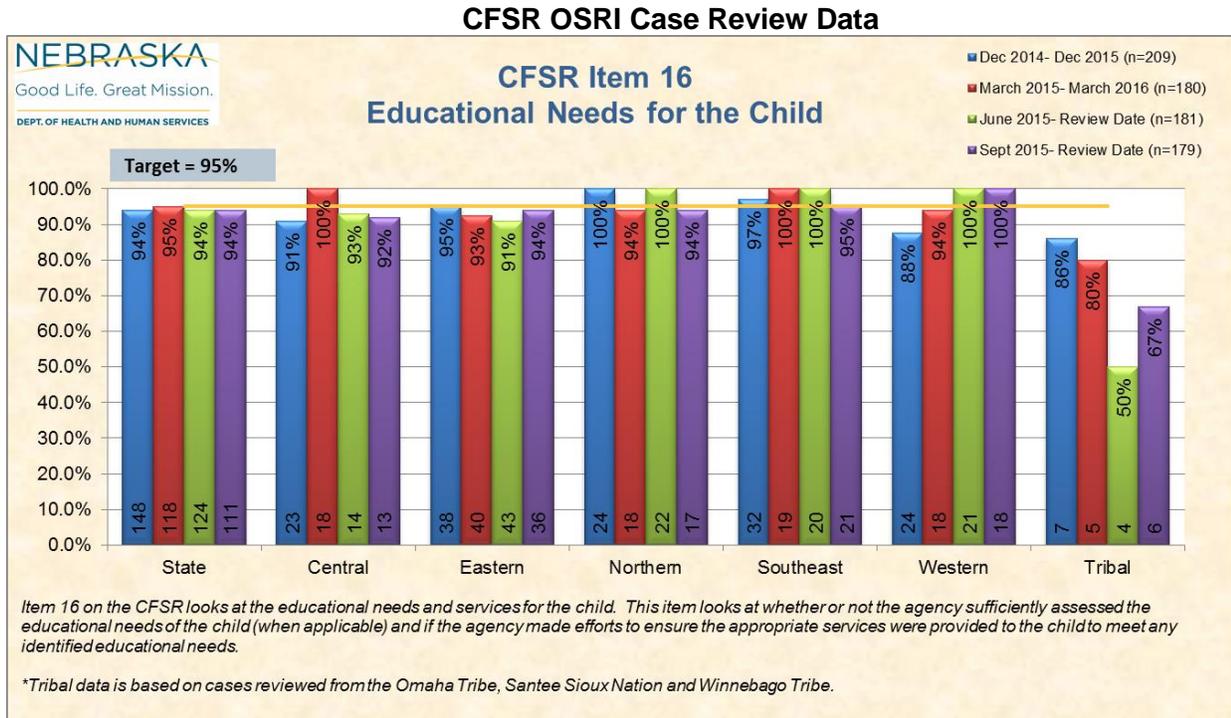
- The quality of visits between the case manager and the mother and/or father is an area needing improvement.
  - Efforts are being made to address documentation barriers:
    - Case managers are using Dragon Speak to document contacts with the parents.
    - Changes have been made in N-FOCUS to make it easier to document parental rights and contacts with the parents.
  - Ongoing training and quick tips are made available to case managers to address quality of the contacts with the parents as well as efficient documentation of each contact that reflects active participation by the parent in case discussions.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case.

While Nebraska's performance for Well-Being outcome #1 is below the federal standard of 95% for substantial conformity, the most recent CFSSR case reviews indicate 72% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 21% had a rating of partially achieved for this outcome. Only 8% of the cases that were reviewed were rated as areas needing improvement on all applicable items (12-15). Nebraska continues to utilize the local service area and statewide CQI process and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state's most recent APSR.

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

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

During the most recent CFSSR review, DCFS made concerted efforts to assess the educational needs of children and provide appropriate services in 104 of 111 (94%) applicable cases.



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

Data and feedback from stakeholders suggest the following:

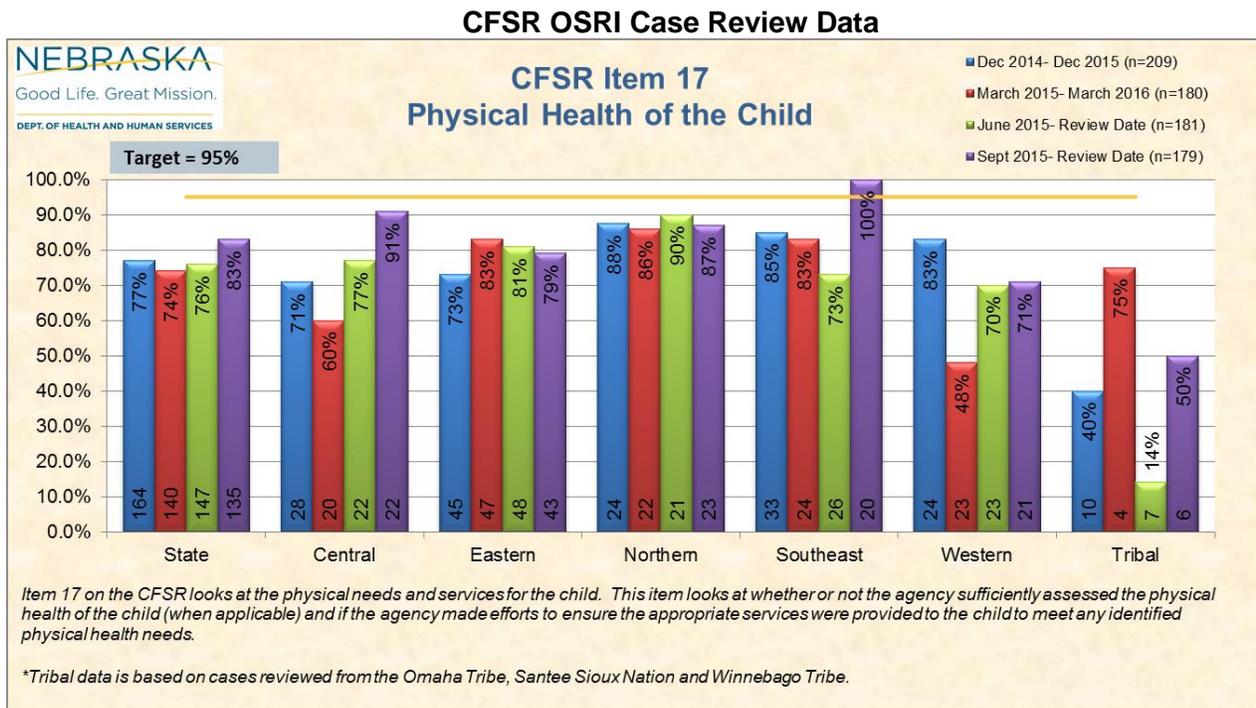
- DCFS is making concerted efforts to assess the educational needs of children either informally or in conjunction with the school or daycare.
- DCFS is making concerted efforts to ensure appropriate services are provided to meet all identified needs, typically in conjunction with the school.

Nebraska’s performance for Well-Being outcome #3 is just below the federal standard of 95% for substantial conformity. The most recent CFSSR case reviews indicate 94% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 2% had a rating of partially achieved which means that while the item was rated as an area needing improvement, at least one of the two sub questions within the item was answered “Yes” or supported concerted efforts by DCFS.

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

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

DCFS has the responsibility to ensure that the medical/physical and dental health needs of children/youth are addressed and the necessary monitoring and management of medication occurs, paying special attention to psychotropic medications. During the most recent review, DCFS made concerted efforts to assess the physical health needs of children and provide appropriate services in 112 of 135 (83%) applicable cases



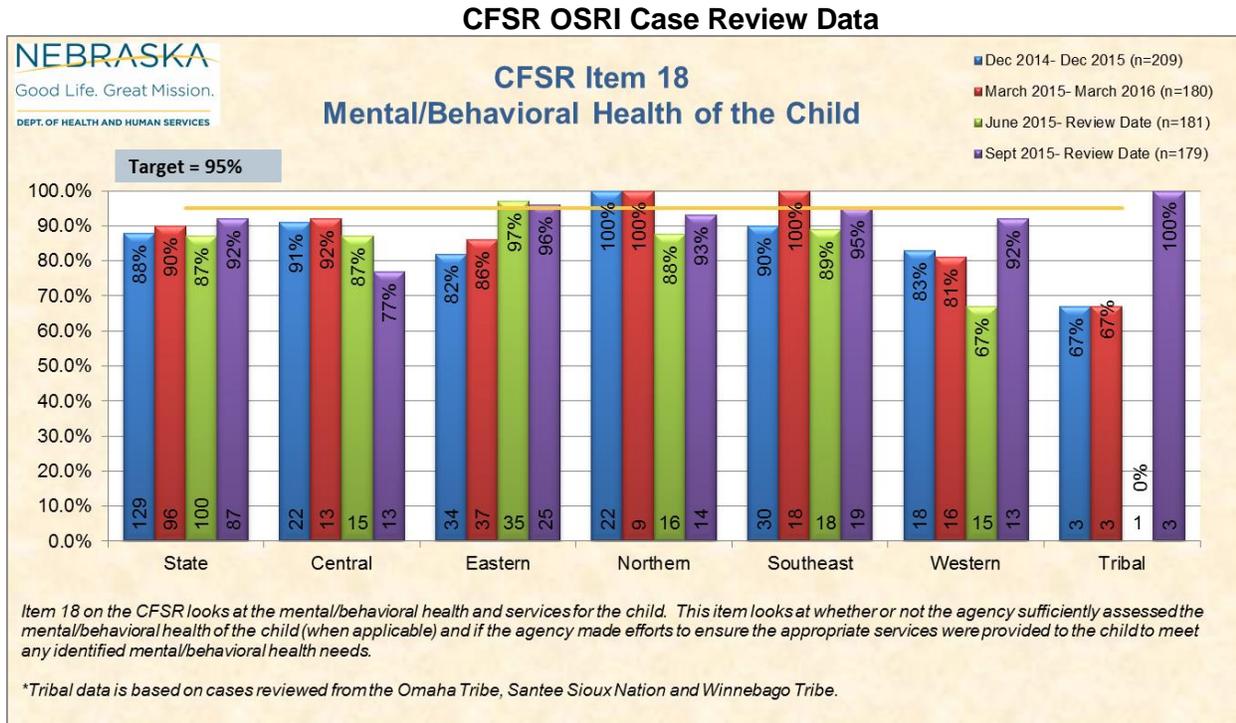
\*The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item.

Data and feedback from stakeholders suggest the following:

- DCFS is making concerted efforts to formally and/or informally assess the physical health needs on an ongoing basis.
- DCFS is providing appropriate oversight of prescription medications for mental and behavioral health issues.
- DCFS is needs to further explore and address barriers to assessing and providing appropriate services to address children’s dental health needs.
- DCFS is working with foster care providers to ensure assessments are completed timely and services are provided for the children in foster care as needed.
- DCFS is also working with the foster care providers to include information regarding the child’s physical and dental health assessments and services in the monthly provider reports submitted to DCFS.

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

DCFS has the responsibility to ensure that behavioral and mental health needs of children/youth are addressed and the necessary monitoring and management of medication occurs, paying special attention to psychotropic medications. During the most recent review, DCFS made concerted efforts to assess the mental/behavioral health needs of children and provide appropriate services in 80 of 87 (92%) applicable cases.



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

Data and feedback from stakeholders suggest the following:

- DCFS is making concerted efforts to formally and/or informally assess the child’s mental/behavioral health needs on an ongoing basis.
- DCFS is providing appropriate oversight of prescription medications for mental and behavioral health issues.
- DCFS is needs to further explore and address barriers to providing appropriate services to address children’s mental/behavioral health needs.
- DCFS is working with foster care providers to ensure services are provided for the children in foster care as needed and that information regarding the child’s behavioral and mental health assessments and services are included in the monthly provider reports submitted to DCFS.

While Nebraska’s performance for Well-Being outcome #3 is below the federal standard of 95% for substantial conformity, the most recent CFSR case reviews indicate 81% of the cases reviewed had a rating of substantially achieved for this outcome while an additional 7% had a rating of partially achieved, meaning at least one of the applicable CFSR items (17 or 18) was rated as a strength.

Nebraska continues to utilize the local service area and statewide CQI process and activities to develop, implement and evaluate strategies to address identified barriers for this outcome. Additional information regarding barriers and strategies for improvement can be found in the state's most recent APSR.

## Section IV: Assessment of Systemic Factors

## A. Statewide Information System

### Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

### State Response

**45 CFR 1355.34 (c) (1) Statewide/Tribal information system:** The State/Tribal title IV-E agency is operating a statewide/Tribal information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care (section (422)(b)(8)(A)(i) of the Act).

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

Nebraska's AFCARS files include data extract from N-FOCUS such as removal status, demographic characteristics, location, and goals for every child in foster care. AFCARS data quality reports provide the number of records with missing data. The DCFS 2016B AFCARS submission had no elements with error rates above 5.5%. The threshold for an AFCARS penalty is 10%. The FFY 2016 data compliance report provided the following error rates on AFCARS elements that are pertinent to CFSR Item 19.

The FFY 2016 data compliance report	
AFCARS Elements	Error Rate
Date of Birth:	0%
Gender/Sex:	0%
Race:	2.79%
First Removal Date:	0%
Last Discharge Date:	0%
Latest Removal:	0%
Current Placement:	0%
Out of State:	0%
Most Recent Permanency Goal:	2.97%

The following tables contain data from the Nebraska AFCARS Information for the period of October 1, 2015 – September 30, 2016. This information is readily available and easily extracted from the state’s information system.

- Gender of Youth in Care
- Age of Entry for Youth in Care
- Geographic Location of Youth in Care
- Youth in Care- Current Placement Setting
- Case Plan Goal for Youth in Care and those Previously in Care
- Discharge Reason
- Counts of Youth in Various Placements During Period

**Gender of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Gender	Frequency	Percent
Male	3327	51.2%
Female	3177	48.8%
Total	6504	100.0%

**Gender of Youth in Care**

Youth in Care on 09/30/2016		
Gender	Frequency	Percent
Male	2183	51.5%
Female	2052	48.5%
Total	4235	100.0%

**Entry Age of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Entry Age	Frequency	Percent
0	976	15.0%
1	514	7.9%
2	447	6.9%
3	368	5.7%
4	341	5.2%
5	377	5.8%
6	379	5.8%
7	327	5.0%
8	314	4.8%
9	299	4.6%
10	289	4.4%
11	277	4.3%
12	294	4.5%
13	279	4.3%
14	276	4.2%
15	259	4.0%
16	256	3.9%
17	194	3.0%
18	16	0.2%
19	21	0.3%
20	1	0.0%
Total	6504	100.0%

**Entry Age of Youth in Care**

Youth in Care on 09/30/2016		
Entry Age	Frequency	Percent
0	612	14.5%
1	336	7.9%
2	287	6.8%
3	230	5.4%
4	218	5.1%
5	264	6.2%
6	249	5.9%
7	211	5.0%
8	213	5.0%
9	205	4.8%
10	194	4.6%
11	185	4.4%
12	185	4.4%
13	196	4.6%
14	179	4.2%
15	174	4.1%
16	169	4.0%
17	101	2.4%
18	8	0.2%
19	18	0.4%
20	1	0.0%
Total	4235	100.0%

**Geographic Location of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Location	Frequency	Percent
Central	676	10.4%
Eastern	2813	43.3%
Northern	1208	18.6%
Southeast	1167	17.9%
Western	640	9.8%
Total	6504	100.0%

**Current Placement Setting of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Placement	Frequency	Percent
Adoptive Home	560	8.6%
Relative Foster Home	1785	27.4%
Non-relative Foster Home	1889	29.0%
Group Home	140	2.2%
Institution	165	2.5%
Independent Living	196	3.0%
Runaway	50	0.8%
Trial Home Visit	1718	26.4%
Missing Placement Data	1	0.0%
Total	6504	100.0%

**Case Plan Goal of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Goal	Frequency	Percent
Reunification	4029	61.9%
Adoption	1129	17.4%
Emancipation/IL	345	5.3%
Guardianship	476	7.3%
Case Plan Goal Not Yet Established	317	4.9%
No Case Plan Goal	208	3.2%
Total	6504	100.0%

**Discharge Reason of Youth in Care**

Youth in care 10/01/2015 to 09/30/2016 (including youth who exited during this time)		
Discharge Reason	Frequency	Percent
Still in Care	4235	65.1%
Reunification	1356	20.8%
Adoption	485	7.5%
Emancipation/IL	146	2.2%
Guardianship	235	3.6%
Transfer to Another Agency	44	0.7%
Runaway	2	0.0%
Death	1	0.0%
Total	6504	100.0%

**Geographic Location of Youth in Care**

Youth in Care on 09/30/2016		
Location	Frequency	Percent
Central	434	10.2%
Eastern	1934	45.7%
Northern	758	17.9%
Southeast	692	16.3%
Western	417	9.8%
Total	4235	100.0%

**Current Placement Setting of Youth in Care**

Youth in Care on 09/30/2016		
Placement	Frequency	Percent
Adoptive Home	220	5.2%
Relative Foster Home	1424	33.6%
Non-relative Foster Home	1632	38.5%
Group Home	108	2.6%
Institution	131	3.1%
Independent Living	75	1.8%
Runaway	35	0.8%
Trial Home Visit	609	14.4%
Missing Placement Data	1	0.0%
Grand Total	4235	100.0%

**Case Plan Goal of Youth in Care**

Youth in Care on 09/30/2016		
Goal	Frequency	Percent
Reunification	2739	64.7%
Adoption	640	15.1%
Emancipation/IL	179	4.2%
Guardianship	279	6.6%
Case Plan Goal Not Yet Established	289	6.8%
No Case Plan Goal	109	2.6%
Total	4235	100.0%

**Discharge Reason of Youth in Care**

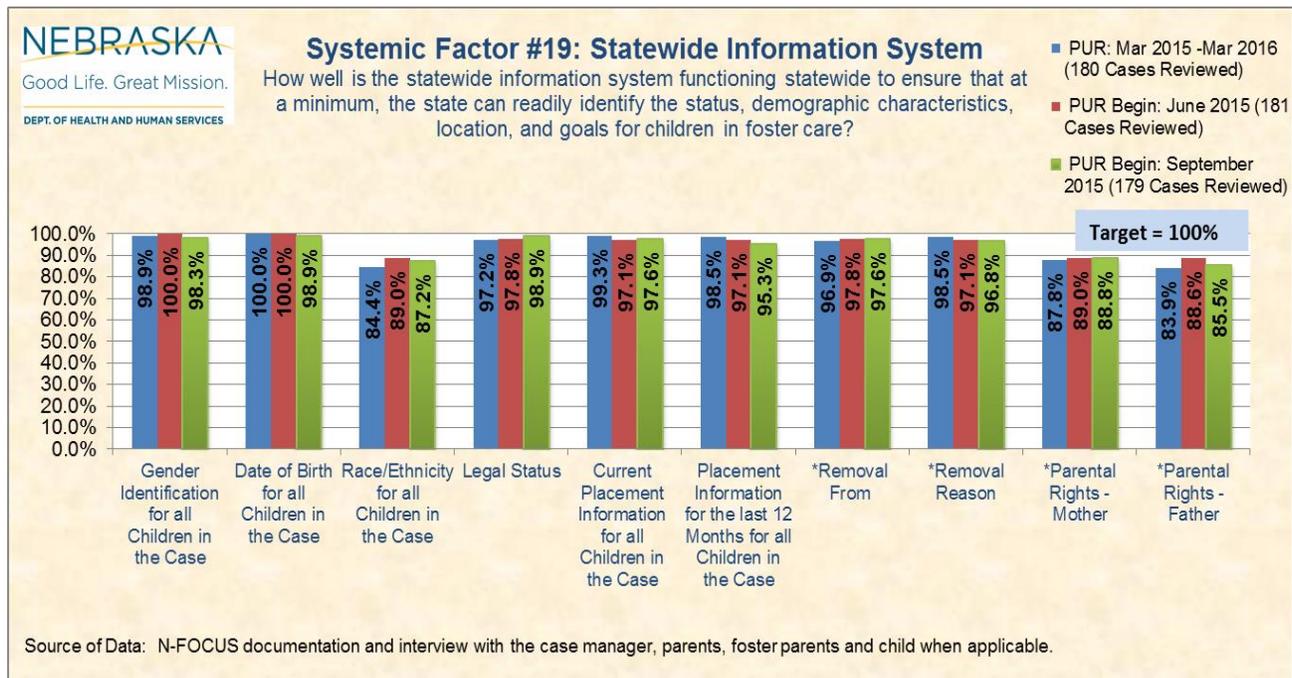
Youth in Care on 09/30/2016		
Discharge Reason	Frequency	Percent
Still in Care	4235	100.0%
Total	4235	100.0%

In addition to ensuring information is readily available and accessible in the State’s Information system, DCFS also takes additional steps to validate and ensure accuracy of the information entered into the system. The Nebraska quality assurance (QA) team conducts ongoing reviews to ensure accuracy of specific information documented in N-FOCUS. The QA reviewers conduct approximately 180 case reviews per quarter to ensure accuracy of information in N-FOCUS. The reviewers utilize other case information documented in N-FOCUS as well as information gathered from interviews conducted with the case manager and other case participants (parents, youth and foster parents) to verify accuracy of the following information:

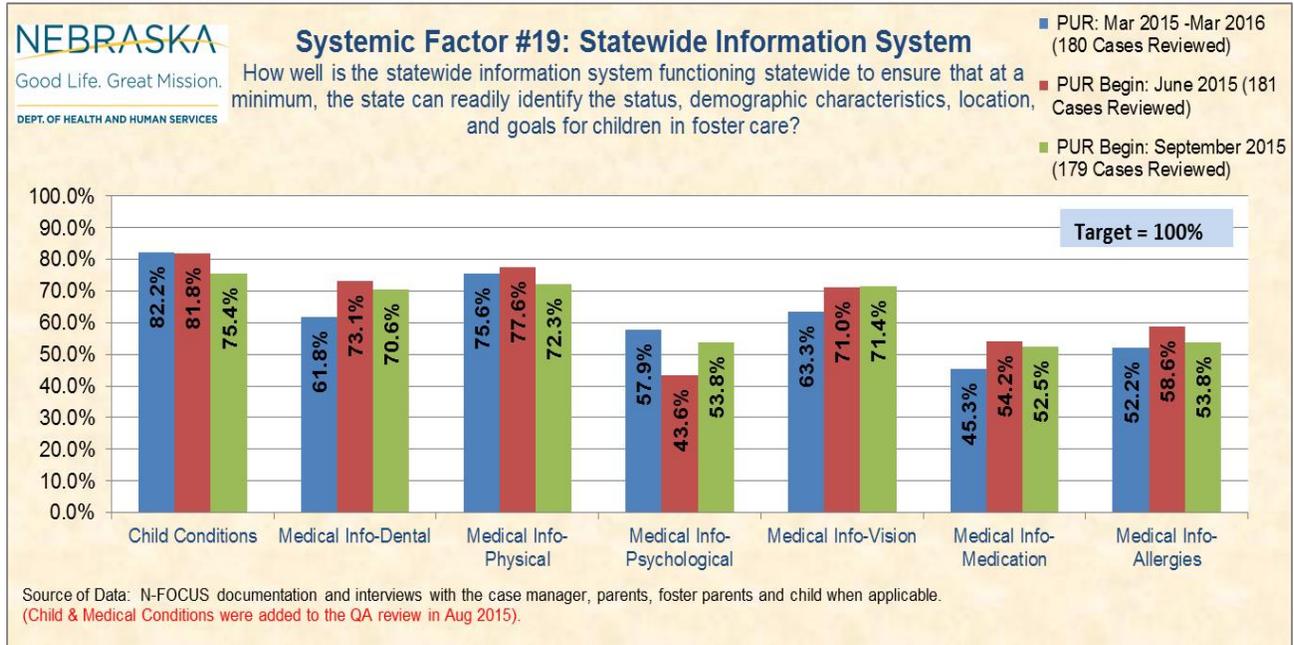
- Gender identification for all children
- Date of birth for all children
- Race and ethnicity for all children
- Current placement for all children
- Placement information for the last 12 months for all children
- Legal status information
- Removal from parent information
- Removal reason information
- Parental rights information - mother
- Parental rights information – father
- Child diagnosis/conditions
- Child medical Information: Dental, Physical, Psychological, Vision, Medication and Allergies

The following charts contain results from the QA reviews to verify accuracy of data entered into the statewide information system (N-FOCUS).

**Chart #1: Child Demographic and Parental Rights Information**



## Chart #2: Child Conditions and Medical Conditions Information



Data from the last 3 QA reviews indicate accuracy of information needs to be addressed in the following demographic areas (See Chart #1):

- Race and Ethnicity Identification (87.2%)
- Parental Rights Information-Mother (88.8%)
- Parental Rights Information-Father (85.5%)

Data from the reviews also indicate that accuracy of information needs to be addressed in the new Child Conditions and Medical Conditions screens on N-FOCUS. Data shows less than 80% accuracy of information in all categories that were reviewed (See Chart #2).

DCFS implemented the new youth/family conditions in 2015. Over the past year the conditions screens have been closely monitored to ensure information is properly collected and entered in the new location. This process required not only a learning curve from case managers for screen functionality, but more importantly a shift in documenting conditions in a narrative format to documenting conditions categorically in a specified location.

One aspect of the analysis has been monitoring the screen designs to see if the user interface requires refinement to improve case manager efficiency and understanding. One of the challenges case managers have expressed is difficulty finding the desired condition(s). The conditions are set-up to be very specific and include three grouping levels; Type, Category and Condition. This results in hundreds of choices and using an older style system window does indeed make selection somewhat difficult. Below are two examples of the level of detail in conditions functionality.

Type	Category	Condition
Diagnosed Condition	Bones, Joints, and Muscles	Fibrous Dysplasia
Behavioral, Social, Substance Use/Exposure	Behavioral	Property Destruction

DCFS continues to bring awareness to the need to have all conditions entered into N-FOCUS and will continue to make system enhancements to improve data collection and enhance data definitions as needed to ensure accurate data collection.

The following are examples for N-FOCUS enhancements in the past year that have made a significant impact on the ability to collect accurate data and achieve outcomes for children and families:

- Enhancements to narrative fields for documentation of monthly contacts between the case manager and the child, mother, father and foster parents. These enhancements will allow workers to document all required contacts, phone calls, other correspondence and all attempts to contact case participants in one location in N-FOCUS.
- Enhancements to N-FOCUS fields capturing Indian Child Welfare Act (ICWA) information allowing staff to easily document information and efforts to meet ICWA guidelines.
- Enhancements to N-FOCUS parental right fields to allow workers to easily document parental rights information as well as termination of parental rights (TPR) and TPR exception hearing information when the youth has been in care 15 of the most recent 22 months.
- Enhancements to N-FOCUS to allow staff to easily access and update family relationships.
- Enhancements to N-FOCUS to allow staff to create an Education Court Report with comprehensive information about the child’s education to submit to the courts.
- Enhancements to the N-FOCUS Court Report fields to allow case managers to easily pull information from other places in N-FOCUS (safety assessments, child and family history etc.). The new court report documentation process in N-FOCUS is much more user friendly and efficient for the case managers.

A variety of data reports continue to be reviewed during the statewide and local CQI meetings and CFS field staff continue to express increased confidence in the accuracy of the data and reports.

### Stakeholder Assessment

DCFS continues to improve the level of collaboration between the Information System Business Analysts and internal and external data users. The DCFS Business Analysts continue to meet with DCFS program administrators, supervisors, case managers and other users to solicit input for system enhancements. Additionally, DCFS Business Analysts and other staff continue to solicit feedback from external stakeholders regarding system functioning, data availability and accuracy.

In January 2016, the DCFS Research, Planning and Evaluation (RPE) team implemented a new program to actively identify process issues and barriers and work with program staff to implement solutions for improvement. RPE staff have been able to identify N-FOCUS issues through monthly interviews with field staff and work with the Business Analysts to develop N-FOCUS enhancements to improve data collection.

Field staff attending the local and statewide CQI meetings and workgroups continue to make recommendations for system enhancements to improve data collection or enhance data definitions to ensure accurate data collection.

Additionally, DCFS continues to share data from N-FOCUS directly with the following community stakeholders and has ongoing contact and discussions with these stakeholders and many others regarding accuracy and accessibility of the data that is shared directly from N-FOCUS. These stakeholders continue to express increased confidence in the accurate of the data and functioning of the State's Information System.

- Child and case information is shared with the Foster Care Review Office (FCRO): Data from N-FOCUS is shared with the FCRO data system on a daily basis. The FCRO is able to directly access information as documented by the case manager in N-FOCUS. The following statement from FCRO supports the successful sharing of information document from N-FOCUS. *“In 2016 the FCRO’s new computerized tracking system (FCTS) was implemented. It opened the door to automated downloads of data on when children enter care, have a substantial change while in care, and leave care, which DHHS is required to provide the FCRO. Automation of this has been an unqualified success from the outset, due in large part to the leadership and outstanding collaboration of DHHS N-FOCUS personnel. Reports are now electronically transmitted on a daily basis to the FCRO’s FCTS system. This decreased manual steps and enabled the agencies to work together on data integrity issues and sharing of pertinent data to increase efficiency.”*
- Youth data from N-FOCUS is also shared with the Nebraska Criminal Justice Information System (NCJIS) and the Judicial User System to Improve Court Efficiency (JUSTICE) System. Data from N-FOCUS is shared with the NCJIS on a daily basis and with the JUSTICE system on a monthly basis. The JUSTICE system connects all the Trial Courts in Nebraska and the courts are able to access the placement information for the youth as documented on N-FOCUS by the case managers.
- Data from N-FOCUS is shared with Nebraska service providers through the Provider Performance Improvement (PPI) reporting system. Data from N-FOCUS is shared with the providers and utilized in reports through the PPI reporting system.

### **State Performance and Overall Rating for the Statewide Information System Systemic Factor**

Nebraska's assessment demonstrates this item is a **strength** and is in **substantial conformity** with regards to the Statewide Information System. The Statewide Information system is functioning well in Nebraska to ensure that at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. Nebraska's Statewide Information System exceeds the minimum expectations for functioning for this systemic factor.

## B. Case Review System

### Item 20: Written Case Plan

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

Please provide relevant quantitative/qualitative data or information that shows each child has a written Case Plan as required that is developed jointly with the child's parent(s) that includes the required provisions

### State Response

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

In Nebraska, the required provisions are addressed in the Case Plan and Court Report documents which are submitted jointly to the court for review. The "Ongoing Case Management" administrative memo defines the requirements of the Case Plan, Family Team Meetings and the Court Report. ([http://dhhs.ne.gov/children\\_family\\_services/Documents/AM17-2013.pdf](http://dhhs.ne.gov/children_family_services/Documents/AM17-2013.pdf))

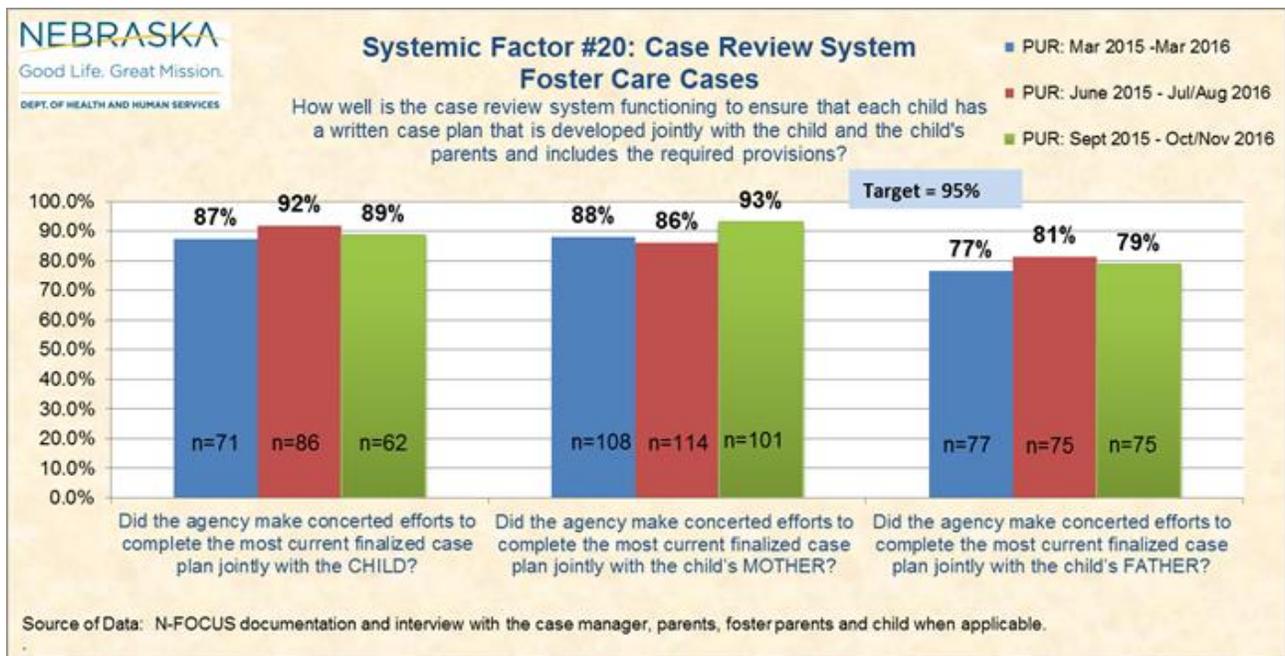
The Case Plan is a written agreement developed between the family, the case manager and other team members as appropriate. Case Plans are developed for court and non-court involved families using the Family Strengths and Needs Assessment as a foundation. For families involved with the court, the court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

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

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

These questions are answered using information documented in the N-FOCUS case file and gathered during the interviews with the case manager, mother, father and youth whenever possible. QA reviewers are able to complete an interview with the case manager in over 90% of the cases that are selected for the review. The QA team began conducting interviews with the parents, foster parents and youth (when applicable) in April 2015. When QA staff are unable to conduct a phone interview with the parent and/or youth, the N-FOCUS information is verified through interviews conducted with the case manager and/or verified through other sources of documentation on N-FOCUS. The case managers sometimes do not reflect or document how they engaged with the family, making it difficult to assess active involvement by the youth and parents based on documentation alone. The case files are randomly selected for review.

As demonstrated below, over the past year, DCFS has made progress on developing the child’s Case Plan jointly with the child’s mother. The agency continues to need improvement with developing the child’s Case Plan jointly with the child’s father. During the most recent review of 101 foster care cases, 93% of the cases in which the mother was applicable, demonstrated that DCFS made concerted efforts to develop the most current finalized Case Plan jointly with the child’s mother. This represents a 7 percentage point increase from the previous period under review. The review indicated that 79% of these foster care cases reviewed, in which the child’s father was applicable, demonstrated that DCFS made concerted efforts to complete the most current finalized Case Plan jointly with the child’s father. That represents a 2 percentage point decrease from the previous period under review.



## Stakeholder Assessment

DCFS includes data regarding the written Case Plan in the Statewide Child Protection and Safety CQI packet and discussed with DHHS administrators, supervisors, case managers, representatives from the Children’s Commission, Inspector General’s Office, Court Improvement Project and Center for Children Family and the Law.

## State Performance

Nebraska has demonstrated that DCFS has made concerted efforts to complete the most current finalized Case Plan jointly with the child's mother but needs to improve upon making concerted efforts to complete the most current finalized Case Plan jointly with the child's father. As a result, this item is an **area needing improvement**.

### Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

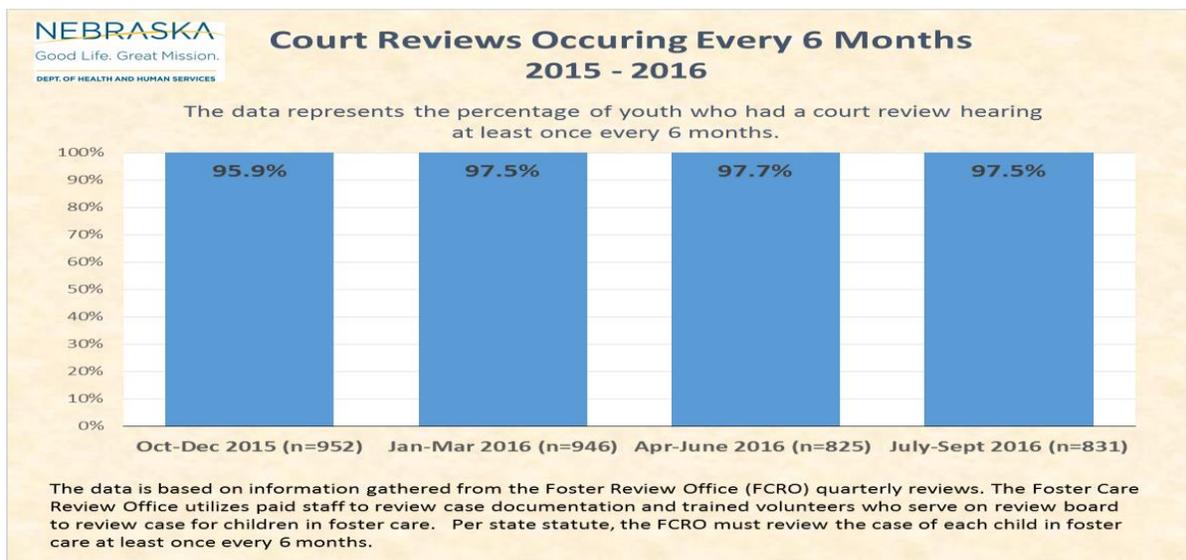
Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

### State Response

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

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

The most recent data received from the Foster Care Review Office (FCRO) indicates 97.5% of youth (810 of 831) had a court hearing at least once every 6 months. The data represents cases reviewed by the FCRO from July 2016 to September 2016.



Case review data confirms that the state’s case review system is functioning to ensure that a review is completed at least once every 6 months for over 97% of the children in foster care.

The FCRO has dedicated staff that pull data from the JUSTICE system to identify and capture court dates. In addition, the FCRO collects court date data elements during their review process. To select cases for review the FCRO first considers the date of the next court review so that reviews can be scheduled to provide the court and legal parties the most current information possible.

The FCRO then utilizes an automated Case Assignment guide and selects family units where at least one of the children involved scores highly. Scoring is based on several different metrics. Scoring subsets include age, number of episodes (removals), number of lifetime placements, days in episode with no review during the episode, and days since a review in the current episode. Scores are based on child vulnerability, national and FCRO research on outcomes, and meeting statutory mandates.

Different scoring algorithms are utilized for wards with DHHS or OJS involvement and for youth in out-of-home care through Probation that have no DHHS or OJS involvement. For DHHS wards scores include:

- Age
- Episodes
- Lifetime Placements
- Days in Episode Without Review
- Days in Episode Since Last Review

**Percentages of Children Reviewed**

The percentage of children having timely reviews has been, and will be, negatively impacted by the following factors:

- Past budget cuts reduced the number of staff available to facilitate reviews.
- In the current fiscal year there has been about an 8% reduction in funding.
- Future budget cuts of approximately another 8-10% are being finalized in the Nebraska Legislature.
- The number of children in out-of-home care for six months or longer has not been reduced during this time period.

Every effort is being made to ensure that children are reviewed at least once per year and that the most vulnerable children are prioritized per the case assignment algorithm.

On 1/31/2017 there were 2,282 DHHS wards in out-of-home care that had been in out-of-home care for over 180 days. This is the review status for those children:

<b><u>Review Time Period</u></b>	<b><u>Number of Children</u></b>	<b><u>% of Total</u></b>
Within 210 days	1,665	73.0%
211-364 days	339	14.9%
365 days or longer	84	3.6%
No review yet	<u>193</u>	8.4%
	2,282	

Please note that the reasons for some delays can be:

- Although the child’s been removed from home for over six months, their case remains pre-adjudication. (This is particularly true for the not yet reviewed category).
- No review hearing has been set by the Court.
- Cases are on appeal (either adjudication or termination of parental rights).

DCFS has confidence that the data provided by the FCRO is representative of all foster care cases. This total is a reasonable representation of the number of children placed out of home during that time.

### **Stakeholder Assessment**

The occurrence of periodic review hearings for each child in foster no less than once every six months is a strength for Nebraska. In Nebraska, case reviews are conducted by the FCRO in addition to the review hearings conducted by the courts. To assess the performance for this item, data from the FCRO is used to determine if court reviews are occurring every 6 months. The mission of the FCRO is to ensure that the best interests of children in foster care are being met through external citizen review, by monitoring residential facilities that support the children and youth, maintaining up-to-date data on a statewide tracking system, utilizing legal standing when necessary, and by disseminating data and recommendations through an Annual Report. The FCRO utilizes paid staff to review case documentation and trained volunteers who serve on a review board to review cases for the child. The information gathered from documentation is verified through interviews and a formal document is written by FCRO staff and submitted to the judge, department and other legal parties. These reviews include a comprehensive discussion of the case status, including the child's safety, placement stability, compliance with Case Plan and progress toward achievement of Case Plan goals and progress toward reunification. Per state statute, the designated foster care review board shall review the case of each child in foster care at least once every 6 months.

In addition, DCFS includes the periodic review data from the FCRO in the Statewide Child Protection and Safety CQI packet which is discussed with DCFS administrators, supervisors, case managers, representatives from the Children's Commission, Inspector General's Office, Court Improvement Project and Center for Children Family and the Law. The data was also discussed during meetings with DCFS and the Court Improvement Program (CIP).

### **Statewide Performance**

Nebraska has demonstrated this item is a **strength** in meeting the requirements of this item.

### **Item 22: Permanency Hearings**

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

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

### **State Response**

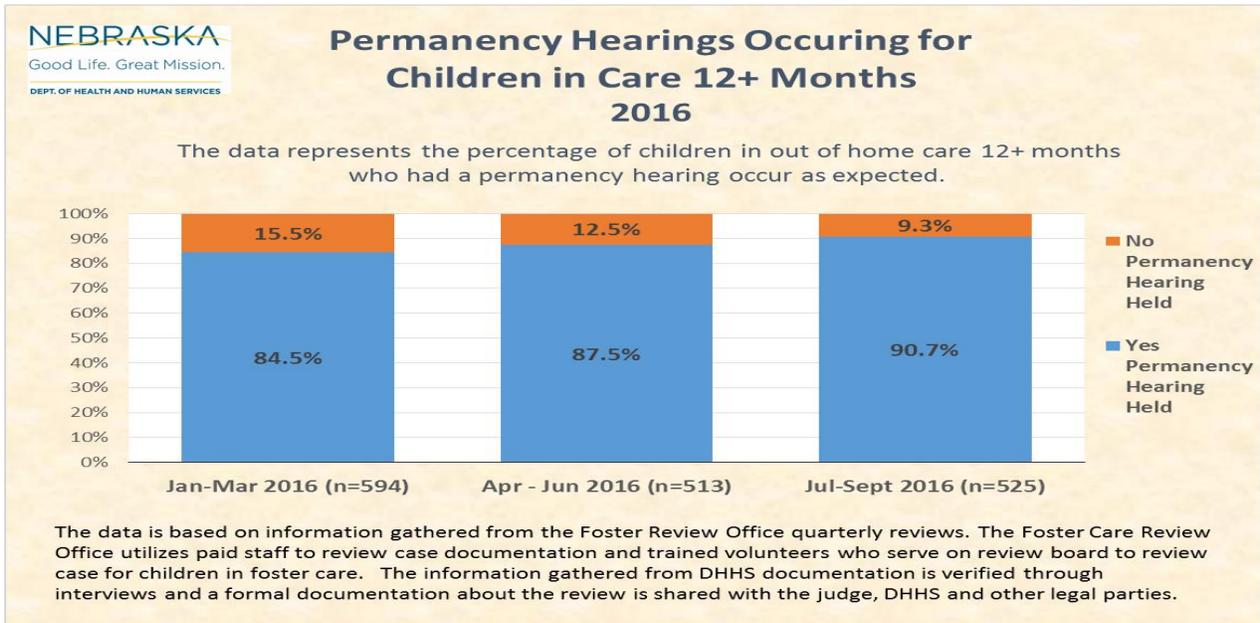
According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the title IV-E agency must have procedures in place that: (iii) Assure that each child in foster care under the supervision of the title IV-E agency has a permanency hearing in a family or juvenile court or another court of competent jurisdiction (including a Tribal court), or by an administrative body appointed or approved

by the court, which is not a part of or under the supervision or direction of the title IV-E agency, no later than 12 months from the date the child entered foster care (and not less frequently than every 12 months thereafter during the continuation of foster care) (sections 422(b)(8)(A)(ii), 471(a)(16) and 475(5)(C) of the Act).

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

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

The most recent data received from the FCRO indicates 90.7% of children in out of home 12+ months (476 out of 525) had a permanency hearing occur as expected. The data represents cases reviewed by the FCRO January and September 2016. Reviews are completed by the FCRO on an ongoing basis and data is reported quarterly.



Nebraska recognizes the following barriers to achieving better results with this item and have developed additional strategies for improvement.

To select cases for review the FCRO first considers the date of the next court review so that reviews can be scheduled such as to provide the court and legal parties the most current information possible.

Next the FCRO utilizes an automated Case Assignment guide and selects family units where at least one of the children involved scores highly. Scoring is based on several different metrics. Scoring subsets include age, number of episodes (removals), number of lifetime placements, days in episode with no review during the episode, and days since a review in the current episode. Scores are based on child vulnerability, national and FCRO research on outcomes, and meeting statutory mandates.

Different scoring algorithms are utilized for wards with DHHS or OJS involvement and for youth in out-of-home care through Probation that have no DHHS or OJS involvement. **For DHHS wards scores include:**

- Age
- Episodes
- Lifetime Placements
- Days in Episode Without Review
- Days in Episode Since Last Review

**Percentage of Children Reviewed**

The percentage of children having timely reviews has been, and will be, negatively impacted by the following factors:

- Past budget cuts reduced the number of staff available to facilitate reviews.
- In the current fiscal year there has been about an 8% reduction in funding.
- Future budget cuts of approximately another 8-10% are being finalized in the Nebraska Legislature.
- The number of children in out-of-home care for six months or longer has not been reduced during this time period.

Every effort is being made to ensure that children are reviewed at least once per year and that the most vulnerable children are prioritized per the case assignment algorithm.

On 1/31/2017 there were 2,282 DHHS wards in out-of-home care that had been in out-of-home care for over 180 days. This is the review status for those children:

<u>Review Time Period</u>	<u>Number of Children</u>	<u>% of Total</u>
Within 210 days	1,665	73.0%
211-364 days	339	14.9%
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No review yet	<u>193</u>	8.4%
	2,282	

Please note that the reasons for some delays can be:

- Although the child’s been removed from home for over six months, their case remains pre-adjudication. (This is particularly true for the not yet reviewed category).
- No review hearing has been set by the Court.
- Cases are on appeal (either adjudication or termination of parental rights).

DCFS has confidence that the data provided by the Foster Care Review Office is representative of all Foster Care Cases. This total is a reasonable representation of the number of children placed out of home during that time.

## Stakeholder Assessment

The data provided for this item is produced by the FCRO. The mission of the FCRO is to ensure that the best interests of children in foster care are being met through external citizen review, by monitoring residential facilities that support children and youth, maintaining up-to-date data on a statewide tracking system, utilizing legal standing when necessary, and by disseminating data and recommendations through an Annual Report. The FCRO utilizes paid staff to review case documentation and trained volunteers who serve on a review board to review cases for the child. The information gathered from documentation is verified through interviews and a formal document is written by FCRO staff and submitted to the judge, department and other legal parties.

In addition, DCFS includes the permanency hearing data from the FCRO in the Statewide Child Protection and Safety CQI packet which is discussed with DCFS administrators, supervisors, case managers, representatives from the Children's Commission, Inspector General's Office, Court Improvement Project and Center for Children Family and the Law.

## Statewide Performance

Nebraska has demonstrated a **strength** in meeting the requirements of this item.

### Item 23: Termination of Parental Rights

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

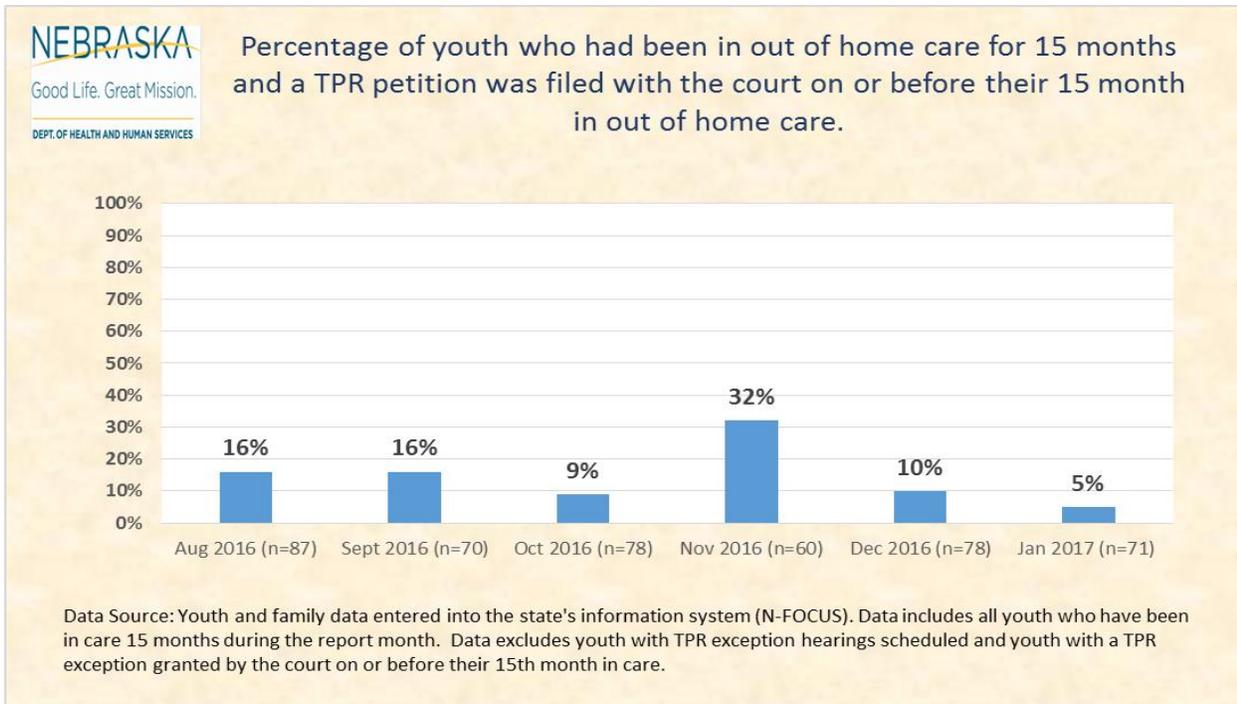
Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

## State Response

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

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

In December of 2015, final changes were made in N-FOCUS to provide case managers, supervisors and administrators access to revised monthly reports of the children that have been in out of home care 15 of 22 months and out of home 12 to 14 months. The "Out of Home 15 of 22 Months Due to Abuse/Neglect Priority List" is delivered directly to the Douglas Juvenile Court judge and sent electronically (no longer via postal mail) to all other judges that are assigned to the child's juvenile case on a monthly basis. Service Area Administrators are responsible for sharing the report to the county attorneys. In addition, the report is significantly more user friendly in that it only includes those priority children that have been out of home for 15 of 22 months and no action has been taken (i.e. both sets of parental rights are intact and no termination or exception hearing has been scheduled or held). The following chart summarizes this information and the data set represents all applicable cases on N-FOCUS.



At this time is difficult to determine if a TPR is being filed with the court in a timely manner. There is minimal information documented in the N-FOCUS field that can be used to determine timeliness of a County Attorney or Guardian Ad Litem to file a TPR. The following strategies are being implemented to ensure accurate data is collected in N-FOCUS and subsequently used to determine if TPR is being filed with the court in a timely manner.

- DCFS and/or DCFS Legal to collaborate with county attorneys to standardize a process case managers can follow when requesting the county attorney or GAL to file a TPR.
- Additional training will be provided to Case Mangers and Case Aides to ensure dates are accurately entered into N-FOCUS to reflect when TPR is filed by the court.

Data is derived from information entered for all applicable cases on N-FOCUS. Nebraska has determined some data limitations. Data is based on information entered in the legal status field and the parental rights fields on N-FOCUS. Data entered in the legal status field on N-FOCUS is fairly accurate. However, the accuracy of data entered in the parental rights section on N-FOCUS needs to be improved.

## Stakeholder Assessment

The TPR data is included in the Statewide Child Protection and Safety CQI packet and discussed with DCFS administrators, supervisors, case managers, representatives from, Court Improvement Project, Foster Care Review Office, The Center for Children Family and the Law, and at the local Through the Eyes of a Child meetings.

In addition, DCFS shares a monthly report (“Out of Home 15 of 22 Months Due to Abuse/Neglect Priority List”) with county attorneys and judges assigned to a child’s juvenile case. Since producing a new version the report in December 2015, some adjustments have been made to the data based on stakeholder feedback. For example, some staff did not have data accurately documented on N-

FOCUS. As a result of this data sharing, there are opportunities to improve upon the quality of the data and discuss data discrepancies with the courts or county attorneys.

### **Statewide Performance**

At this time is difficult to determine if a TPR is being filed with the court in a timely manner. There is minimal information documented in the N-FOCUS field that can be used to determine timeliness of a County Attorney or Guardian Ad Litem to file a TPR. Nebraska has not been able to demonstrate that this item is a strength; and therefore, is an **area needing improvement**.

### **Item 24: Notice of Hearings and Reviews to Caregivers**

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

### **State Response**

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

It is a requirement of the court to send notification of hearings to the foster parents (Nebraska Revised Statute 43-1314). The role of DCFS is simply to provide addresses for all current foster parents including relatives to the court. While Nebraska Statute directs the courts to provide court notice of hearings to foster parents, in the Eastern Service area, the courts order DCFS to provide such notice. This has been occurring through the use of a template versus as a function of the N-FOCUS system, making data not readily available. In the other counties, the courts have assumed this responsibility.

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

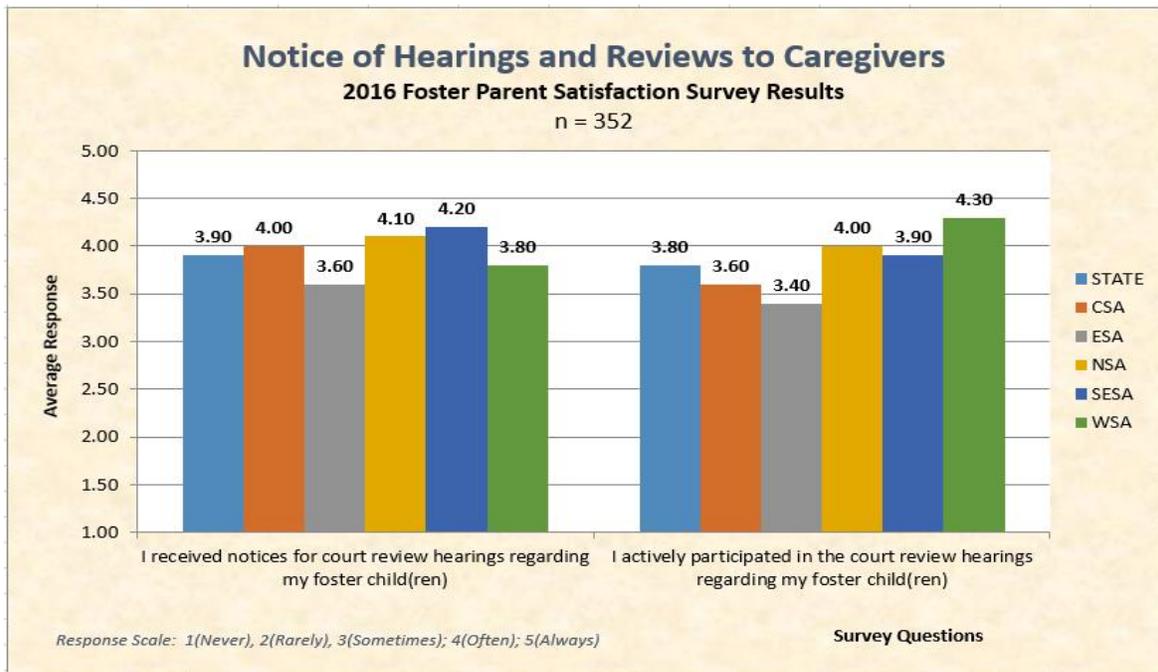
The form states:

*"To the Foster Parent or Relative Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and **you can be heard at review and permanency hearings**. This optional form may assist you in providing written information to the court. You are encouraged to provide information based only on first-hand knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and*

*submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.”*

The Nebraska Foster and Adoptive Parent Association (NFAPA) and child placing agencies who contract with DCFS to provide foster care training and support provide prospective foster parents with training on the court system; foster parents’ right to be involved in the court system; and the Caregiver Information Form. This training occurs on a formalized basis during pre-service foster parent training, and also occurs informally after training through foster parent support groups, foster care specialist contact and foster parent continuing education training. Through feedback from NFAPA, DCFS asked the Court Improvement Project (CIP) to create a fillable Caregiver Information Form to make it easier for foster parents to complete. The previous form was not fillable and foster parents without printers found it difficult to complete. The change in the form was implemented in the spring of 2016.

The data presented below is from the 2016 foster parent satisfaction survey. The surveys are administered by an outbound telephone firm through a contract with the Bureau of Sociological Research at the University of Nebraska Lincoln. The survey recipients are randomly selected from a list of active wards of the state. DCFS anticipates completing 350 surveys annually. In 2016, of the 352 foster parents surveyed, 181 always received notices for court review hearings and 178 always actively participated.



I received notices for court review hearings regarding my foster child(ren)						
Response	State	CSA	ESA	NSA	SESA	WSA
Never	52	4	27	4	12	5
Rarely	14	0	5	2	5	2
Sometimes	36	7	17	3	5	4
Often	45	1	20	7	14	3
Always	181	18	54	22	70	17
Not Applicable	20	3	9	2	6	0
Don't Know	3	0	3	0	0	0
Refused	1	0	1	0	0	0
Total	352	33	136	40	112	31

I actively participated in the court review hearings regarding my foster child(ren)						
Response	State	CSA	ESA	NSA	SESA	WSA
Never	69	5	34	6	20	4
Rarely	9	1	5	0	3	0
Sometimes	32	6	15	4	5	2
Often	35	3	10	5	15	2
Always	178	13	59	23	61	22
Not Applicable	26	5	12	2	7	0
Don't Know	2	0	0	0	1	1
Refused	1	0	1	0	0	0
Total	352	33	136	40	112	31

## Stakeholder Assessment

The notice of hearing and reviews to caregivers data is included in the Statewide Child Protection and Safety CQI packet and discussed with DHHS administrators, supervisors, case managers, representatives from the, Inspector General’s Office, Court Improvement Project (CIP), Foster Care Review Office and Center for Children Family and the Law. It is also reviewed at the DCFS and CIP bi-monthly meetings. In addition, the data presented above includes feedback from foster parents on the functioning of this item.

## Statewide Performance

The results from the 2016 foster parent satisfaction survey indicates that foster parents and caregivers are most often being provided notices for court review hearings and have been offered the opportunity to actively participate. Nebraska is confident that foster parents receive notice of the court review hearing regarding their foster children and to actively participate in court review hearing regarding their foster. However, Nebraska has not collected data to determine if the foster parent received the Caregiver Information Form which informs foster parent of their right to be heard. DHHS is developing strategies with the CIP to improve the collection of data that the Caregiver Information Form is provided to each Caregiver. Nebraska has not been able to demonstrate that this item is strength and this item is an **area needing improvement**.

## Overall Rating for the Case Review System Factor

The Case Review Systemic Factor is an **area needing improvement**, as Nebraska’s assessment has indicated a strength for only two of the five items in this systemic factor. Nebraska is confident that we have a process in place to address data deficiencies and improve upon our performance.

# Quality Assurance System

## Item 25: Quality Assurance System

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

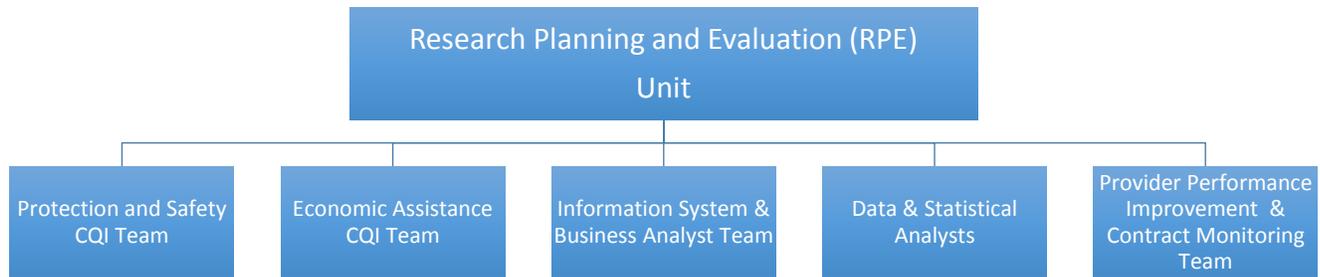
Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

### State Response

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

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

The Children and Family Services (CFS) Research Planning and Evaluation (RPE) Unit provides monitoring and ownership of continuous quality improvement activities performed across the state. The chart below illustrates the RPE unit structure.



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

- Performing various case reads and quality assurance reviews.
- Working collaboratively with CFS staff to identify process inefficiencies and develop solutions for improvement.
- Providing ongoing feedback regarding strengths and areas needing improvement as identified in case reviews and process interviews.
- Providing ongoing field support, technical assistance and quality quick tips and instructions as needed.
- Working collaboratively with field CFS staff to implement statewide and local CQI teams and activities.
- Ensuring Quality Data collection through continuous inter rater reliability and other activities that promote reviewer consistency
- Ensuring reports are made available and accessible to internal and external stakeholders.

The Economic Assistance CQI Team’s goal is to optimize the outcomes for children and families and improve efficiency and quality of the Nebraska Economic Assistance System.

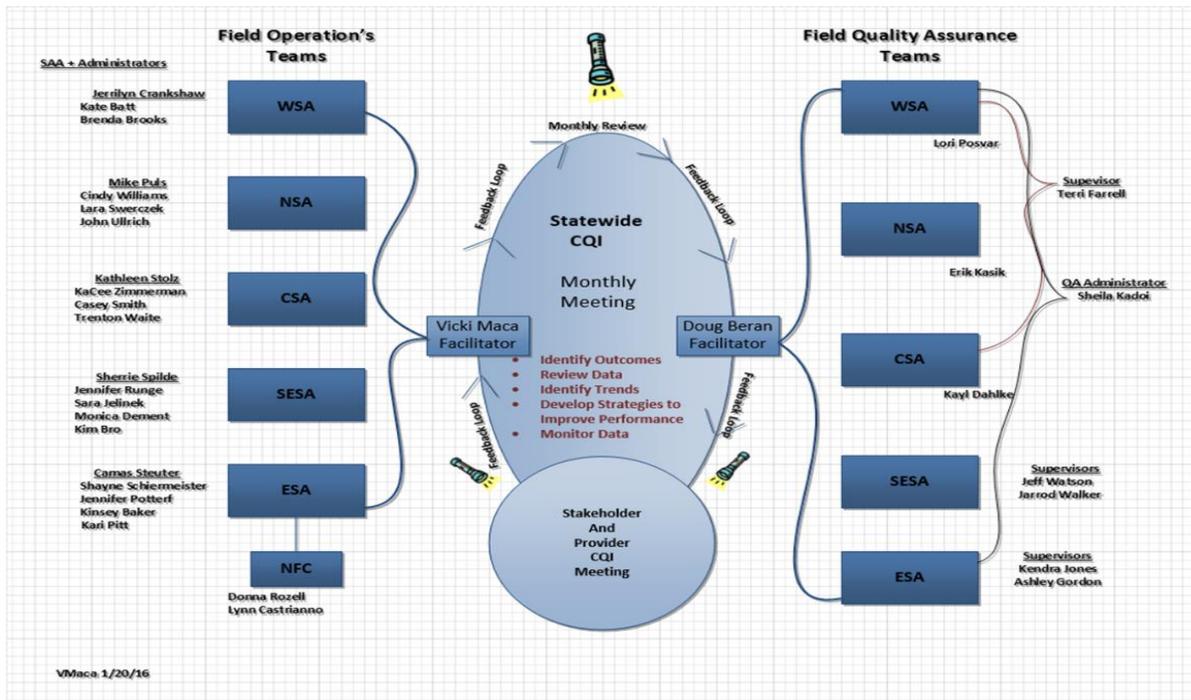
The Information System and Business Analyst Team supports the Children and Family Services system through completion of the following:

- Acts as a liaison between business (policy/program) and technical team
- Coordinates IT Projects for Children and Family Services
- Analyzes business process and works with clients to determine needs and requirements for system changes
- Provides analytic support by coordinating data extraction from databases, organizing data, and providing data interpretation
- Provides technical support/instruction/assistance for applications
- Investigations system malfunctions and researches solutions
- Tests system changes prior to implementation

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

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

Nebraska has a strong CQI framework and an infrastructure necessary to implement an effective CQI statewide system. Specific attention has been given to developing a sustainable “marriage” between the Research, Planning and Evaluation Team with the Program/Operations Team as illustrated below.



### Internal Statewide CQI Team

Each month, DCFS facilitates a day long CQI meeting where local and central office staff gather to review performance data on a variety of outcomes. These monthly meetings are facilitated by the Research, Planning and Evaluation Administrator along with the Deputy Director from the Protection and Safety section. Each of the five Service Areas are represented by at least one case manager as well as one supervisor along with the senior administrative team. Nebraska Families Collaborative (NFC), the lead agency in the Eastern Service Area, also attends the internal statewide CQI meetings. During the internal statewide CQI meetings, the team reviews data and performance outcomes that have been assembled into a “CQI packet.” This “CQI packet” is available at: [http://dhhs.ne.gov/children\\_family\\_services/Pages/CQIMonthlyReports.aspx](http://dhhs.ne.gov/children_family_services/Pages/CQIMonthlyReports.aspx). The “CQI packet” is assembled each month by the Protection and Safety CQI Team and contains data on statewide and service area outcome measures.

### Service Area (Local) CQI Teams

DCFS also developed CQI teams within each of the five service areas. These local teams are composed of DCFS staff, providers, and other local partners. Local teams have identified which of the statewide outcomes they would like to focus on during their quarterly local meetings. Each of the local CQI teams meet at least once per quarter to review data, develop strategies and monitor action plans they have developed in order to improve outcomes. Unresolved system issues i.e. policy, training, technical that the local teams identify are brought to the Statewide CQI team for discussion and resolution.

The focus of the local CQI meeting is to identify the top priorities needing improvement for the Service Area. Monthly communication is posted on the CFS internal website and accessible to DCFS staff. This website provides links and resources for CQI Teams. CQI action plans and dashboard data includes action plans and performance data for each service area and provides a snapshot of monthly progress. Each month, one of the local CQI team presents an overview of work being done by the local CQI team at the statewide CQI meeting. The local CQI team shares their success as well as challenges they are experiencing. Teams learn from one another and provide assistance to each other by sharing their CQI plans.

### External Stakeholder’s CQI Team

External stakeholders play a critical role with system improvements. DCFS partners with the Foster Care Review Office (FCRO) to co-lead CQI focused discussions during the statewide provider meetings. These meetings are held bi-monthly and involve statewide providers and other stakeholders. DCFS continues to increase dissemination of data and facilitate discussions with external stakeholders through this process.

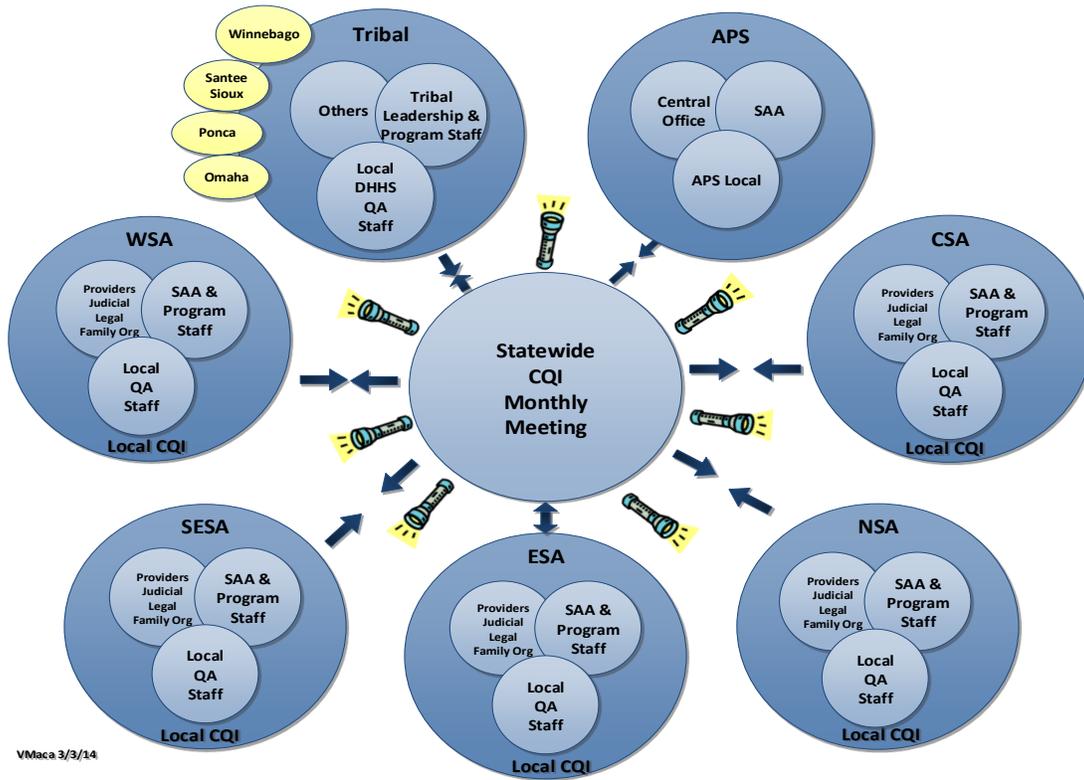
### Tribal CQI Team

A Tribal CQI Team was added to the Nebraska CQI System in 2013. The Tribal CQI team is comprised of DCFS leadership and representatives from each of the four Native American Tribes in Nebraska. This CQI team functions much like the Service Area Local CQI teams. These meetings provide a strong framework to improve outcome measures as well as enhance the partnership between DCFS and tribal representatives.

### APS CQI Team

An Adult Protective Services (APS) CQI Team was added to the Nebraska CQI System in 2014. The APS CQI team is comprised of Service Area APS Administrators, front line supervisors, APS workers, Central Office Policy and Quality Assurance Staff. This team meets monthly and uses data to identify barriers and strengths, discuss and implement strategies to improve outcomes for adults in our system.

The diagram below illustrates the CQI Team structure within DCFS.



**(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)**

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

Nebraska also has regulations for foster and adoptive parent licensing and requirements and monitors compliance with background checks for foster homes. Additional information regarding activities and monitoring can be found under the Foster and Adoptive Parent Licensing, Recruitment and retention section of this statewide assessment.

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

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

**Ensure quality data collection through the state's information system (N-FOCUS).** DCFS ensures quality data collection by dedicating staff to evaluate and improve user interface and enhance user experience with the system. In addition, DCFS also provides ongoing training and instructions regarding effective and efficient use of N-FOCUS to document and collect information for all clients served. For example, in the last year, DCFS implemented the following system improvements and provided user definitions and instructions to support quality data entry:

- Added a new parental rights' screen to allow case managers to document information and actions taken to address permanency for youth who have been in care 15 of the most recent 22 months. Data fields include date TPR petition was filed in court, TPR and exception hearing information.
- Enhancements were made to the system to ensure staff can easily access and update family relationships.
- A new education court report section was created on N-FOCUS to allow staff to complete education court reports and submit with their case plan and comprehensive court report.
- System improvements were made to ensure quality data collection to meet Indian Child Welfare Act requirements.
- Enhancements were made to the Court Report sections to allow more efficient documentation and creation of the court report.

To ensure all CFS staff had adequate knowledge about and can use these new functionalities on N-FOCUS, DCFS RPE CQI staff developed quality quick tip emails with written and video instructions regarding each new functionality. Quality quick tips and instructions are disseminated to all CFS staff by email as well as made available on the DCFS intranet website.

Ensure quality data collection through inter rater reliability and reviewer proficiency. In addition to system improvements, the RPE Protection and Safety CQI team continues to ensure quality data collection through inter rater reliability and reviewer proficiency activities. Activities include the following:

- Utilize a continuous inter-rater reliability program to monitor and report on QA's reliability and the repeatability of results.
- Conduct reliability exercises on a regular basis for CFSR reviews and all other QA review tools. The reliability exercises continue to comprise of the following:
  - Results are broken down to the individual reviewer level. Reviewers that score below the average will work with their supervisor to address areas needing improvement.
  - Discussion and ongoing communication regarding the reason for the error. The review teams dedicate many hours each month discussing the reliability tools and identifying areas of inconsistencies. Supervisors implement additional training and clarifications as needed to correct areas of inconsistencies identified in the reliability exercises. As part of reviewer proficiency, the reviewers and supervisors discuss updates and changes to program policy and practice and how those relate to specific review questions during the reliability meetings.
- Utilize a second level review process for QA tools to ensure reviewer reliability and consistency. The second level reviewers provide direction, clarification and work with the first level reviewer to identify and address reliability issues.

- Utilize electronic quizzes to ensure reviewers are up to date with review requirements and knowledge to complete the reviews accurately. Reviewers with scores below the average on the quizzes will work with their supervisor to address areas needing improvement.
- Reviewers are required to be proficient and have expert knowledge of the CFPSR. Reviewers are required to complete ALL Round 3 CFPSR training modules and pass the 80 question CFPSR proficiency quiz available on the CFPSR training website.
- Reviewers are required to be knowledgeable and proficient with current policy and practice expectations. Reviewers are required to attend at least 24 hours of ongoing trainings each calendar year.

Ensure quality of data in the state's information system meet federal expectations. Nebraska monitors data accuracy, generates reports and implements strategies on an ongoing basis to improve data accuracy with respect to AFCARS, NCANDS and NYTD. Nebraska recognizes that ensuring quality data related to AFCARS, NCANDS and NYTD increases confidence in the quality of all system data.

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

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

The RPE Protections and Safety CQI Unit uses the federal Onsite Review Instrument (OSRI) and the federal OMS system to conduct case reviews on an ongoing basis. The unit also utilizes other QA instruments to further assess and identify strengths and areas needing improvement as needed. For example, when areas needing improvement are identified during case reviews completed using the federal CFPSR review tool, additional QA review tools are developed to collect specific information about the barriers to positive outcomes related to certain items. In the past year, the following additional review tools were implemented to gather additional information:

- Case planning involvement verification
- Non-custodial parent engagement
- Case plan quality
- Family Team Meeting quality
- Relative placement efforts
- Timely establishment of the child's permanency goal after removal.
- Child and medical conditions quality reviews.

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

- *IV-E Case Reviews.* IV-E Eligibility Reviews are conducted on a quarterly basis using the Federal IV-E On-Site Review Instrument.
- *Subsidized Adoption IV-E Case Reviews.* Subsidized Adoption IV-E eligibility reviews are conducted on a quarterly basis using a comprehensive tool developed to assess all subsidized adoption requirements.

- *SDM® Fidelity Reviews.* SDM® is an integral, evidence based practice assessment tool used in Nebraska for both intake and ongoing case management and decision making. DCFS utilizes various methodologies to assess Service Area and statewide SDM® fidelity. DCFS tested for accuracy of the item scores based on a comprehensive analysis of completed assessments. Case reviews were also completed when necessary to support SDM® Fidelity. The charts and analysis below are examples from the SDM® Reunification Assessment Analysis report.
- *Various Quality Assurance reviews* are also implemented to identify strengths and areas needing improvement and ensure state and federal standards and policies are implemented as expected. Various quality assurance reviews are also implemented to gather data to inform the state regarding other Statewide Systemic Factors. The following is a list of additional QA reviews:
  - Adult Protective Services Investigation
  - Intake Quality Review
  - Hotline Customer Service Quality
  - Nebraska Caregiver Responsibility Review
  - Case Plan Involvement and Quality Interviews – Systemic Factor #20
  - Information System Data Accuracy -Systemic Factor #19
  - ICWA Compliance Reviews
  - Transitional Living Plan Review Tool
  - Foster Care Reports Reviews
  - Placement Disruption Reviews
  - Permanency Barriers Reviews
- *Proactive Safety and Risk Reviews.* Ongoing case documentation reviews are conducted on recently completed Initial Assessments and documentation of the most recent 6 months of ongoing cases to determine if safety or non-safety related concerns should be brought to the attention of DCFS Administrators. An email is sent to the CFS Administrators with a summary of each safety or non-safety concern identified. Reviews are conducted monthly and approximately 400 cases are reviewed on a quarterly basis.

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

- *Provider Service Review* – A comprehensive review with the Contractor about service performance, quality of service, quality of documents, audits, and contract compliance.
- *Service Quality Review* – A review of a Contractor’s service documentation and collateral information to determine quality of an individual service provided to a family while involved with DCFS.
- *Personnel File Review* – A review of a Contractor’s personnel files to determine contract compliance, to include compliance with background checks, training, work eligibility, etc.
- *Paid Claims Audit Review* – A review with the Contractor regarding paid claim audits conducted by DCFS Billing Teams. The review includes discussion about any errors found during the audit.
- *Support Plan Quality* – A review of Placement Support Plans created by the Agency Supported Foster Care Contractor that outlines the needs of the child placed with a foster parent supported by the Contractor and the plan to assist the foster parents in caring for that child. The review determines if the Placement Support Plan meets quality standards.
- *Provider Performance Improvement (PPI)* – Review of data recorded and calculated in the Contractor’s PPI webpage. The review will include conversations about both good and poor

performance in services tracked in the PPI webpage, as well as comparison of the Contractor's data with statewide data and other contractors.

- *Home Study Quality Assurance* – A review of Home Studies completed by the Agency Supported Foster Care Contractor for foster homes licensed under the Contractor.
- *Foster Care Payment Audit Review* – A review of Foster Care Payment audits conducted by DCFS Billing Teams to determine if payment made to the Agency Supported Foster Care Contractor for state ward maintenance was paid directly to the foster parent. This review will include discussion about any errors found during the audit.

DCFS utilizes trained staff within the RPE unit to complete analysis of data gathered from the state's information system, case reads, quality assurance and provider performance reviews. Data is analyzed in a variety of ways to illustrate current performance as well as performance over time for the State, Tribes and each of the 5 service areas.

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

DCFS continues to develop and implement new ways to identify strengths and areas needing improvement. In 2016, the RPE team implemented a new program (CQI Process Interviews) to actively identify process issues and work collaboratively with program and policy staff to implement solutions for improvement.

#### CQI Process Interview Description:

- *The CQI Process Interviews are monthly meetings that take place in all 5 Service Areas. The meetings involve the CFS front line specialists and supervisors as well as CQI Program Accuracy Specialists who gather feedback.*
- *The main purpose of the meeting is gather feedback, ideas, and solutions from the case managers and supervisors to see what processes in their daily work could be improved or made more efficient.*
- *The statewide and service area specific feedback are gathered and entered into a report and discussed at the statewide CQI meeting. Strategies are developed and implemented to address identified process issues.*

The RPE team also implemented a new quarterly program called the Quality Zone. Quality Zone meetings are held quarterly in each Service Area and serve as another avenue for Service Area staff to review and discuss data, identify trends, identify barriers for improvement and discuss strategies that are not already being addressed through local CQI meetings and action plans. The Quality Zone meetings involve the RPE Deputy Director, the CFS Field Operations Manager, Quality Assurance Staff, Service Area Administrator, CFS Administrators and CFS Supervisors in the Service Area.

#### Quality Zone Description

- *QA Staff prepare data reports and present the findings to the group during the Quality Zone meetings. The report includes specific trends by supervisor or worker, case management*

*activity strengths and areas needing improvement. The report also includes specific examples seen in the case to support strengths and areas needing improvement.*

- *Quality Zone participants discuss the following during the meeting:*
  - *What barriers exist that led to the issue identified?*
  - *What do we need to put in place to prevent issues from happening in the future?*
  - *What can the QA team do to support you and help you address any barriers and/or prevent the issue from happening in the future?*
- *An action plan is then created with dates and assignments.*
- *Strategies for improvement are then incorporated into the overall local CQI process.*

Recognizing strengths and celebrating successes is an important aspect of CQI. DCFS continues to recognize and celebrate successes through monthly Rock Star Awards, CFSR All Strength Achievement Awards, Outstanding Worker Awards, various emails and other special recognition awards.

In the past year, the RPE team also developed achievement videos to recognize CFS staff accomplishments. The videos are played during the statewide CQI meeting and sent to all CFS staff following the meeting. The videos highlight achievements by all CFS staff (case managers, policy team, QA staff, support staff, payment team, resource development etc.).

#### **(4) Provides relevant reports**

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

DCFS Case managers, administrators, supervisors and all other internal staff have access to a variety of reports with aggregate case data from the state's information system, case review results and other quality assurance reports. To improve easy access to internal reports, DCFS created an internal EZ Access Report Site allowing CFS staff easy access to reports to manage their work and identify cases requiring additional discussions or review to ensure timely achievement of safety permanency and well-being. The EZ Access report site allows DCFS staff to easily access key reports including the following:

- Daily Case Manager due date reports which illustrates all pending, completed and late case management activities. Case Managers can review and print case details in an organized manner which may improve their case management capability.
- Ad Hoc Reports that CFS staff can use to identify cases for their internal reviews to ensure safety, permanency and well-being is achieved for the youth. Some of these reports include:
  - *Intake Weekly Reports to assist staff to track progress for intake related tasks.*
  - *Entered Care past in the 1st 60 days without a case plan.*
  - *Youth in care more than 150 days without an Ongoing SDM® Assessment.*
  - *Youth with a Permanency goal of Reunification who have been in care 6-11 months.*
  - *Youth with a Permanency goal of Guardianship who have been in care 14 or more months.*
  - *Youth with a Permanency goal of Adoption who have been in care 15 or more months.*
  - *Youth who have been in care 15 of the last 22 months who have their parental rights in-tact and no TPR or Exception hearing scheduled.*

DCFS generates many other data reports which are posted on the Department's share point site often referred to as "InfoView". DHHS staff can access daily, weekly and monthly reports to inform them about safety, permanency and well-being outcomes. The state's private case management provider in the Eastern Service Area NFC as well as each of the Tribes have access to their own

Share point folders with similar data reports only with information specific to the youth and families they serve.

DCFS recently created a web based information system that is used for communications, performance tracking and reports with service providers. This web based system allows the department and providers to enter information to the system, generate relevant reports needed for review and discussions to address areas needing improvement. This system was created as part of the Provider Performance Improvement (PPI) Initiative. The PPI system tracks and generates reports on various provider and youth measures such as placement disruptions, foster care placement denials, placement concerns, Intensive Family Preservation Engagement, Family Support engagement and much more. The system allows the department and providers to track complaints and address on an ongoing basis.

#### **(5) Evaluates implemented program improvement measures**

As part of the CQI process, Nebraska monitors and assesses the progress and successes of solutions implemented through various CQI projects and program improvement activities. As opportunities are identified through case reviews, N-FOCUS data reports, stakeholder feedback, systemic factor reviews, CFSR case reviews, surveys and other sources, they are prioritized and addressed through the CQI process. The following is an example of an internal review and program improvement measure:

- Structured Decision Making (SDM) Tool used to assess safety and risk for all Nebraska youth. Nebraska utilizes various methodologies to assess Service Area and statewide SDM fidelity. Nebraska tests for accuracy of the item scores based on a comprehensive analysis of completed assessments. Case reviews are also completed to support SDM fidelity. Results from the fidelity reviews are discussed during the statewide CQI meetings and strategies are developed to address areas needing improvement. For example, in the past two years, the following changes were made to address areas needing improvement related to SDM:
  - Changes were made to the documentation screens within the state's information system to ensure efficient and effective documentation of the assessment.
  - The SDM manual/guide was also updated to ensure staff had access to the SDM policy, instructions for completion of the tool and examples and in depth definitions of each item on the tool.

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

### **Stakeholder Assessment**

DCFS has ongoing communication with both internal and external stakeholders to gather input regarding the state's current Quality Assurance/Continuous Quality Improvement process. The following are examples of partnerships that include discussions regarding statewide outcomes:

- DCFS partners with the Foster Care Review Office (FCRO) to co-lead a CQI focused discussion with statewide service providers during the bi monthly statewide provider meetings.

- DCFS continues to engage external stakeholders in the local CQI process in each Service Area. Depending on the priority being addressed, the stakeholders are either invited to the local CQI meeting or the DCFS staff bring information for discussion during other existing meetings such as the provider meeting, quarterly meetings with the Court Improvement project, 1184 teams, local Family Organization teams, NE Commission for the Protection of Children, Nebraska Children’s Commission, Project Everlast, Regional Behavioral Health Administrators, Tribal Representatives and other stakeholder groups.
- DCFS also continues to partner with the Nebraska Families Collaborative (NFC) to conduct local Service Area CQI activities in the Eastern Service Area.
- DCFS also continues to partner with the Nebraska Tribes to conduct monthly Tribal CQI Operations and CQI meetings.

DCFS has ongoing communication with both internal and external stakeholders to gather input regarding our current Quality Assurance/Continuous Quality Improvement process. Below is a summary of some of the feedback received from stakeholders:

### **Strengths**

- Good quality data is presented in the CQI meetings and included in the CQI packet which is made available on the DHHS website. It is difficult to create a data set that accurately captures a holistic view of all the outcomes for children and families, however, discussion at the CQI meetings addresses the limitations of the data produced.
- The data provided in the CQI packet provides good information on data fields that are used regularly in N-FOCUS. There has been a tremendous improvement in the use of data over the years as well as the focus on data during the CQI and other department meetings.
- The data packets, case review results and CQI meetings have helped staff improve practice.
- Issues, trends, and data are used to inform discussion that allows DHHS to improve practice. One major benefit of the way that DHHS has implemented the CQI is through the in-person meeting, which allows for gathering more information than just a review of data. Workers from all of the service areas and central office are able to talk about the data, what may be causing data trends, and how other service areas approach similar issues, which in turn drives decisions about practice that lead to improved outcomes.

### **Areas Needing Improvement**

- Data provided during the meetings and in the CQI packet often focus on single indicators. DCFS should continually add measures or comparative measures to provide the “whole picture”. Focus more on correlation and/or causation.
- While DCFS has made improvements in how data is used to improve practice, there needs to be ongoing focus and discussions on the story behind the data and the process and practice changes connected to the data.
- Need to continue to improve stakeholder’s access and understanding of data. Recommendations include:
  - Provide a data dictionary and/or report dictionary to ensure consistent understanding among users.
  - Provide a mechanism for generating on demand reports from data entered in the States Information System (N-FOCUS).

Over the past several years Nebraska has had numerous accolades shared by various stakeholders indicating that our CQI program is strong and committed to improving child and family outcomes. As an example, over the past several years Nebraska received positive feedback from the Foster Care Review Office, Casey Family Programs, Nebraska Court Improvement Project, Nebraska Family

Collaborative, State of Wyoming, State of California, Puerto Rico, Nebraska Children and Families Foundation, The Administration for Children and Families, as well as numerous service providers.

Additionally, Nebraska recently had guests from the State of Iowa Children and Family Services join an all-day CQI meeting whom graciously complemented the work being done in Nebraska. Additionally, our CQI program was favorably mentioned in a formal report entitled 'Nebraska Child Welfare Blueprint Report'. This report is dated March 2017 and quoting the acknowledgments on page 1, "The development of this Blueprint was funded by the Sherwood Foundation. It was researched and written by Childfocus in close consultation with Nebraska Appleseed, Voices for Nebraska's Children and the Nebraska Children and Families Foundation". This report indicates some of the positive aspects of Nebraska's CQI program, as well as indicating a suggestion for Nebraska to include additional longitudinal data in future reporting.

### **State Performance and Overall Rating for the Quality Assurance System Systemic Factor**

Nebraska's assessment demonstrates this item is a **strength** and that it is in **substantial conformity** with the Quality Assurance Systemic Factor. The State's Quality Assurance/Continuous Quality Improvement System is functioning well statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

Nebraska continues to have a robust Continuous Quality Improvement (CQI) program that we are proud of, and that we continually make changes to in a perpetual attempt to improve our program. One certainty is that while our CQI program's goal is to improve outcomes of our youth, we also are keenly aware that our CQI program must continually improve and adapt to new findings, new regulations, and the ever-changing needs of the staff and stakeholders that use our data and CQI process to improve outcomes of youth and families in our care.

## C. Staff and Provider Training

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### State Response

Nebraska Revised Statute 68-1214 states: "To facilitate consistency in training all case managers and allow for Title IV-E reimbursement for case manager training under Title IV-E of the federal Social Security Act, as amended, the same program for initial training of case managers shall be utilized for all case managers, whether they are employed by the department or by an organization under contract with the department. The initial training of all case managers shall be provided by the department or one or more organizations under contract with the department. The department shall create a formal system for measuring and evaluating the quality of such training. All case managers shall complete a formal assessment process after initial training to demonstrate competency prior to assuming responsibilities as a case manager. The training curriculum for case managers shall include, but not be limited to: (1) An understanding of the benefits of utilizing evidence-based and promising casework practices; (2) the importance of guaranteeing service providers' fidelity to evidence-based and promising casework practices; and (3) a commitment to evidence-based and promising family-centered casework practices that utilize a least restrictive approach for children and families."

DCFS New Worker Training is currently comprised of three phases. Weeks 1-6 is Phase One; weeks 7-10 is Phase Two; weeks 11-52 is Phase Three. For CFS Trainees who will perform Intake or Adoption duties, specialized training is required and typically takes place during Phase Two.

Pursuant to the above statute, Phase One and Phase Two of New Worker Training are considered "Initial Training" and are required for all persons providing case management duties. After completion of Initial Training, the Competency Development Tool (CDT) is administered no later than week 16 of training. Upon successfully passing the CDT, the CFS Trainee may be promoted to CFS Specialist on original probation. After promotion, the CFS Specialist is identified as the Primary Worker and the caseload may gradually increase to a full caseload.

When a Child and Family Services Specialist or a Family Permanency Specialist (Nebraska Families Collaborative Case Manager) is re-hired after spending time away from DCFS and/or NFC and has

attended New Worker Training in the past the following process is initiated to ensure the individual has received the necessary training:

- The hiring Child and Family Services Administrator will complete a New Worker Training Credit Approval Form which identifies:
  - The employee
  - Date of rehire
  - Previously passed the CDT or had a positive Performance Evaluation
  - Completed Structured Decision Making training
  - List additional training the employee should receive (the employee has one year to complete)
- The hiring administrator sends the completed form to the Training Program Specialist for tracking.

Data and information for this item are presented for both DCFS and NFC and the assessment of systemic factor functioning takes into consideration both.

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

Training transcripts are maintained on LINK-EDC (DCFS’ Learning Management System) for DCFS employees. The Field Training Specialists and the Service Area Learning Team ensure each CFS Trainee is registered and attending all necessary training classes.

**How Many CFS Trainees Completed Initial Training by Training Phase  
(September 2015 - September 2016)**

START DATE / MODEL	09/15/15	11/2/15	1/11/16	2/22/16	4/4/16	5/9/16	6/13/16	7/25/16	9/12/16	Sub-total
# of CFS Trainees who <i>should have completed Initial Training</i>	29	23	13	19	17	14	17	22	22	176
# of CFS Trainees who <i>actually completed Initial Training</i>	21	16	10	13	15	9	11	22	9	126
<b>% completed</b>	72%	70%	77%	68%	88%	64%	65%	100%	41%	71.6%

\*Source – CCFL and DCFS Human Resources Data – Compiled by M. Nunemaker as of 12/28/16

This data illustrates the percentage of CFS Trainees who completed initial training from September 2015 through September 2016. Of the 176 CFS Trainees that should have completed Initial Training, 126 CFS Trainees actually completed the training for a percentage of 71.6%.

Tribal data is tracked only through UNL-CCFL and available for the tribal workers who attend New Worker Training. Tribal data is not included in the above charts. Based upon the data that is tracked the following is known:

**How Many Tribal Workers Completed Initial Training by Training Phase  
(September 2015 – September 2016)**

START DATE / MODEL	09/15/15	11/2/15	1/11/16	2/22/16	4/4/16	5/9/16	6/13/16	7/25/16	9/12/16	Sub-total
# of Tribal Workers who <i>should have</i> completed Initial Training	2	2	1	2	NA	3	NA	NA	5	15
# of Tribal Workers who <i>actually</i> completed Initial Training	0	0	1	0	NA	2	NA	NA	0	3
% completed	0%	0%	100%	0%	NA	67%	NA	NA	0%	20%

\*Source – CCFL and DCFS Human Resources Data – Compiled by M. Nunemaker as of 1/05/17

The accuracy and quality of the data are impacted by the following:

1. Inaccuracies in documentation:
  - a) Data is hand counted by UNL-CCFL to determine completion rates. Technical assistance was provided to training staff on the LINK-EDC system and how to capture completion rates. Continued efforts towards utilizing LINK-EDC for data accuracy will be completed in this federal fiscal year.
  - b) Classroom sign-in sheets need to be consistently turned in to the Training Coordination Associate who tracks all completed training. Expectations will be clarified with trainees, trainers, and Field Training Specialists.
  - c) The Field Training Specialists (FTS) assist in holding CFS Trainees accountable for attending training. At this time, the FTS does not have access to individual trainee transcripts on LINK-EDC. This complicates the FTS' ability to monitor training units completed. A Training Completion Plan is available, but not utilized by every Field Training Specialist.
2. Final steps not completed for online learning:
  - a) LINK-EDC has a built in evaluation function and if the trainee does not complete the evaluation, the unit will show as incomplete.
  - b) A certificate of completion is provided for online training units. If the trainee or Field Training Specialist does not turn the certificate of completion into UNL-CCFL's Training Coordination Associate, the unit will show as incomplete.
3. Unit not considered as required by the Service Area:
  - a) During September 2015 and November 2015, DCFS Eastern Service Area staff did not require trainees to complete Case Management 2 (Ongoing Case Management Unit) as the CFS Specialists in that service area perform only Initial Assessment case management duties. This has been clarified with Eastern Service Area and trainees are now completing Case Management 2.
4. Training content waived but credit not allocated:
  - a) For Phase One and Phase Two of New Worker Training, Service Areas can request that training units be credited. Once the training credits have been approved, the training credit approval has not been consistently communicated to UNL-CCFL's Training Coordination Associate who maintains training transcripts.

Due to the above, it is believed that the percentage of CFS Trainees who completed Initial Training is higher than the data presented.

In regards to Tribal Workers completing Initial Training, the same barriers apply. Additional barriers include the work load and job type of the Tribal Worker. There are some Tribal Workers who only attend the portion of Initial Training that is related to their job duties and functions. Tribal Workers perform a multitude of different job functions and often times their workloads are prioritized above attending Initial Training.

The data limitations are related to Tribal Trainees completing New Worker Training. Hiring is not tracked by DCFS to determine if all new tribal child welfare workers are attending New Worker Training and to determine if those tribal workers who attend New Worker Training complete Initial Training (Phases One and Two). In December 2016, Tribal Workers obtained access to LINK-EDC. This will help to track and manage Tribal worker's attendance at training.

The barrier to a CFS Trainees completing Initial Training is if the trainee was ill, on vacation or missed a training unit and arrangements were not made to make up that training. CCFL works closely with the service areas to make up the missed units as soon as possible.

**Nebraska Department of Child and Family Services (DCFS):** How well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

DCFS has the following data/information regarding how well the training addresses basic skills and knowledge needed by staff to carry out their duties:

- List of knowledge, skills and abilities
- Quality Improvement Team Reviews
- Curriculum and delivery reviews
- End of Unit Evaluation
- Field Evaluations
- Competency Assessments
- Competency Development Tool

#### Knowledge, Skills and Abilities List

UNL-CCFL has a list of knowledge, skills and abilities that are aligned with the various training units to show a clear connection between the job requirements and the curriculum.

#### Quality Improvement Team

DCFS staff from the Quality Improvement Team attend various units throughout Initial Training to assess the quality of training and ensure it is aligned with the expected outcomes for the CFSR. Reports from the CQI team members include observations and recommendations to UNL-CCFL and the Training Program Specialist which helps to improve the quality of training.

DCFS and the CQI team meet bi-monthly with CFS Administrators and Program Specialists to review CQI data. During these meetings, identified strategies include training. These recommendations are shared with UNL-CCFL and training units are modified.

#### Service Area Monthly Training Phone Calls

The Training Program Specialist facilitates monthly phone calls with administrators, Field Training Specialists, UNL-CCFL and supervisors to discuss how trainees are progressing both in the classroom and in the field. Feedback is provided by the members of this team regarding the quality of training to include the transfer of learning.

## Curriculum and Delivery Reviews

Curriculum and delivery reviews are conducted by UNL-CCFL. For further description regarding the curriculum reviews, please see the Curriculum Review section of the Training Plan.

### End of Unit Evaluation (September 2015 - July 2016)

Trainees complete an evaluation at the end of each training unit titled End of Unit Evaluation. The following table displays average ratings for the different types of trainings and corresponding evaluation items. Trainees are asked to rate their level of agreement with each evaluation statement (1 = *Strongly Disagree*, 5 = *Strongly Agree*). Ratings are then collapsed across trainees, trainers, training units, and training sessions to arrive at response averages for each evaluation item. *Responses* is the number of ratings provided for each evaluation item by trainees. (Note that because trainees sometimes provide ratings for multiple trainers in a single session, this number does not equal the number of trainees who completed the evaluation.) *Training Units* is the number of unique curricula included (e.g., *Testifying Techniques*, *Worker Safety*). The following charts provides the average ratings for only the training units attended during Initial Training (Phase One and Phase Two of New Worker Training).

TRAINER QUESTIONS (face-to-face and webinar)	Responses = 3797 Training Units = 32
1. The trainer showed a high level of knowledge about the training topic	4.85
2. The trainer presented information in a clear and concise manner	4.79
3. The trainer demonstrated a high level of preparation and organization	4.81
4. The trainer provided summaries and emphasized the main points	4.80
5. The trainer demonstrated a respectful attitude toward trainees	4.85
6. The trainer responded effectively to the trainees' questions and comments	4.83
7. The training was well paced—not too fast/not too slow	4.68

TRAINING QUESTIONS (all methods)	Responses = 4263 Training Units = 42
1. The training was arranged in a logical sequence	4.64
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)	4.63
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.60
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.59
5. The training gave me new knowledge and skills that will be useful in my job	4.71

ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)	Responses = 172 to 638 Training Units = 2 to 12
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	4.33
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)	4.79
3. I was able to ask and answer questions or contribute comments	4.60
4. The trainer demonstrated proficiency in the use of the technology	4.51
5. I was able to easily access the training and training materials	4.50
6. The training technology enhanced the learning experience	4.04

SELF-PACED TRAINING ONLY QUESTIONS		Responses = 466 Training Units = 10
1. The instructions were clear and easy to follow		4.40
2. The training materials were clear and easy to follow		4.24
3. The training activities and exercises could be accomplished with the information provided		4.27

TRAINING TRANSFER QUESTIONS (all methods)		Responses = 4263 Training Units = 42
1. I am committed to applying what I learned in this training to my job		4.77
2. I feel confident that I can successfully apply what I learned in this training to my job		4.68

End of Unit Evaluation (July 2015-June 2016)		
TRAINER QUESTIONS (face-to-face and webinar)		Responses = 3797 Training Units = 58
1. The trainer showed a high level of knowledge about the training topic		4.81
2. The trainer presented information in a clear and concise manner		4.76
3. The trainer demonstrated a high level of preparation and organization		4.78
4. The trainer provided summaries and emphasized the main points		4.78
5. The trainer demonstrated a respectful attitude toward trainees		4.82
6. The trainer responded effectively to the trainees' questions and comments		4.80
7. The training was well paced—not too fast/not too slow		4.67

TRAINING QUESTIONS (all methods)		Responses = 5783 Training Units = 69
1. The training was arranged in a logical sequence		4.65
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)		4.61
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)		4.60
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation		4.56
5. The training gave me new knowledge and skills that will be useful in my job		4.68

ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)		Responses = 534 to 1495 Training Units = 9 to 19
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)		4.39
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)		4.76
3. I was able to ask and answer questions or contribute comments		4.54
4. The trainer demonstrated proficiency in the use of the technology		4.56
5. I was able to easily access the training and training materials		4.42
6. The training technology enhanced the learning experience		4.21

SELF-PACED TRAINING ONLY QUESTIONS		Responses = 961 Training Units = 14
1. The instructions were clear and easy to follow		4.33
2. The training materials were clear and easy to follow		4.26
3. The training activities and exercises could be accomplished with the information provided		4.33

TRAINING TRANSFER QUESTIONS (all methods)		Responses = 5783 Training Units = 69
1. I am committed to applying what I learned in this training to my job		4.76
2. I feel confident that I can successfully apply what I learned in this training to my job		4.66

\*Data provided by CCFL Evaluation Team, December 2016

In addition to answering the Likert Scale items, trainees have the ability to provide written responses to include what was found to be most helpful, least helpful and recommendations for specific training units. The evaluation data is used to modify curricula based upon feedback provided.

Responses from trainees indicate that the curriculum and delivery of the training material is of good quality. Additionally, the ratings from the following survey questions indicate the training is high quality and provides the necessary knowledge, skills and abilities need for CFS Trainees:

- Training engaged me in the learning process
- The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation
- The training gave me new knowledge and skills that will be useful in my job
- I am committed to applying what I learned in this training to my job
- I feel confident that I can successfully apply what I learned in the training to my job

### Field Evaluations

Field Evaluations are completed at the end of initial training and at the end of training (year one) by the trainee and the supervisor. These questions evaluate the trainee's and supervisor's perceptions of how well the training addresses the basic knowledge, skills and abilities or prepares trainees to work with families. The chart below identifies those questions and the responses.

Description of Evaluation Question	4 Cases Field Training Survey <sup>1</sup>	
	Workers N=55 to 125 <sup>2</sup>	Supervisors N=29 to 65 <sup>3</sup>
Value of field training prior to working with families	4.19	N/A
Value of other training (e.g., classroom, home-office activities, webinars) prior to working with families	3.92	N/A
Use of resources received during training	4.40	N/A
Timing and sequence of training	3.26	3.30
Knowledge of where to find information when assistance is needed	4.24	4.22
Adequate amount and type of training prior to receiving cases	3.67	3.95
Overall preparedness to begin work with families	3.83	3.97
Discussion of first cases with SALT	3.52	3.97
FTS availability and feedback	4.24	4.20
Mentor availability and feedback	4.05	3.34
Supervisor availability and feedback	4.41	4.37
Time to do casework	3.55	3.51
Availability of someone to accompany trainees to court	3.94	4.15
Adequate and timely training feedback	3.90	4.03

<sup>1</sup>Data provided by CCFL Evaluation Team, December 2016

<sup>2</sup>For all measures, the rating scale is 1 to 5. Higher ratings are more desirable.

<sup>3</sup>These data are from trainees who began training from June 2015 to June 2016. The response rate ranged from 29.26-66.49% for these data.

<sup>4</sup>These data are from supervisors whose trainees began training June 2015 to June 2016. The response rate ranged from 18.35-41.14% for these data.

The evaluation data is used to modify curricula and field training. Moreover, results from these surveys are shared with the field to enhance the support for new workers.

Ratings indicate an overall neutral to being agreement with feeling regarding perceptions of how well training prepared workers to begin working with families.

### Competency Assessments

A comprehensive end-of-training written assessment is not administered. There are 23 knowledge and/or skills assessments built into several of the training units:

1. Practice Principles for PSJS and N-FOCUS Overview Knowledge Assessment
2. Case Management 1 Knowledge Assessment
3. Case Management 2 Knowledge Assessment
4. Interviewing Pre-Work Knowledge Assessment
5. Testifying Techniques Knowledge Assessment
6. Gathering and Corroborating Information Knowledge Assessment

7. Car Seat Safety Knowledge Assessment
8. ADHD and Managing Psychotropic Medication Knowledge Assessment
9. Introduction to Maltreatment Dynamics & Effects Structured skills assessments
10. Case Management 2 Structured skills assessments
11. Interviewing Structured skills assessments
12. Initial Assessment N-FOCUS Structured skills assessments
13. Ongoing N-FOCUS Structured skills assessments

Informal knowledge and skill evaluation occurs routinely in all training units. The assessments are included in trainee progress reports provided to the Field Training Specialist and the trainee's supervisor to inform the trainee's level of comprehension of concepts taught in the classroom.

#### Competency Development Tool (CDT)

The Competency Development Tool is a performance evaluation and probationary planning instrument that assesses 1) a sample of Trainee's job tasks representing 17 different performance dimensions, and 2) the DHHS values and core competencies. The Competency Development Tool includes a supervisor's self-assessment section, to evaluate supervisory participation in the new employee's development, and a goal-setting section to encourage the CFS specialist and supervisor to jointly develop action plans for performance improvement when employee performance does not meet minimum standards. With input from the Field Training Specialists and mentors, supervisors complete the Competency Development Tool when the Trainee is ready for promotion to CFS Specialist. The Competency Development Tool is completed between weeks 10 and 16 of New Worker Training. Tribal supervisors have been trained on the use of the Competency Development Tool with their staff.

The intention of the Competency Development Tool was to assess the performance of a Trainee, however, some concerns noted indicate this instrument has evolved into a checklist in order to move a trainee from Trainee status to CFS Specialist status. The benefits of a trainee changing status from Trainee to CFS Specialist include a pay raise and increased job responsibilities.

There are 18 tasks outlined in the Competency Development Tool that all CFS Specialists are required to complete, 10 tasks specific to Initial Assessment workers and 5 tasks specific to Ongoing Workers. In order for the trainee to be promoted from trainee status, they are expected to score a 3 "Minimum Standard" which is defined as:

- Needs a moderate amount of supervision, direction and follow-up
- Makes occasional or minor mistakes that are likely to be caught and corrected through routine supervision
- Demonstrates performance deficiencies that are likely to have only a minor effect on families and professional partners
- Lacks some knowledge or skills which could be improved through additional training, coaching, practice and feedback

Narrative explanations for the scores given are required in areas in which the trainee did not receive a 3. The narrative outlines the plan to support the trainee in achieving the minimum standards. The Competency Development Tool is to be completed a second time for the trainee to determine if the trainee's performance meets the minimum score required. Data is captured in LINK-EDC.

According to DHHS Human Resources data, there should have been a Competency Development Tool assessment completed on 62 CFS Trainees between July 2015 and May 2016. The chart below

outlines the findings from the data available through LINK-EDC regarding the Competency Development Tool.

<b>July 2015 Training Group- 15 CDT Assessments should have been completed</b>		
<b># Assessments Completed</b>	<b># of Trainees passed</b>	<b># of Assessments completed on time (between weeks 10-17)</b>
15	15	8 <ul style="list-style-type: none"> <li>- 2 assessments were not properly completed and show as "Incomplete"</li> <li>- 5 assessments were completed between 18 and 20 weeks.</li> </ul>

\* Data Source – LINK-EDC, compiled by M. Nunemaker, June 2016

<b>September 2015 Training Group- 16 CDT Assessments should have been completed</b>		
<b># Assessments Completed</b>	<b># of Trainees passed</b>	<b># of Assessments completed on time (between weeks 10-17)</b>
23	20 passed initially <ul style="list-style-type: none"> <li>- 2 passed when assessed a second time</li> <li>- 1 trainee was promoted to CFS Specialist although they did not pass</li> </ul>	10 <ul style="list-style-type: none"> <li>- 3 assessments were not properly completed and show as "Incomplete"</li> <li>- 9 assessments were completed between 18 and 27 weeks</li> <li>- 1 was completed early at week 4</li> <li>- Of the two trainees who did not pass the CDT the first time, only one trainee's assessment was placed in complete status which tells how much additional time the trainee needed before passing the assessment the second time. This trainee did not pass the first time at week 20 (3 weeks late) and passed the second time at week 25, needing a total of 8 additional weeks of training and support before working independently with families.</li> </ul>

\* Data Source – LINK-EDC, compiled by M. Nunemaker, June 2016

<b>November 2015 Training Group- 15 CDT Assessments should have been completed</b>		
<b># Assessments Completed</b>	<b># of Trainees passed</b>	<b># of Assessments completed on time (between weeks 10-17)</b>
14 <ul style="list-style-type: none"> <li>- 1 trainee has not had a CDT completed to date</li> </ul>	12 <ul style="list-style-type: none"> <li>- 1 trainee did not pass the first time.</li> </ul>	4 <ul style="list-style-type: none"> <li>- 3 assessments were not properly completed and show as "Incomplete"</li> <li>- 1 of which is the first assessment completed for the trainee who did not pass. Due to the incomplete status for the trainee who did not pass the CDT the first time, it is unknown how much additional time the trainee needed between the first assessment and the second assessment. The second assessment was completed at week 22.</li> <li>- 8 assessments were completed late between weeks 18-22.</li> </ul>

\* Data Source – LINK-EDC, compiled by M. Nunemaker, June 2016

<b>January 2016 Training Group- 12 CDT Assessments should have been completed</b>		
<b># Assessments Completed</b>	<b># of Trainees passed</b>	<b># of Assessments completed on time (between weeks 10-17)</b>
<b>10</b> - <b>1 showing as In Progress with no scores</b> - <b>1 not yet started.</b>	10	6 - 2 assessments show as "In Progress" with scores not entered for 1 person - 3 assessments were completed week 19.

\* Data Source – LINK-EDC, compiled by M. Nunemaker, June 2016

### In Summary:

- 95% completion rate
- Of the 62 assessments completed, 57 trainees passed when assessed the first time; 91.9%
- 45% of assessments were completed on time. The completion rate may be higher if all assessments had been properly closed
- 40% of assessments were completed after 17 weeks
- The remaining 5% are either incomplete, in progress, or a CDT has not been started for the trainee

### Annual Performance Evaluation

An annual performance evaluation is conducted on all CFS Specialists. The performance evaluation consists of 10 Lominger Performance Dimensions and are utilized for all persons employed with DHHS and are not directly related to CFS. Along with the Lominger Performance Dimensions, the case manager and supervisor identify essential job duties and 5 minimum performance goals.

No issues have surfaced regarding the accuracy of data for End of Unit Evaluations. The response rate is high because the evaluations are handed out at the beginning of every training unit and are turned in at the end of each training unit. When training units are online or self-study, the evaluation is tied to the unit. In regards to quality, there has been feedback that trainees feel rushed and may not spend time filling out the evaluations in detail.

Additionally, no issues have been identified related to the accuracy or quality of data for Field Evaluations.

In regards to the Competency Development Tool, the following challenges impact the accuracy and quality of data:

- Only 45% of CDT's were completed on time (weeks 10 and 17 of training).
- 8 assessments were not properly closed.
- The CDT is not flexible in design and does not take into account the trainees that may pass the CDT prior to week 10 week
- There are added incentives for supervisors to give trainees the minimum standard scores:
  - Able to assign a full caseload to the trainee
  - Alleviating the workload of others on the team
  - Narratives are required for any score other than a 3 is given

No issues have surfaced regarding data for End of Unit Evaluations.

Response rates for Field Evaluations are 29.26-66.49% for trainees and 18.5-41.14% for supervisors. The most likely reason for low response rates is time. When the first evaluation is sent to trainees and supervisors, trainees are working with four or more families. Completing an evaluation may not be a high priority. Supervisors receive an evaluation for every trainee; a

supervisor may not take the opportunity to complete multiple evaluations. The evaluation process has been identified as an area needing improvement through the work of the Training Strategic Plan.

The primary limitation to the data for the Competency Development Tool is data cannot be aggregated to determine which sections of the CDT trainees did not pass the first time the CDT is administered. This data would aid DCFS in the ability to assess the quality of new worker training by indicating various areas of training that are not adequately preparing trainees to pass the CDT.

The Annual Performance Evaluation is designed and utilized for all persons employed with the Department of Health and Human Services and are not directly related to Child and Family Services Specialists. Additionally, the performance evaluation outcomes are not communicated back to training and the administering of the performance evaluations can vary based upon the worker and the supervisor. Moreover, the annual performance data is not used for quality analysis related to training.

The following are a few barriers that have been identified:

- The current knowledge, skills and abilities list that aligns training and job requirements of the CFS Specialist is outdated.
- Data is not aggregated for the various knowledge and skills assessments trainees complete during training.
- A barrier to the field evaluation response rates is due to workload and retention
- Supervisors are surveyed for each trainee. Supervisors have a high work load and filling out multiple surveys is time consuming.
- The CDT is not administered the way it was designed as it is not always completed prior to week 16 of training or completed a second time when a trainee does not pass the first time.
- The way the CDT functions does not allow data to be captured for tasks trainees did not pass or receive a score of 3 the first time the tool was administered.
- There is not an end of training competency assessment. This type of assessment could be used to assess the quality of training. Did a trainee gaining the necessary knowledge, skills and abilities to do their job upon the completion of training.

**Nebraska Families Collaborative:** Staff receive training pursuant to the established curriculum and time frames for the provision of initial training and how well the initial training address basic skills and knowledge needed by staff to carry out their duties

Nebraska Families Collaborative (NFC) is a private, nonprofit agency contracted by the DHHS to provide child welfare case management and service provision to families in Douglas and Sarpy counties. In compliance with Neb. Rev. State. 68-1214, NFC Family Permanency Specialists (FPS) are required to receive the same initial training and complete a formal assessment process after initial training to demonstrate competency prior to assuming responsibilities as an FPS.

NFC reports the following completion rates of trainees who attended training January 2016-December 2016:

- Completion of Phase I (Weeks 1 – 7): 100%
- Completion of Phase 2 (Weeks 8 – 11): 100%

To accurately calculate training completion rates, the only data needed is training attendance records. NFC tracks attendance at each training by using a sign in sheet and then inputting that information into Banner. NFC Trainees do not begin Phase 2 without completing all of Phase 1 and are not promoted to Case Management without completing all of Phase 2.

NFC rarely provides credit for training. Since training materials change as child welfare changes, it is NFC's policy that all new worker training will be completed again for staff who previously worked at NFC and returned over a year later. If there is a case manager from DCFS, the Training Supervisor will match their DCFS training transcript to ensure that the new worker has the recent curriculum requirements on their transcript. If there are any questions, the Training Supervisor errs on the side of caution and has the new worker retake a training class to be in compliance with Neb. Rev. Stat. 68-1214.

If a training credit (or exception as NFC refers to it) is given, a training plan is filled out with all the classes that are offered at NFC and an explanation of training courses credited is provided. This information is kept in an exceptions binder.

NFC utilizes the Family Permanency Specialist Competency Tool to ensure that all FPS trainees transitioning from Trainee status to Family Permanency Specialist status have met minimum competency in 13 different areas. This assessment is completed by the Trainee's supervisor in conjunction with the Training Supervisor. All areas of the DCFS Competency Development Tool are included. NFC has added the following competencies; Attitude and Behavior, Family Engagement, NFC Values, Communication, Family Team Meetings, Case Plans, Structured Decision Making, Court and Legal, Well-Being, Safety/Safety Planning, Permanency, Critical Thinking, and Documentation.

NFC Trainees complete 26 assessments in New Worker Training in addition to the Competency Development Tool that must be passed prior assuming full case management duties. The assessments completed by NFC Trainees are as follows:

1. Mandatory Consultation Points

This online training has nine Yes/No, True/False, and multiple choice questions evaluating the trainee's knowledge of what events constitute a mandatory consultation point with his or her supervisor.

2. Introduction to Maltreatment

Trainees read four articles on the different effects of maltreatment and then answer 26 questions regarding the information.

3. Domestic Violence

Brief vignettes and a mock case plan are provided to the trainee. Questions that follow, focus on identifying signs of domestic violence, assessment of family dynamics, and how to investigate/interview the victim and perpetrator. The case plan activity is designed to have the trainee assess if the case plan reflects partnering with the victim and accountability for the perpetrator.

4. Nonviolent Crisis Intervention (NCI)

This evaluation consists of an 8-part test that includes fill in the blank and short answer questions developed by NCI. Trainees must pass in order to get their NCI certification.

5. Worker Safety

Trainees read an article on worker safety and then take a 5 question test to ensure comprehension of important worker safety tenets.

6. Dangers of Methamphetamine

An online training is followed by a 17 question test with multiple choice, true/false and matching questions to measure the trainee's learning.

7. Critical Thinking

Trainees read 3 complex scenarios that mimic the nature of what might be encountered on a daily basis. Trainees answer a series of 25 questions that assesses their understanding and problem solving/critical thinking skills.

#### 8. CFSR

Trainees complete an online training that provides basic information about CFSR and must take a 13 true/false, multiple choice question test at the end.

#### 9. N-FOCUS

Trainees work independently on an activity that requires use of multiple areas in N-FOCUS. This provides them with hands-on learning while mastering the N-FOCUS system.

#### 10. Documentation

Three examples of documentation are provided to trainees who are asked to answer 7 questions regarding the quality of the documentation. Questions include if the documentation conveys if the child is safe, overall quality, and missing components.

#### 11. Nebraska Caregiver Responsibilities (NCR)

Trainees are given a mock scenario to score a NCR based on the information provided. This is checked for accuracy and thoroughness.

#### 12. Safety plan

Following the classroom training on safety planning, trainees complete a safety plan in class.

#### 13. Diligent Search

A diligent search is done for a family of the trainee's mentor. It is then documented in N-FOCUS, giving the trainee another opportunity to navigate N-FOCUS.

#### 14. Solution-Focused Interviewing

Mock interviews with trainees and training specialists are used to show application of the concepts of solution-focused interviewing. Interviews are videotaped so trainees can view their interview while receiving feedback. The Training Specialist completes a scoring form to help identify the areas the trainee did well and areas of growth.

#### 15. Court and Legal

Trainees are given a pre-test prior to the Court and Legal training module and a post-test following the training to gauge their knowledge of the juvenile court system.

#### 16. Structured Decision Making (SDM)

Trainees complete a Family Strengths and Needs Assessment and Reunification Assessment on a mock family. Trainees that do not meet the minimum requirement are required to redo the assessments to ensure competency of the SDM tool.

#### 17. Case Plans

Trainees apply newly gained knowledge of case planning to write a case plan for a mock family. Trainees must incorporate SMART goals, strengths, needs, strategies, and progress in case plans.

#### 18. NFC Family Team Meeting Framework

Trainees complete an agenda for a family team meeting and use this in role plays with peers and Training Specialists. Feedback is given in the moment and in writing to provide a strong learning environment.

#### 19. Court Report

Trainees complete a full court report on a mock family. All trainees receive feedback on content, strengths of the report and areas of growth. Trainees that miss multiple pieces of information need to correct mistakes to ensure competency.

#### 20. Child Passenger Safety

Trainees are required to demonstrate they can accurately install a car seat after completing the training. There is a certified child passenger safety technician that observes and signs off they have completed.

#### 21. Testifying

Trainees practice testifying with an attorney in the classroom setting. Immediate feedback is given about performance and content of information. Testimony is videotaped to review with their supervisor and further reflect on what areas may need improvement. Trainees complete a professional resume to be used and updated as needed when promoted to full case management.

## 22. Court Shadowing

Trainees are provided a court questionnaire that is completed while observing different court hearings. These are discussed within the training cohort to ensure trainees have grasped the important points and information of a court hearing.

## 23. Defensive Driving

All trainees complete an online defensive driving training and must pass the test at the end of the training.

## 24. Trauma

Trainees watch Part 2 of the Removed video and answer a series of 6 short answer questions about their observations of the young girl in the video with a focus on trauma.

## 25. Utilization Management Services

Trainees take an online training about the different services that may be offered to families in the child welfare system. An 8 multiple choice, true/false question quiz at the end.

NFC had 4 classes start and complete in the time frame of July 2015-June 2016. There are a total of 42 trainee responses to the evaluation.

NFC utilizes Likert Scale questions on trainee evaluations. For questions 1-4 a 5 point scale is used with 1=disagree strongly and 5=agree strongly. For question 5, a 5 point scale is used with 1=no difference and 5=tremendous difference.

1. The difficulty level of the training was about right
  - a. 52% of trainees marked this a 5 (22)
  - b. 38% of trainees marked this a 4 (16)
  - c. 7% of trainees marked this a 3 (3)
  - d. 0% of trainees marked this a 2 (0)
  - e. 2% of trainees marked this a 1 (1)
2. The presentations met my professional and educational needs
  - a. 50% of trainees marked this a 5 (21)
  - b. 43% of trainees marked this a 4 (18)
  - c. 7% of trainees marked this a 3 (3)
  - d. 0% of trainees marked this a 2 (0)
  - e. 0% of trainees marked this a 1 (0)
3. The trainers actively involved me in the learning process
  - a. 57% of trainees marked this a 5 (24)
  - b. 38% of trainees marked this a 4 (16)
  - c. 5% of trainees marked this a 3 (2)
  - d. 0% of trainees marked this a 2 (0)
  - e. 0% of trainees marked this a 1 (0)
4. As a result of training, I feel more confident in my role at NFC
  - a. 45% of trainees marked this a 5 (19)
  - b. 43% of trainees marked this a 4 (18)
  - c. 14% of trainees marked this a 3 (6)
  - d. 0% of trainees marked this a 2 (0)
  - e. 0% of trainees marked this a 1 (0)
5. To what extent do you expect this training will make a difference in the way you do your job
  - a. 57% of trainees marked this a 5 (24)
  - b. 38% of trainees marked this a 4 (16)
  - c. 5% of trainees marked this a 3 (2)
  - d. 0% of trainees marked this a 2 (0)
  - e. 0% of trainees marked this a 1 (0)

There are no accuracy issues with the Trainee Classroom Evaluation.

For the Competency Development Tool data, one anticipated challenge is the requirement that trainees receive a minimum score of 3 (on a scale from 1 to 5) on every task and essential behavior in order to pass the Competency Development Tool and be promoted. This is a legitimate and necessary requirement to ensure that trainees demonstrate minimum competency before working with families. However, for supervisors under great pressure to cover mounting caseloads, this can compel higher ratings than might really be warranted. In addition, for any rating other than 3, a supplemental narrative is required. This requirement can discourage any ratings other than 3, and this would mask true variability in performance.

Currently NFC does not provide evaluations at the end of its training for Family Permanency Specialist Supervisors. This needs to be added and tracked in the future in order to determine if the training provided is of good quality and is meeting the basic knowledge and skills needed.

Classroom evaluations are tracked by the Training Specialists and are completed at the end of the class when a training is delivered by non-training staff and at the end of the Phase 1 classroom training for all training delivered by the Training Specialists. NFC has a very high completion rate for training evaluations for the Training Specialists. This data is compiled and sent to the Training Manager after each training cohort completes classroom training. However, there is not a mechanism to track this information. The same is true for the evaluations completed on the non-training staff. This also needs to be tracked in the future.

In terms of measuring if trainees pass the 26 assessments on the first attempt, a tracking system needs to be developed. NFC is aware that 100% of trainees do pass the assessments, because it is a requirement prior to assuming full case management responsibilities, however the number of attempts to pass the assessments is unknown. Currently, if a trainee does not pass the assessment on the first attempt, remediation is provided to the trainee and the assessment is completed a second time. Due to the lack of a tracking system, it is unknown how often remediation is provided or what assessments tend to be more difficult for trainees. Anecdotally, it is believed that trainees pass all 26 assessments on the first attempt 90% of the time.

A few barriers identified are as follows:

- NFC does not have a tracking mechanism regarding feedback regarding trainers.
- NFC does not have a tracking system to determine the number of trainees that pass training assessments on the first attempt and the assessments trainees do not pass on the first attempt.
- The way the CDT functions does not allow data to be captured for tasks trainees who did not pass or receive a score of 3 the first time the tool was administered.

### **Stakeholder Assessment**

Stakeholders such as the Office of Inspector General and the Foster Care Review Office recommend various trainings in effort to improve services provided to children and families. These recommendations are reviewed and often incorporated into New Worker Training. Because of the fluidity of DCFS' New Worker Training model, training modifications are made quickly and implemented within one to two training cycles. Stakeholder recommendations include:

- Review training for guidelines regarding documentation (OIG recommendation) –members of the CQI Team have attended various New Worker Training units to review the training and make recommendations on the quality of training related to documentation expectations.

- Implement training related to Trauma Informed Care (OIG recommendation) – a Trauma Informed Care Strategic Plan has been developed. The workgroup is led by the Training Program Specialist and the Training Administrator. Trauma Informed Care has been incorporated into New Worker Training and is delivered to trainees during Phase three of training. CCFL is an active participant in this workgroup and incorporates recommendations from the team into training.
- Expand training for DCFS staff related to psychotropic medications and suicide prevention (OIG recommendation) – a new psychotropic medication training unit was developed and the first training occurred in January 2017. This unit focuses on information about psychotropic medications, informed consent and the CFS Specialist’s role when state wards are prescribed psychotropic medications. Suicide prevention has been incorporated into mental health training. Resources related to suicide prevention was included in the Development, Behavior and Mental Health Needs job aide in February 2016.
- Implement training on the medical aspects of child abuse (OIG recommendation) – Introduction to Maltreatment has been modified to include additional training regarding the medical aspects of child abuse. CCFL is in the process of contracting with a child abuse and neglect medical professional for training content consultation.
- Implement additional training for staff regarding engagement with families who have a High or Moderate Risk rating and are refusing ongoing service provision (OIG) – more intensive focus on family engagement has been integrated throughout New Worker Training.
- In the December 2016, Nebraska Foster Care Review Office Annual Report made a recommendation to DCFS to develop adequate supports, training and mentoring for caseworkers. This has been an ongoing priority of DCFS and will be addressed in the New Worker Training re-design that will be implemented in May 2017.
- DCFS participates in various workgroups and committees with external stakeholders. Feedback and recommendations for training is often communicated during these workgroups, committee meetings and other contacts with stakeholders. Garnering this feedback aids DCFS in the assessment of how well the initial training addresses basic skills and knowledge needed by staff along with identifying opportunities for additional education.

## State Performance

The Initial Staff Training Systemic Factor is a **Strength** for Nebraska. Initial Training is provided to all staff who deliver case management duties to families in Nebraska. Data indicates that 71.6% of DCFS trainees complete Initial Training. As stated above, it is believed that this percentage is actually higher due to various limitations to the data. NFC’s data indicates that 100% of their trainees complete New Worker Training. DCFS has identified mechanisms to enhance data collection and reporting in effort to increase the percentage of Trainees who complete training.

The data collected through training evaluations for DCFS Initial Training indicate the training is of high quality, participants are learning new skills and are committed to applying these new skills to their work. Furthermore, the 95% completion rate for the administration of the DCFS Competency Development Tool and the number of qualitative and quantitative mechanisms DCFS has in place to assess and monitor training enables DCFS to timely improve and enhance training.

Additionally, NFCs New Worker Training includes multiple knowledge assessments to ensure new workers have the necessary knowledge, skills and abilities to be prepared to work with families.

DCFS is in the process of re-designing New Worker Training which will address the limitations identified. Continuous Quality Improvement (CQI) reviews, evaluation data and data from the CDT is used to determine if the initial training addresses basic knowledge and skills needed by staff to perform case management duties. Overall, evaluation data indicates a neutral to positive response regarding how well training addresses basic knowledge and skills. Training is regularly reviewed and modified as practices change in Child Welfare. CQI reviews were favorable indicating training is covering the necessary knowledge and skills needed to provide quality case management. CDT data indicates that 91.9% of trainees passed the CDT the first time assessed which leads one to deduce training is preparing trainees to work with families with little need for additional training or support.

### **Item 27: Ongoing Staff Training**

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

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

*Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### **State Response**

DCFS implemented a memo for Professional Development Requirements on April 20, 2016. The procedure memo requires all CFS Specialists, CFS Supervisors, CFS Administrators, and CFS Program Specialists within Child Welfare to complete 24 hours of in-service professional development per year with at least 1 hour of training per year on the Indian Child Welfare Act and Human Trafficking.

Professional development is any training that enhances the employee's knowledge and skills as it relates to Child Welfare and the provision of Child Welfare services as approved by the employee's supervisor. The 24 hour annual training requirement is based on the employee's hire date. For those who are required to complete New Worker Training, the 24 hour annual requirement will begin following the successful completion of New Worker Training. Data will be housed in the LINK-EDC

system and supervisors are to document completion in the employee’s Annual Performance Evaluation by reviewing the employee’s transcript twice per year.

Nebraska Families Collaborative (NFC) has a requirement that all Family Permanency Specialists and Supervisors complete 24 hours of ongoing training each year with 1 hour dedicated to the Indian Child Welfare Act and the Multiethnic Placement Act.

Tribal workers do not have an ongoing training requirement.

All data for DCFS regarding ongoing training is collected in the LINK-EDC system. Trainings developed and delivered by UNL-CCFL or DCFS are loaded and tracked through the LINK-EDC system. The Protection and Safety Professional Development Procedures include instructions for staff to upload any trainings or conferences attended that are not delivered by UNL-CCFL or DCFS in order to receive credit for attending. A certificate or documentation verifying attendance is required and must be scanned into the LINK-EDC system in order to receive credit for those training hours.

According to LINK-EDC, there are 280 CFS Specialists, CFS Supervisors, CFS Administrators and Program Specialists who are required to complete 24 hours of Ongoing Training each year, at least 1 hour of training on ICWA and at least 1 hour of training on Human Trafficking. The chart below outlines the data available from January 2016 – December 2016.

# of Staff who completed 24 hours of Ongoing Training	# of staff who received at least 1 hour of training on ICWA	# of staff who received at least 1 hour of training on Human Trafficking
141 50%	239 85%	258 92%

\* Data Source – LINK-EDC, compiled by M. Nunemaker, January 2017

When ongoing training is provided by UNL-CCFL, an end of unit evaluation is provided to the participants regarding perceptions of how well the training was delivered, the training provided the participant with new knowledge and skills useful in the job and the transfer of learning from the classroom to the field. The following chart outlines the responses from the evaluations collected from those In-Service units held during January 2016 – December 2016.

The following table displays average ratings for the different types of trainings and corresponding evaluation items. Participants are asked to rate their level of agreement with each evaluation statement (1 = Strongly Disagree, 5 = Strongly Agree). Ratings are then collapsed across participants, trainers, training units, and training sessions to arrive at response averages for each evaluation item. Responses is the number of ratings provided for each evaluation item by participants. (Note that because trainees sometimes provide ratings for multiple trainers in a single session, this number does not equal the number of trainees who completed the evaluation.) Training Units is the number of unique curricula included.

Evaluation Item	
TRAINER QUESTIONS (face-to-face and webinar)	Responses = 1578 Training Units = 15
1. The trainer showed a high level of knowledge about the training topic	4.72
2. The trainer presented information in a clear and concise manner	4.69
3. The trainer demonstrated a high level of preparation and organization	4.71
4. The trainer provided summaries and emphasized the main points	4.72
5. The trainer demonstrated a respectful attitude toward trainees	4.79

Evaluation Item	
6. The trainer responded effectively to the trainees' questions and comments	4.73
7. The training was well paced—not too fast/not too slow	4.63

TRAINING QUESTIONS (all methods)	Responses = 1578 Training Units = 15
1. The training was arranged in a logical sequence	4.66
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)	4.61
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.62
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.57
5. The training gave me new knowledge and skills that will be useful in my job	4.57

ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)	Responses = 38 Training Units = 1
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	4.42
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)	4.81
3. I was able to ask and answer questions or contribute comments	4.50
4. The trainer demonstrated proficiency in the use of the technology	4.53
5. I was able to easily access the training and training materials	4.33
6. The training technology enhanced the learning experience	4.34

TRAINING TRANSFER QUESTIONS (all methods)	Responses = 1578 Training Units = 15
1. I am committed to applying what I learned in this training to my job	4.68
2. I feel confident that I can successfully apply what I learned in this training to my job	4.62

\*Data provided by CCFL Evaluation Team, December 2016

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

NFC captures ongoing training data and attendance in the Banner system. NFC's Banner System shows that 171 of 172 or 99% of Family Permanency Specialists and Supervisors have completed the required 24 hours of ongoing training for the 2016 calendar year.

The following accuracy issues related to the requirement for DCFS staff to complete 24 hours of ongoing training each year are as follows:

- Tracking issues as the start and end date for each person varies and is based upon their hire date. The memo will be updated to change the period under review to each calendar year.
- CFS staff not entering trainings attended (for trainings not delivered by CCFL or DCFS)
- CFS staff not correctly entering training attended and/or
- CFS staff not uploading certificate of completion

There are no known issues related to the accuracy or quality of data regarding participants' perceptions of training for those delivered by UNL-CCFL. When trainings are provided by DCFS staff, no evaluations are conducted regarding the training, this will need to be assessed for the next fiscal year.

For NFC staff there is no concern that the information in Banner is inaccurate because NFC has paper copies of sign in sheets and/or certificates showing proof of attendance for all ongoing trainings attended.

The following are a few barriers that have been identified:

- There are no anticipated limitations of evaluation data for DCFS staff regarding completion of ongoing training delivered by UNL-CCFL.
- When trainings are provided by DCFS, staff evaluations are not conducted. The lack of evaluations will need to be assessed for the next fiscal year.
- All DCFS provided trainings are not tracked by the Training Program Specialist. It is unknown exactly how many DCFS delivered trainings were provided in the last fiscal year.
- With the Professional Development Requirements, it is anticipated that a process will need to be put in place to track these trainings and ensure attendance is entered into LINK-EDC.

NFC's current evaluations of internally provided ongoing training is qualitative and not quantitative as it asks fill in the blank responses. NFC plans to modify their ongoing training evaluations.

There are no known barriers regarding the expectation DCFS staff will complete 24 hours of ongoing training expectation. Multiple In-Service trainings offered statewide by CCFL. Service areas identify the In-Service units, the location, and the time frames as to when this training will be delivered. Central Office identifies training topics that must occur statewide. Staff are able to attend trainings to enhance their knowledge, skills or abilities provided by outside providers. The only potential barriers is entering the training into the LINK-EDC Learning Management System.

Although there is CQI data that reports quarterly progress has been made around the state in various CFSR items; neither DCFS nor NFC has examined the data as it correlates to ongoing training needs.

### **Stakeholder Assessment**

Stakeholders such as the Office of the Inspector General (OIG) and the Foster Care Review Board provide recommendations to DCFS in an effort to improve the services provided to children and families. Recommendations made related to training often lead to the development of additional In-Service Training or modifications to the current training modules. Stakeholder recommendations include:

- Implement training related to Trauma Informed Care (OIG recommendation) – Trauma Informed Care has been offered as an In-Service training to all five service areas. Some service areas have had training on Trauma Informed Care by area trauma experts. In October 2015, the Administrator Conference was held for Child and Family Services Administrators and was focused on trauma to include compassion fatigue and vicarious trauma.
- Expand training for DCFS staff related to psychotropic medications and suicide prevention (OIG recommendation) – a new training unit was created and was offered to service areas as an In-Service in January 2017. This unit focuses on information about psychotropic medications,

informed consent and the CFS Specialist's role when state wards are prescribed psychotropic medications. Suicide prevention has been incorporated into mental health training. Resources related to suicide prevention is included in the Development, Behavior and Mental Health Needs job aide. The job aide has been sent out state wide and is also available on the DHHS SharePoint Protection and Safety Training Tools and Resources Page.

- Implement additional training for staff regarding engagement with families who have a High or Moderate risk rating and are refusing ongoing service provision (OIG) – more intensive focus regarding engagement has been integrated in to various Ongoing In-Service trainings.

In the December 1, 2016 Foster Care Review Board's annual report, there were no recommendations made related to the ongoing training of case managers.

DCFS participates in various workgroups and committees with outside stakeholders. A goal for the next fiscal year is to explore opportunities to include feedback related to In-Service Training. Garnering feedback from outside stakeholders will enable DCFS to assess ongoing training strengths and areas to expand.

Many of the DCFS New Worker Training units have been updated to incorporate application based skills, best practice and increased engagement. These updated training units will be offered to service areas as In-Service options for the 2017 calendar year.

## **State Performance**

The Ongoing Staff Training Systemic Factor is a **Strength** for Nebraska.

Although DCFS data indicates 50% of staff are completing on-going professional development, it is believed that this percentage is higher. Due to the various dates as to when the ongoing training hours are to be completed not matching the LINK-EDC reporting system, it is likely the reason the percentage is not higher. Additionally, staff attend many local conferences, trainings and learning opportunities at team meetings that may not all be captured within the LINK-EDC system. Therefore, DCFS staff have multiple opportunities to gain additional knowledge, skills and abilities and DCFS is confident staff participate in these various learning opportunities.

With changes made to the Professional Development Program Memo, it is anticipated a more accurate data will be reported for completed ongoing hours will be available at the end of the 2017 calendar year.

Overall, evaluation data indicates a positive response regarding how well training addresses basic knowledge and skills. CQI data has not been examined in depth to determine how ongoing training affects improvements in CQI data. This will be focused on during the 2018 Federal Fiscal Year.

**Item 28: Foster and Adoptive Parent Training**

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

**State Response**

Since July 1, 2015, all child welfare contracts have included language related to training of foster parents, adoptive parents, and staff of state licensed or approved facilities: “The Contractor shall continue to provide core training that is critical to deliver the service and agrees to collaborate with DCFS to identify additional trainings designed to strengthen the child serving workforce to include trauma informed care, stages of child development, and cultural/linguistic competency.”

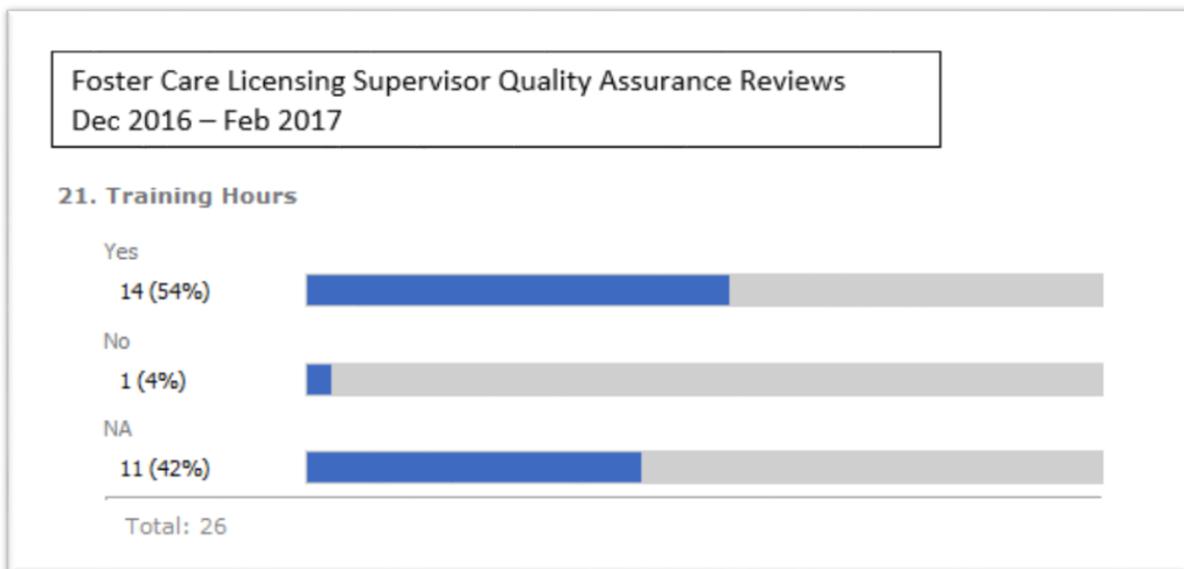
Training of Foster and Adoptive Parents

DCFS contracts with a variety of agencies to deliver training to foster and adoptive parents. Reports from N-FOCUS are generated each quarter and are used to monitor the performance of how well agencies do with providing this training. The reports represent a point in time and identify the number of foster and adoptive homes that have documentation of the required 12 hours of annual ongoing training. In some cases, the contracted agency may have provided the training, but has not documented that the training occurred. This quarterly report is shared with the Foster Care Program Specialist and Administrator who review the data to look at parent specific information, agency specific performance as well as systemic performance. Nebraska regulations allow both pre-service and ongoing trainings to be waived for relative homes that are licensed. The number of training waivers offered for relative that are licensed are included in the table below.

<b>Pre-Service Training for Foster and Adoptive Homes</b>				
Point in Time Data as of 2/7/17, N-FOCUS				
Service Area	Count of Pre-Service Completed Date	Count of Org ID #	% Total	
Central	179	265	68%	
Eastern	784	844	93%	
Northern	309	328	94%	
OutOfState	2	2	100%	
Southeast	498	569	88%	
Western	145	195	74%	
Grand Total	1917	2203	87%	
156 Training Waivers Added	2073	2203	<b>94%</b>	

The data shows that 2203 foster and adoptive homes had a foster care license issued within the past two years. Of those homes, 1917 had documentation on their file in N-FOCUS reflecting that the necessary pre-service training occurred. An additional 156 homes were licensed relative homes who were not be required to complete training, but did have the required documentation reflecting that the training was waived. When these relative homes are included, the statewide percentage is increased from 87% to 94%.

As part of the effort to ensure that initial pre-service and ongoing training is taking place, Foster Care Licensing Supervisors take part in conducting monthly quality assurance reviews of foster and adoptive licensing packets to monitor compliance with licensing standards, including documentation of the 21 hours of pre-service TIPS-MAPP training, as well as the 12 hours of annual ongoing training. Supervisors are randomly assigned 4 packets from various service areas and contracted agencies to review each month. Out of the 26 packets that were reviewed during the months of December 2016, January 2017, and February 2017, 14 out of 15 packets had documentation reflecting that the training was completed. The other 11 packets indicated “NA” as they were non-licensed foster homes. This sample shows that 93.3% of the licensing packets had the required training documentation.

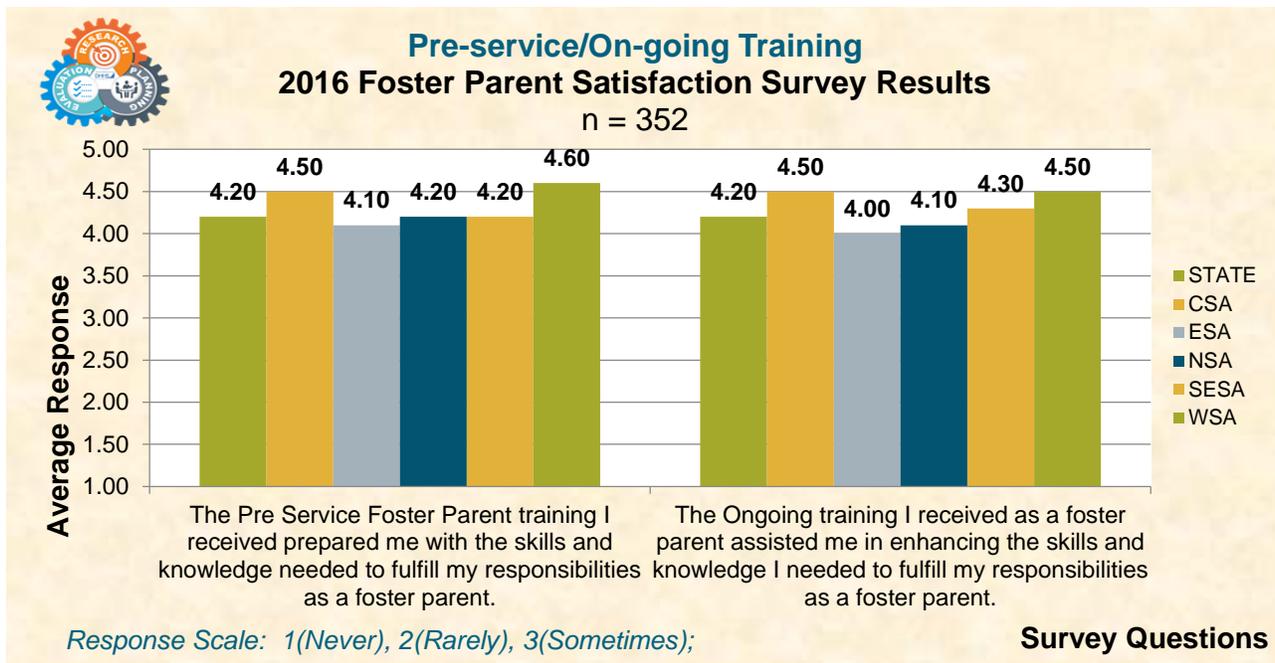


There could be several reasons why a foster or adoptive home would not have documentation on N-FOCUS for required training hours. One of those reasons is that the functionality to record this information is new within the past six months. Contracted agencies may not be in the habit of sending documentation to DCFS after the completion of a training for the homes they are supporting. A small number of the foster and adoptive homes may also be provisionally licensed. This means the home has met all other licensing requirements, but is in process of completing training and have been issued a time-limited license. IV-E funds are not claimed for placements in homes with provisional licenses. Lastly, there could be a level of data entry error. While the licensing worker may have scanned in the documentation to N-FOCUS, they may have forgotten to provide documentation in the training screen or vice versa.

DCFS believes the data used to show that training is taking place is reliable and accurate. Both sets of data reflect percentages in the mid 90's, which reflects consistency in practice. The above data set shows that Central and Western service areas are not documenting training as consistently as the other service areas; however, statewide, the number and percentage is high.

DCFS conducted surveys of foster parents to assess if pre-service training and ongoing training prepare and enhance their skills in order to fulfill their responsibilities as a foster parent. 352 foster parents were surveyed by phone by an outbound telephone firm through a contract with the University of Nebraska-Lincoln. The survey recipients were randomly selected from a list of active foster parents. The Foster Parent Survey included several different questions related to services provided to foster parents. This survey was conducted throughout the state in June and July 2016. The “Refuse”, “Don’t Know” and “NA” responses were removed from the analysis because these responses are considered to be non-responsive. The telephone calls collected responses from 33 foster parents in the Central Service Area (CSA), 136 from the Eastern Service Area (ESA), 40 from the Northern Service Area (NSA), 112 from the Southeast Service Area (SESA), and 31 from the Western Service Area (WSA).

The following chart reflects a statewide response of 4.2 for both survey questions. This number indicates that foster parents more than often feel that both pre-service and ongoing training provided them with the skills and knowledge necessary to provide care for youth.



Nebraska Foster and Adoptive Parent Association (NFAPA) conducts exit surveys from foster and adoptive parents once they have decided to no longer provide foster care or when the youth has reached permanency. Below are the responses received from foster parents who have decided to no longer provide foster care, whether licensed or approved. Each month DCFS sends a list of active foster parents to NFAPA. This list is compared to the list from the previous month. Any foster parents that are no longer on the current list are contacted by NFAPA asking if they would be willing to participate in an exit survey to provide the system with valuable information about aspects that are working and other aspects that need to be improved. Should the foster parents agree to participate, they can choose if they would like to participate over the phone, have a survey sent through the mail, or have the survey sent to them electronically. Information is aggregated, kept anonymous, and sent to DCFS each month. Data from NFAPA does not indicate whether or not ongoing training addressed the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. However, it does ask if the pre-service training provided them with information that adequately prepared them.

Preparation and Training for Foster and Adoptive Parents Exit Interview Data from July 2016 – January 2017							
Answer Options	Strongly Agree (5)	Agree (4)	Feel Neutral (3)	Disagree (2)	Strongly Disagree (1)	Rating Average	Response Count
The pre-service training I received was helpful in preparing me to foster	2	6	5	2	2	3.24	17
I was aware of the need for continued training/education to maintain licensure	2	11	5	0	0	3.83	18
In-service training opportunities were routinely made available	1	9	8	0	0	3.61	18

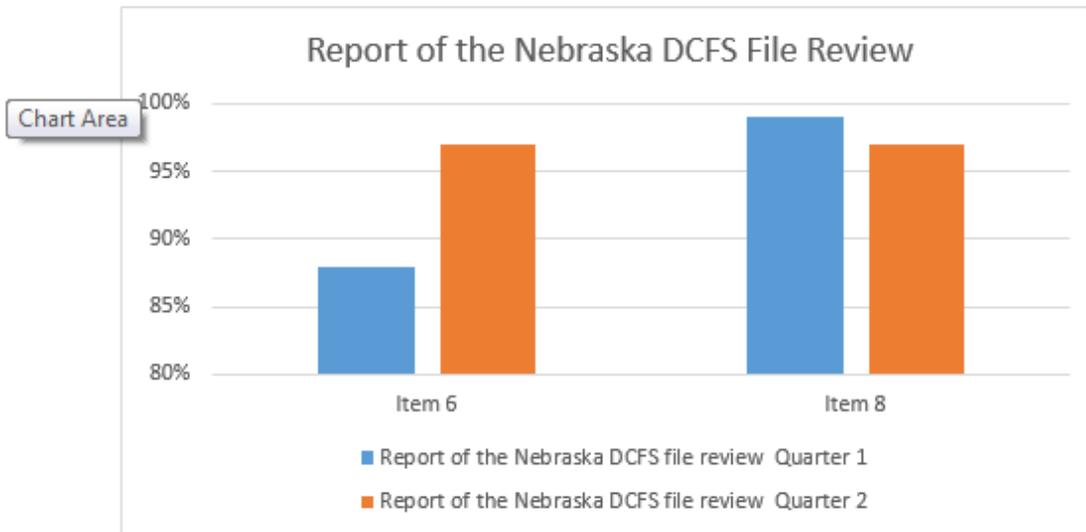
The data gathered from both the phone survey and NFAPA shows that foster parents find the pre-service training provided throughout the state to be helpful and often provides them with the skills and knowledge needed to fulfill their responsibilities as a foster parent. The phone survey data also shows that foster parents often find that the ongoing training they received enhance their skills and knowledge in order to fulfill their responsibilities as a foster parent.

The two sets of data, both exit surveys from NFAPA and phone surveys from the University of Nebraska, show that often times foster and adoptive parents find that the pre-service and ongoing training they receive prepares them with the skills and knowledge to care for the children placed with them. Both sets of data reflect responses from foster and adoptive parents statewide and are not concentrated to one specific service area. DCFS views the data as a strength and an accurate reflection of how the training systemic factor is operating.

#### Training of Staff of State Licensed or Approved Facilities

To monitor the performance of contractors providing training to staff at facilities, Contract Monitoring Resource Development staff conduct personnel file reviews on a quarterly basis. Each review is conducted on a small sample of staff files that are different than the previous reviews so that in a 12 month timeframe, all staff for each agency will have been reviewed. During these standardized reviews, CMRD staff are reviewing for documentation regarding the training requirements of staff as stated in the contract. The data provided below is the aggregate information regarding training for contracted group home and shelter providers. Data does not indicate whether or not the training staff received equipped them with the skills and knowledge to serve the youth in the facilities they work in. The chart reflects whether or not the employee reviewed, met the training requirements.

**Nebraska DCFS Personnel File Review**  
**Quarter 1: July 1-September 30, 2016**  
**Quarter 2: October 1-December 31, 2016**



Item 6: ALL STAFF (TRAINING): The contractor provides core training to staff to include trauma informed care, stages of child development, cultural/linguistic competency, Domestic Violence, Sex Trafficking, Reasonable and Prudent Parent Standard and topics specific to the contract within the contracted calendar year.

Item 8: ALL EMPLOYEES: The Contractor ensures that all employees that deliver services and supervisors of those employees meet all educational requirements and qualifications required as outlined in the Service Attachments for Staff Credentials, and is in compliance with the agencies own job description and qualifications for positions.

Of the 14 group home and emergency shelter providers DCFS contracts with, one of the providers tracks data on the relevance of the training their staff received.

**State Performance**

DCFS believes this item is a **strength**. Data exists on a regular, frequent basis to ensure that those who provide care and supervision of youth are well trained with the appropriate information to promote the safety and well-being of youth in their care.

**Stakeholder Assessment**

Stakeholder assessment information was woven in throughout item 28.

**Overall Rating for the Staff and Provider Systemic Factor**

The Staff and Provider Training Systemic Factor is in **Substantial Conformity** as all items in this systemic factor are a strength.

## D. Service Array and Resource Development

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

### State Response

#### Service Accessibility

The Division of Children Family Services (DCFS) in Nebraska, as with other states with vast rural jurisdictions, faces the challenge of making services accessible to rural communities. Although DCFS offers many services, there is a concentration of services in urban areas, leaving a limited amount of services in the rural and frontier areas. This is indicated most strongly in a survey conducted by DCFS in December 2016 of Child Welfare Providers across the state, which asked about the services the contracted providers offer, and the counties in which they offer these services. As expected, the survey indicated the concentration of services in more urban counties and a deficiency of services in the more rural and frontier counties.

DCFS recently contracted with an independent consultant, Lisa Rich of Valaista, Inc. to conduct an assessment of the DCFS Service Array, and to make recommendations on how to strengthen the continuum of services in Nebraska. Ms. Rich met directly with representatives from Medicaid and Long Term Care, the Division of Behavioral Health, the Division of Developmental Disabilities and the Division of Children and Family Services. Ms. Rich also attended a statewide provider meeting and met with a variety of service providers from across the state. A survey of judges, foster care providers, service providers and DCFS staff was also conducted that provided additional information about the Service Array.

In the assessment of Service Array, Ms. Rich asked several questions including the following:

- What creative efforts are occurring in your service area to assess the strengths and needs of children and families and determine other service needs?
- What could be done to improve this assessment of strengths and needs and determination of other needed services?
- What creative efforts are occurring in your service area to create a safe home environment to allow children to remain at home?
- What creative efforts are occurring in your service area to help children in foster and adoptive placements achieve permanency?

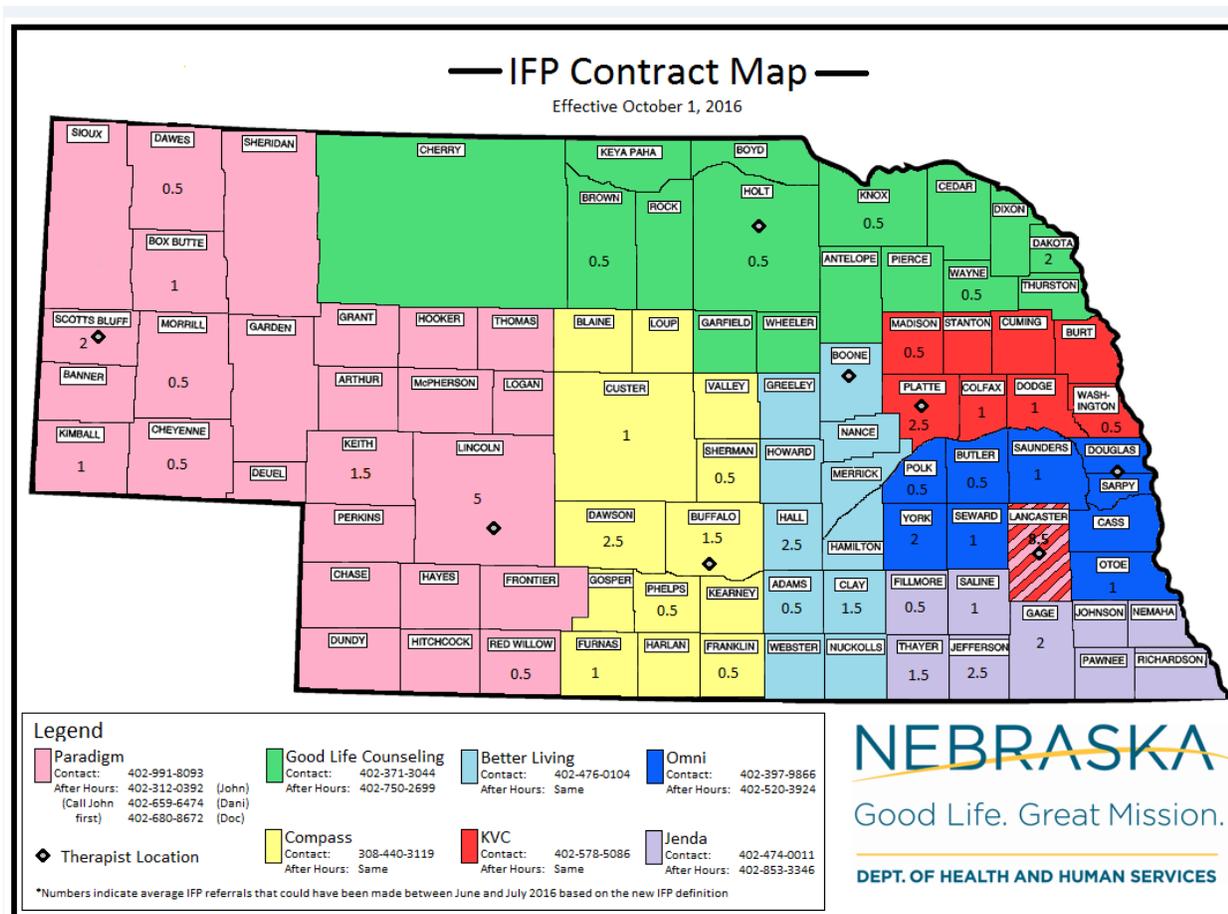
- What creative efforts are occurring in your service area to individualize services to meet the unique needs of children and families served by the agency?
- What could be done to improve how services are individualized? What barriers exist?

This assessment provides a clear view of both real and perceived gaps in service in the State of Nebraska’s Child Welfare system. The assessment by Ms. Rich provided the following recommendations to improve Nebraska’s Service Array:

1. Establish Intensive In-Home Therapeutic Services
2. Improve Family Support and Supervised Visitation Services
3. Improvements to Intensive Family Preservation Services
  - a. Intensive Family Preservation Services (IFPS) Recommendation: Adopt a standardized training for Intensive Family Preservation Services and ensure step down services are seamless.
4. Implement START (Sobriety Treatment and Recovery Teams)
5. Improvements to Access for Behavioral Health Services
  - a. Behavioral Health Recommendation: Evidence Based Practices addressing trauma in children
  - b. Behavioral Health Recommendation: Substance Use Disorder Assessment and Treatment
6. Improvements to services for children with Developmental Disabilities
  - a. DD Service Recommendation: Require Reunification Services be provided as part of the Letters of Agreement (LOAs) for Extended Family Homes
  - b. DD Service Recommendation: Develop a workgroup to review the current transition to adult Developmental Disability Services
7. Refine and Expand In-Home Safety Services
8. Improve Service Selection, Referral and Authorization Process
9. Establish “Teaming” Training
10. Build or expand services in the Western Service Area
11. Drug Tests
  - a. Drug Test Recommendations: Statewide Contract with a Single Lab
  - b. Drug Test Recommendation: Complete a Rate Analysis for Drug Test Collections
  - c. Drug Test Recommendation: Maintain Home and Community Based Collections as an Option
12. Establish Dedicated Service Staff

The findings of both surveys are relevant to this systemic factor. Many of the recommendations by Ms. Rich were previously recognized by DCFS leadership as areas to improve.

Prior to the assessment by Ms. Rich, DCFS had been taking steps to improve the array of services. In November of 2015, Nebraska participated in the Capacity Building Center for States assessment process. The priority identified through the assessment process was “improving service array through identification, planning and implementation of the right Intensive Family Preservation (IFP) model for Nebraska.” As part of this initiative, DCFS, in partnership with IFP providers, re-designed and created an enhanced IFP service definition that was implemented through performance-based contracts in October 2016. This IFP model for the State of Nebraska uses Evidenced-Based, Promising Practice, and Researched Centered programs to increase positive outcomes for children and families. DCFS contracted with IFP Providers who committed to working in the geographic area identified by DCFS in order to ensure this service would be available to all Nebraska families. See map below.



DCFS is currently researching other EBPs to incorporate into its Service Array such as Sobriety Treatment and Recovery Team (START), to address the needs of increased drug use in Nebraska and Family Centered Treatment for families whose struggles are rooted in systemic functioning.

Over the past two years, the Resource Development System for DCFS has been focused on foster care, the monitoring of contracted provider performance, and compliance of established services. DCFS has built a strong working relationship with contracted providers through regular meetings.

On November 1<sup>st</sup>, 2016, DCFS implemented the Provider Performance Improvement (PPI) Program with contracted service providers. The combination of the performance measures, where data is entered by service providers, and CQI measures, collected via N-FOCUS, will allow for a much broader picture of service providers' performance and the true accessibility of services across the state. Merging the PPI outcome measures with the CQI system is critically important as it provides a vehicle for sustainability within a framework (CQI) that DCFS has experienced great success.

PPI will focus on three of the most widely used preservation and reunification services utilized by DCFS; Agency Supported Foster Care, Family Support and Intensive Family Preservation. Each service provider, who performs these services, will have specific Performance Measures that they need to report on each month and DCFS will also provide internal data related to performance to the provider. Data is an integral component to the PPI program. This provides the ability to analyze Provider Performance, which will allow DCFS to determine availability and accountability of services.

In addition, DCFS has identified a specific Central Office position assigned to lead service development. This position will be responsible for identifying needs in the jurisdictions and building capacity to meet the needs of families served by DCFS. As indicated in the assessment by Ms. Rich, DCFS will focus on the Western Service Area where service availability is lacking.

## State Performance

This item is an **area needing improvement**. As indicated by the assessment from Ms. Rich and other surveys, there are service gaps in rural and frontier counties that create barriers for clients to access these services. This assessment validated the concerns DCFS has about the areas in the Western part of the State.

### Item 30: Individualizing Services

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

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Service that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

## State Response

DCFS has worked diligently to ensure that the services provided are individualized. DCFS utilizes the Structured Decision Making (SDM®) Family Strengths and Needs Assessment (SDM® FSNA) to determine the individual needs of children and family. This SDM assessment is used to develop the case plan and referral for services. As indicated in the assessment of Service Array by Ms. Rich, in regards to Family Support Service, a majority of service providers conduct their own assessment of needs for the service. However, close to 30% of providers do not conduct an assessment of needs and rely on the referral information from DCFS to determine needs of the family.

### Assessment of Needs

DCFS currently uses Structured Decision Making (SDM®) Family Strengths and Needs Assessment (SDM® FSNA) as a tool to determine the needs of families who become involved with DCFS through investigation of child abuse and/or neglect. The SDM/FSNA is completed with the family. The purpose of the SDM® FSNA is to utilize information gathered from the family and other collateral sources to identify safety related needs and strength based strategies so that a case plan can be developed. Using information gathered for the SDM® FSNA, case plan goals, strategies and services can be designed to effectively address the areas that directly impact child safety and risk of future harm for each family. The SDM® FSNA also address the well-being of every child in the family. The SDM® FSNA has 9 domains reviewed for the caretaker(s) and 12 domains related to the child(ren). Each of the domains represents a significant area of family functioning that may support

or impede a family's ability to maintain the safety and well-being of children. The CFS Specialist will assess the caregiver's functioning in each domain as it related to his or her ability to effectively parent and protect the child. The CFS Specialist will gauge the assessment of each domain on "Minimally Adequate Parenting". "Minimally Adequate Parenting" considers the ethnic and cultural differences, an action whereby a caregiver ensures that the child is adequately fed; clothed appropriately for weather conditions; provided with adequate shelter; protected from severe physical, mental and emotional harm; and provided with necessary medical care as required by law. A parent may have personal and situational problems but meet minimum parenting standards. Each domain is assessed for one of the following responses:

- "a" This is a strength response. A caregiver/child with a response of "a" has exceptional skills or resources in this area. This is an enhanced capacity.
- "b" This is an "average" or adequate functioning response. This response is also used to score children who are too young to assess in some categories. A caregiver/child with a response of "b" has not achieved the exceptional skills or resources reflected by a response of "a" and may experience a degree of stress or struggle common to daily functioning but is generally functioning well in the area. These response are considered potential strengths, with the exception of children who are scored "b" in some categories because they are too young to assess. For example, an infant may be scored a "b" for delinquency because he or she is too young to be assessed in this area, but it should not be selected as a strength for case-planning purposes. This is a neutral capacity.
- "c" A caregiver/child is experiencing increased need in this domain. This is a diminished capacity.
- "d" A caregiver/child is experiencing extraordinary need in this domain. This is a diminished capacity.

In conjunction with the family, areas assessed at "c" and "d" levels need to be addressed to enhance the parent/child capacity to ensure child safety and reduce the risk of harm. These are the areas of focus in case plan development.

While a few of the Service Providers may use a formal assessment tool to determine needs of children (e.g. CAFAS), many rely on the SDM/FSNA provided by DCFS to determine the needs of the children and families they serve. The Service Providers use this SDM/FSNA as well as the goals developed by the case manager to determine how the service will be implemented.

While the SDM® FSNA help determine individual needs, DCFS has implemented further initiatives to ensure that services are individualized and meet the unique needs of the children and families served by the agencies.

### Family Team Meetings

A Family Team Meeting is a gathering of the family (biological or legal) and others who develop and monitor a plan for child safety, permanency and well-being and work toward sustainable change and support for the family and children. Additional members can include: informal supports (e.g., relatives, friends, peers, and pastors), DCFS Specialist and formal resources (e.g., professional service providers, teachers).

Members of the Family Team are identified by the family. This may include: extended family; friends of the family; other family support persons; Indian Custodians; Tribal representatives; therapists; school personnel; medical personnel; law enforcement; others as chosen by the family. In court involved cases the CFS Specialist will work with the family to include legal parties and the children's caretaker (if the child is in out-of-home care). Informal supports are important to the Family Team to

support self-sufficiency of the family during the life of the case and after DCFS is no longer involved. The family should be encouraged to include at least one informal resource that they identify. The family chooses who is involved to participate in the Family Team Meeting.

The team will establish the frequency of the meetings based on the needs of the family and progress toward achieving child safety, permanency and well-being. To maintain steady progress, Family Team Meeting should occur monthly, unless the family requests less often. Meetings should be scheduled to utilize everyone's time effectively and to ensure that it is not overwhelming to the family. Critical decision points that would necessitate a Family Team Meetings include: Developing and updating the case plan and permanency goal; prior to removal of a child from the home, or as soon as possible after an emergency removal; prior to a change in permanency objective; prior to returning the child home; prior to case closure; and upon request of the family.

Elements of the Family Team Meeting process include: 1) Preparation; 2) Structure of the meeting/agenda; 3) Follow-up and documentation

The Division of Children and Family Services Quality Assurance program assesses Family Team Meetings. As of September 2016, the States performance of conducting a Family Team Meeting at least once every 90 days is at 88.4%. The Quality Assurance Team begin Family Team Meeting Quality Documentation reviews in September 2015. The reviews look to see if policy expectations are met. The most recent period under review was May-July 2016. At that time 312 cases were reviewed. This review looks at documentation of Family Team Meetings for an identified children to determine if: 1) The parent(s) and child are attending and actively involved in the Family Team Meetings, which includes various types of active involvement (Discussing strengths/needs, discussing services/providers, discussion case plan goals, and/or evaluating process in the case. 2) Key topic areas are being documented in the Family Team Meeting Documentation as required by policy include: 1) names and roles of participants in the meeting; 2) the child's permanency goal; 3) efforts made to engage the mother, father or children in the development and progression of the case plan; 4) when and where the meeting occurred; 5) the purpose of the meetings; 6) discussion of the meeting topics, and &) assignment of tasks including who is responsible and any time frames established.

In addition, the use of the Provider Performance Improvement (PPI) program, in conjunction with SDM and FSNA, aids DCFS in determining if services are individualized by measurement of outcomes.

### **State Performance**

This item is an **area needing improvement**. The information presented above shows that there are initiatives in place within the service array that ensure services are individualized and meet the unique needs of families served by DCFS. However, as noted in the assessment by Ms. Rich, work still needs to be done with Child Welfare providers to assess the needs of the family during service. While a majority of providers attest to assessing the needs of the family for the service almost 1/3 of the providers do not.

### **Stakeholder Assessment**

The stakeholder's assessment includes information from the NE Child Welfare Blueprint (March 2017) as well as feedback from stakeholder's (service providers, foster care families, and judges) who participated in surveys as part of the comprehensive assessment of the service array (Valaista, Inc. February 2017). Survey questions were focused on: creative efforts occurring, needed improvements, service gaps, and barriers. DCFS will use this information when collaborating with

system partners and in our own planning efforts to strengthen the service array ensuring services are individualized, accessible and delivering desired outcomes.

A sampling of the stakeholder's assessment of the creative efforts occurring to assess the strengths and needs of children and families include:

- Gathering input directly from families
- Initial conversation/questionnaire with the family
- Agency collaboration
- Assessment throughout the life of the case

A sampling of the stakeholder's assessment of the creative efforts occurring to create a safe environment to allow children to remain at home:

- Safety plan and safety plan flexibility
- Utilizing community resources and in-home services
- Helping families meet basic needs i.e. utilities, rent, food, clothing
- Family support parenting classes
- New Intensive Family Preservation model

A sampling of the stakeholder's assessment of the creative efforts occurring to ensure there are individualized services to meet the unique needs of children and families served:

- Fitting services and service goal needs to the specific family and ensure each is approached with their needs and visions represented
- Providing specialized training, small groups, and one-on-one
- Conducting assessments and following their lead
- Joint planning with the family

A sampling of the stakeholder's assessment/feedback includes:

- Consider expanding evidence-based home visiting programs
- More dollars should go to prevention efforts
- Continue prevention efforts via statewide plan, build off of existing Well-Being Communities
- Implement poverty screening as part of prevention work
- Implement Alternative Response statewide
- Increase kinship placements
- Address gaps in behavioral health services, substance abuse treatment and mental health
- Ensure services are trauma informed
- Create/strengthen partnerships with foster parents
- Address racial inequities
- Utilize telehealth
- Improve information (quantity and quality) provided on referral
- Improve communication between providers (current and past) and when multiple providers are working with a family
- Reimbursement rates are a barrier
- Intensive, in-home services are needed to assist families with reunification
- Transportation is a barrier
- Rural areas need quality services

- Case managers need to be fully informed of services in each community
- Implement trauma screenings/service providers/DCFS
- Services need to be initiated sooner to prevent removals
- Connect families with local Community Response systems
- Treatment services are not available in the Western Service Area
- Family Finding model is a creative effort in our community
- Communication between case manager and provider can always improve
- Finding qualified personnel to deliver services in the rural/frontier areas is problematic

### **Overall Rating for Service Array and Resource Development Systemic Factor**

After evaluation, this Systemic Factor is **not in substantial conformity** and is an **area in need of improvement**. The assessment conducted by Ms. Rich was completed in February 2017 and solicited feedback from DCFS staff and service providers. The survey validated information and also provided valuable feedback about the lack of service availability in rural and frontier areas of the State. DCFS also recognizes the need to ensure that services are individualized and works to improve on this Systemic Factor by enhancing the Service Array and Resource Development systems.

## E. Agency Responsiveness to the Community

### Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

#### State Response

##### Ongoing Consultation with Tribal Representatives

DCFS continues to facilitate monthly Tribal Operations and CQI meetings with the four federally recognized tribes with governmental headquarters within Nebraska's borders—the Omaha Tribe, the Ponca Tribe of Nebraska, the Santee Sioux Nation, and the Winnebago Tribe. The Tribal Operations and CQI meetings have provided many opportunities to ask for input, share information, discuss barriers and identify strategies to improve case practice. Both DCFS and the Tribes have determined that these meetings are valuable and necessary, and therefore continue to occur monthly as a priority for everyone involved. In February 2017, Debi Hatfield and Neil Lawhead with ACF attended the Tribal Operations and CQI meeting in Winnebago to observe and provide feedback to DCFS and the Tribes regarding last year's APSR and ongoing collaborative efforts. Neil Lawhead, who was recently hired by ACF as the Tribal Child and Family Program Specialist to work with Nebraska tribes, also participated by phone conference in the March 2017 meeting. Mr. Lawhead has also contacted the DCFS ICWA Program Coordinator by phone and email to learn more about how Nebraska DCFS is collaborating and coordinating with Nebraska tribes. Mr. Lawhead has reported plans to continue participating in Tribal Operations and CQI meetings in the future as his schedule permits.

Tribal Operations/CQI Meeting Dates through the end of 2016:

1/21/15; 2/18/15; 3/19/15; 4/15/15; 5/20/15; 6/18/15; 7/15/15; 8/19/15; 9/16/15; 10/21/15; 1/25/16; 2/17/16; 3/16/16; 4/20/16; 5/18/16; 6/15/16; 7/20/16; 8/17/16; 9/21/16; 10/19/16

Based on the U.S. Supreme Court ruling in March 2016 verifying Pender, Nebraska, as within the Omaha Tribe's reservation boundaries, one specific example of the ongoing consultation with tribes is the current effort to create a map of the Nebraska Tribes' reservation boundaries that clearly delineates highways, roads, etc. The DCFS ICWA Program Coordinator has received several questions about jurisdiction from the DCFS hotline. The DCFS ICWA Program Coordinator contacted Andrew Baker from the Bureau of Indian Affairs Office in Winnebago, and Mr. Baker agreed to develop this map. Once developed, the DCFS ICWA Program Coordinator will verify its

accuracy with Tribal leadership and consult DCFS Administration about dissemination and uses within DCFS.

Other examples include the DCFS ICWA Program Coordinator attending case specific meetings in Winnebago and Macy and attending a multi-disciplinary team meeting in Santee. In March 2017, the DCFS ICWA Program Coordinator met with the Omaha Tribal Council, Attorney General, Chief Tribal Officer and Social Services Director to discuss the Tribe's child welfare contract with DCFS for the upcoming fiscal year and issues the Social Services Director has been experiencing with the Omaha Tribal Court issuing orders and scheduling hearings in a timely manner. The DCFS ICWA Program Coordinator suggested a follow up meeting to include the Tribal Court Judge, Attorney General, Tribal Prosecutor, Chief Tribal Officer, Social Services Director, ICWA Director and Nebraska Court Improvement Project (CIP) attorney, Mary Ann Harvey, to discuss timeframes specified in the tribe's child welfare contract with DCFS and the Omaha Tribal Code. This meeting is in the process of being scheduled and will facilitate discussion around improving Tribal child welfare case processing and management, which will aid in maintaining the safety, permanency and well-being of Omaha tribal youth.

During his first year with DCFS, Director Weinberg visited the Winnebago and Omaha Tribes' reservations to meet with Tribal Council representatives and Tribal Administration. Sherri Haber, DCFS Administrator, and Jill Holt, DCFS ICWA Program Coordinator, coordinated and attended these meetings, as well. This provided an opportunity for Director Weinberg to see the reservations, meet tribal leadership and address questions and concerns. Director Weinberg and Jill Holt met with the Ponca Tribe's Executive Director of Tribal Affairs, Tom Wright, Jr., and Director of Social Services, Stephanie Pospisil on December 1, 2016, at the Ponca Tribe's office in Lincoln. Meetings with the Santee Sioux Nation have not been possible due to scheduling conflicts and travel but are being planned for June or July 2017.

Additionally, Director Weinberg nominated Marisa Cummings, former Chief Tribal Officer for the Omaha Tribe, to the Governor for appointment on the Nebraska Children's Commission. Unfortunately, Ms. Cummings did not respond to this request, and the DCFS ICWA Program Coordinator is soliciting other names from Nebraska tribal representatives for nomination to the Commission.

DCFS has continued collaboration with the four headquartered tribes in Nebraska and the State of Iowa with the Diligent Recruitment grant, Native Homes for Native Children (NH4NC). In 2015, Resource Development recruited and trained 11 Native American families in this curriculum. At this time, one home has been licensed, seven are in process of being licensed and three homes have put themselves on hold in the licensing process due to family circumstances. Continued recruitment, training and licensing of Native American Homes will occur in 2017, as DCFS continues to partner and collaborate with this grant. Through NICWC, the NFC ICWA Project Coordinator and the DCFS ICWA Program Coordinator have facilitated connections for the tribes and NF4NC staff members with Nebraska's Foster Family Treatment Association (FFTA). Meetings for NF4NC staff members with members of the FFTA are being scheduled to share recruitment and retention strategies, discuss the cultural responsiveness of the Native TIPS:MAPP foster parent training curriculum, and brainstorm sustainability options for Native TIPS:MAPP trainers to continue licensing Native foster homes.

DCFS staff, including the ICWA Program Coordinator, Specialist and Advocates, participate in the monthly Nebraska Indian Child Welfare Coalition (NICWC) meetings, formerly known as the Nebraska ICWA Coalition. NICWC includes representatives from all four Nebraska headquartered tribes; Nebraska Families Collaborative (NFC); Santee Sioux Nation Society of Care; Nebraska

Appleseed; Legal Aid of Nebraska; Foster Care Review Office; Nebraska CIP; independent and tribal attorneys as well as attorneys from DHHS and Center for Children, Families and the Law; University Professors, Trainers and Evaluators; and, other stakeholders and advocates.

The DCFS ICWA Program Coordinator assisted in coordinating and facilitating a Qualified Expert Witness (QEW) training in Winnebago on March 16, 2017. Nebraska Appleseed, NFC and DHHS Legal also assisted in facilitating this training that also included ICWA Basics with Regulations and Nebraska ICWA updates as well as a mock trial. Through this training, twelve tribal members were newly trained to provide QEW testimony for their tribes' ICWA cases, including tribal members from the Oglala Sioux Tribe (4), the Iowa Tribe of Kansas and Nebraska (1), the Winnebago Tribe (3), the Santee Sioux Nation (2), the Yankton Sioux Tribe (1) and the Ponca Tribe of Nebraska (1).

DCFS continues to contract with all four Nebraska headquartered tribes to provide services for victims of domestic violence and sexual assault. During the past year, DCFS participated in two Nebraska Tribal Domestic Violence Coalition meetings in South Sioux City. The Tribes and DCFS share and discuss Disaster Plans and how plans can be improved, and the Tribes have been invited to be involved in the statewide Health Care Oversight team and Strengthening Families Act Human Trafficking task force and Native American subcommittee. The Tribes have shared information on the Services for Children under five to ensure there is collaboration and inclusiveness in State activities and support to the tribes.

Indirectly supporting the consultation and collaboration with Nebraska tribes, the DCFS ICWA Program Coordinator serves on the Nebraska Families Collaborative (NFC) Community Advisory Council. The Council meets monthly at varying locations in the Omaha metro area to receive information and to hear comments and questions from the public about child welfare related issues and concerns. The March 2017 meeting included a presentation from a Lieutenant and Sergeant with the Omaha Police Department's Special Victim's Unit about sex trafficking and protecting youth. The DCFS ICWA Program Coordinator is scheduled to provide an ICWA update at a Council meeting at the Ponca Tribe's Omaha office later this year.

Additionally, the DCFS ICWA Program Coordinator has begun attending the monthly Nebraska CIP meetings with DCFS, and ICWA issues are a standing agenda item. The DCFS ICWA Program Coordinator has also attended the Lincoln County and Douglas County Through the Eyes of a Child Team meetings, which are coordinated through the Nebraska CIP, to provide ICWA updates and address questions and concerns. The DCFS ICWA Program Coordinator has recently been asked to join the Douglas County Team, which is considering developing an ICWA Court.

Nebraska ICWA Coalition Meeting Coalition Dates through the end of 2016:

1/16/15; 2/20/15; 3/20/15; 4/17/15; 5/15/15; 6/19/15; 7/17/15; 8/21/15; 9/18/15; 10/16/15; 11/20/15; 12/18/15; 1/15/16; 2/19/16; 3/18/16; 4/15/16; 5/20/16; 6/17/16; 7/15/16; 8/19/16; 9/16/16; 10/21/16; 11/18/16; 12/16/16

#### Ongoing Consultation with Consumers

DCFS works with Project Everlast Statewide Leadership Council to act as a Citizen Review Panel (CRP). Project Everlast is comprised of former foster youth who have aged out of the system. The Project Everlast Councils create opportunities for youth in care and alumni to connect with each other and provide input on program and policy issues. Every year as part of the APSR process, DCFS reviews the CRP recommendations and provides a response with specific policy/programmatic changes (see 2016 APSR Attachment I). In June 2016, three representatives from the Project Everlast Statewide Leadership Council presented at the national CRP conference. Their presentation focused on strategies for engaging older youth with the system and involvement in CRP's. In addition, Project Everlast is participating with the Nebraska Human Trafficking Task Force

to help develop awareness, prevention and response to Human Trafficking in Nebraska. Project Everlast is also a participant with the Nebraska Strengthening Families Act work group. This has ensured the youth voice in the development of the Reasonable and Prudent Parenting Standard and the use of Another Planned Permanent Living Arrangement.

Youth have been involved in the extension of foster care to age 21, the Bridge to Independence Program, and the Connected Youth Initiative. According to the recent Child Welfare Blueprint Report (March 2017), "More young people have the support and adult connections needed to make a successful transition to adulthood." This information was gathered from interviews with child welfare advocates, providers and state administrators.

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

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

#### Ongoing Consultation with Service Providers

DCFS continues to meet bi-monthly with service providers, rotating meetings between Lincoln and Grand Island, in order to engage DCFS service providers with dialogue aimed at strengthening service definitions as well as to identify concerns and areas of strength and improvement identified by the service providers and by DCFS. These bi-monthly meetings continue to be extremely valuable for both DCFS and for service providers. These all-day meetings six times a year have led to very positive outcomes and improved collaboration.

Provider Meetings Meeting Dates through the end of 2016:

4/1/15; 6/3/15; 8/5/15; 10/7/15; 12/2/15; 2/3/16; 4/5/16; 6/1/16; 8/3/16; 10/6/16; 12/7/16

DCFS continues to share CQI data and facilitate discussions with the service providers on what the data means, where the data is trending and to brainstorm strategies for improvements. CQI data consistently reviewed with providers includes: Federal Performance Measures (Compass), Placement Stability, Absence of Maltreatment in Foster Care, Youth in Out of State Placements, Placement Type and Shelter Utilization. DCFS has also reached out to the Foster Care Review Office (FCRO) who provides an overview of data at each of the bi-monthly provider meetings. Over the past year, DCFS has engaged service providers in a rich discussions on the following topics:

- CFSR: Round 3 Measures
- Educational outcome data

- Support Plans for foster care children
- IV-E requirements related to adoption subsidies
- Reasonable and Prudent Parenting Standard
- Home study approval process
- Foster Care and Adoptive Recruitment and Retention Planning
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) information

In November of 2015, Nebraska participated in the Capacity Building Center for States assessment process. The priority capacity building need identified through the assessment process was “improving service array through identification, planning and implementation of the right Intensive Family Preservation (IFP) model for Nebraska.” As part of this initiative, DCFS in partnership with IFP providers, re-designed and created an enhanced IFP service definition which was implemented via contracts in October, 2016. .

Between the months of October 2016 – February 2017, service providers participated in a comprehensive assessment of Nebraska’s service array through interviews, focus groups, and surveys. For more information see Item 29, Array of Services.

On November 1<sup>st</sup>, 2016, DCFS implemented the Provider Performance Improvement (PPI) Program with contracted service providers. This is a replacement to the Results-Based Accountability program that DCFS established in 2013. DCFS developed a webpage through Salesforce that will provide a secure and flexible platform for performance data management. The implementation of PPI allow for better integration of performance data into the DCFS CQI system.

At this time, PPI will focus on three of the most widely used preservation and reunification services utilized by DCFS; Agency Supported Foster Care, Family Support and Intensive Family Preservation. Each service provider, who performs these services, will have specific Performance Measures that they need to report on each month and DCFS will also provide internal data related to performance. The reporting process and internal data will be available to the provider through the PPI webpage. The combination of the performance measures, where data is entered by service providers, and CQI measures, collected via N-FOCUS, will allow for a much broader picture of service providers’ performance and accountability. Merging the PPI outcome measures with the CQI system is critically important as it provides a vehicle for sustainability within a framework (CQI) that DCFS has experienced with great success.

DCFS is a member of the Nebraska Adoption Agencies Association (NAAA) and participates in monthly meetings with all adoption agencies in Nebraska for purposes of collaboration and interest in Nebraska adoptions. DCFS has expanded the contract with the agency Right Turn for post adoption services to include post guardianship support services. This includes private, domestic and international post adoption support services. Right Turn has also joined NAAA in order to bridge the gap in services for Nebraska adoption families.

Nebraska Adoption Agencies Association Meeting Dates through the end of 2016:

1/18/15; 3/12/15; 4/17/15; 5/14/15; 6/11/15; 8/13/15; 9/10/15; 10/8/15; 11/12/15; 1/14/16; 2/11/16; 3/17/16; 4/14/16; 7/14/16; 9/8/16; 10/13/16; 11/10/16

The Foster Care Review Office hosts a Disrupted Adoption/Guardianship Workgroup and is attended by the DCFS Permanency Program Specialist, Juvenile Probation, Court Improvement Project, Right Turn (Post Adoption/Guardianship Services), CQI, and the Inspector General of Nebraska Child Welfare. This group meets semi-monthly to discuss dissolutions and disruptions of adoption

and guardianships, brainstorm education and awareness to stakeholders, and identify post-finalization issues seen by the various stakeholders. The presence of international adoptees affected by disruption and dissolution is discussed as it relates to child welfare, juvenile probation, and the courts.

The Adoption Placement Workgroup is hosted by the DCFS Permanency Program Specialist. The goal is to bring together a multidisciplinary team to brainstorm strategies to help children achieve permanency. The Workgroup focuses on children who are available for adoption, prone to placement disruptions, and are not currently placed in a committed, permanent family. This team meets monthly and is comprised of representatives from DCFS policy, field operations administrator and deputy director, resource development, an individual child's CFSS and Supervisor, child placing agencies, post adoption/guardianship support service executive director, private adoption agencies, matching and recruitment service provider representatives.

Adoption Placement Workgroup Meeting Dates through the end of 2016:

8/24/15; 11/2/15; 12/4/15; 2/19/16; 3/18/16; 4/22/16; 5/20/16; 6/17/16; 7/15/16; 9/16/16; 10/21/16; 11/18/16

#### Ongoing Consultation with Foster Care Providers

Foster care providers participate in the bi-monthly service provider meeting described above. In addition, to implement the state's Foster and Adoptive Parent Diligent Recruitment Plan, DCFS focused several efforts on building relationships with contracted providers, tribes, and the Nebraska State Probation Office. Beginning in August, 2015, DCFS and several foster care agencies, probation, and tribal representatives collaborated on the development of a standardized Foster and Adoptive Recruitment and Retention Plan template. The purpose of the template was to ensure that DCFS and foster care agencies were uniformly reporting on foster care recruitment and retention strategies and activities throughout the state. DCFS and foster care agency providers jointly provided training to DCFS and foster care agency staff on the completion of the template during a statewide providers meeting in December 2015. In July 2016, the stakeholder workgroup met again regarding the template and the information gathered from the first round of reports. Challenges were discussed as well as differences in interpretation on the form and a guide was developed by two member agencies of FFTA. In November 2016, another meeting was held to discuss the second round of reports. It was decided that the guide would be updated and a training webinar on the Recruitment and Retention template would be held at the start of January 2017 by DCFS and one of the contracted providers.

Over the past year, DCFS began to work more extensively with the Foster Family Treatment Association (FFTA). Eighteen of the 22 contracted child placing agencies are members of FFTA and this association has proven to be a valuable resource for DCFS. In July 2016, DCFS was invited to come to chapter meetings every other month as a regular guest to discuss issues. DCFS invited FFTA to provide feedback on licensing regulations for foster and adoptive families and gave explanations for those recommendations that did and did not get accepted, as well as invited contractors to assist in the development of the training for the Reasonable and Prudent Parent Standard.

On January 13, 2017, Foster Care Licensing Administrator attended the FFTA meeting as a guest to discuss the processing of background checks, gain feedback on any concerns, or aspects that have improved. Several contracted providers agreed that it used to take DCFS several months to return results to providers so they could continue with the licensing or approval process. Mindy Marschman from Omni (a contracted provider) stated, "I don't believe there are issues with the

background checks process like there used to be. I have been receiving results within a couple of weeks.”

#### Ongoing Consultation with the Juvenile Court

In November 2015, the Capacity Building Center for States hosted a joint strategic planning session between DCFS and the Court Improvement Project (CIP). The purpose of the meeting was to identify ways for DCFS and CIP to collaborate and work together on joint projects. The group brainstormed current projects and goals and discussed areas of overlap and potential collaboration. As a result, DCFS and CIP began meeting every six weeks to work on joint initiatives and discuss the CFSR Case Review Systemic Factor and the CIP Strategic Plan. In addition, as a result of the planning session, CIP is now participating in the DCFS CQI meetings and DCFS was a member of the Children’s Summit Planning Team. The 2016 Children’s Summit was held September 7-9, 2016. The summit consisted of 3 days of plenaries and breakout sessions with over 500 attendees including judges, attorneys and case professionals. DCFS and the Children’s Bureau presented at a breakout session specifically focused on Nebraska’s upcoming CFSR.

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

- FCRO special study on youth placed out of state by DCFS and Probation
- Youth in shelter
- IV-E data report – why children are not IV-E eligible and strategies to improve penetration rate
- Exception Hearing and Notification to the Courts re: 15/22 months
- Matrix on definitions used by Probation, DCFS, FCRO
- Impact of supreme court decision, *In the Interest of Sloane O*
- Protocol for working with youth involved with DCFS and on Probation
- Community and Evidenced Based Services Grant

Cross System Collaboration Meeting Dates through the end of 2016:

1/14/15; 2/18/15; 3/19/15; 4/30/15; 6/9/15; 8/21/15; 9/30/15; 10/23/15; 11/16/15; 12/14/15; 3/9/16; 4/26/16; 5/10/16; 6/21/16; 7/19/16; 8/22/16; 9/27/16; 11/22/16

CIP/DHHS Meeting Dates through the end of 2016:

1/6/16; 2/17/16; 3/30/16; 5/11/16; 6/22/16; 8/10/16; 9/21/16; 11/2/16; 12/14/16

In Lancaster County, DCFS is represented on the Family Drug Court Stakeholders team. The Stakeholders team is responsible for reviewing current family drug court practices, identifying and addressing concerns with programming, determining needed enhancements and opportunities, etc. The Stakeholders team includes Judge, County Attorney, DHHS, Legal Aide of Nebraska, private attorneys, mental health/substance use providers (outpatient and residential), and drug testing providers. The Lancaster County Family Drug Court has received national recognition and has been asked to present at both the National Association of Drug Court Professionals National Conference in June 2016 and the Child Welfare League of America National Conference in August 2016 and a journal article about the Lancaster County Family Drug Court program was recently published in the American Judges Association Journal.

The “IV-E Legal Findings Project” is a collaborative project to review the language in court orders which could prevent IV-E eligibility. This team has made significant progress over the last year with

increasing IV-E eligibility by reducing the number of cases not eligible for IV-E due to the language in court orders. The IV-E Court Order Review Team consists of Service Area Administrators from each Service Area, Central Office Children and Family Services Administrators, the IV-E Program Specialist, Income Maintenance Foster Care Supervisors, the Court Improvement Project Director, Foster Care Review Office representative, and office support staff to organize, take meeting notes, and track findings of the Team. The Court Order Review Team does not include a DHHS Legal Liaison present and in attendance at each meeting since this forum does not lend itself well for our attorneys to provide us with legal advice. The DHHS Deputy Directors and Administrators met with the Chief Legal Counsel and received their full support for reviewing conflicting court orders following the Court Order Review and for addressing delays with permanency hearings in court. For those cases where language in the court order is either missing or incorrect and does not meet IV-E requirements, the Court Improvement Project Director in attendance takes the specific information to the Judge who signed the court order in question. The judges have been open to this process and are willing to make changes to have the required language in future orders.

The CEO of DHHS and the Director of DCFS are members of the Supreme Court Commission on Children in the Courts. The purpose of the commission is to study and recommend appropriate steps for the judicial system to undertake to insure that the courts are as responsive as possible for children who interact with, or are directly affected by the courts. In 2014, DCFS implemented the Education Court Report as a result of a recommendation from this Commission. DCFS continues to partner with the Commission to further enhance the Education Court Report.

DCFS is collaborating with State Probation to address placement stability for dually adjudicated youth who are involved both systems. Strategies include the following:

- Case reviews between DCFS and probation to focus on the needs of the youth and discuss placement needs and support.
- Implemented the Crossover Youth Model Practice in 5 counties.
- Implemented an Assessment Services Engagement (ASE) Team. The goal of this team is to help Nebraska youth access services when the youth is at risk of out-of-home placement, the youth has been denied multiple placements and need assistance locating a placement that best meets their needs.

Finally, The Salt Lake City (SLC) Team is collaborative effort between the legislative, executive and judicial branches of state government. The SLC team organized while attending the National Convocation of Commissions on Children in Salt Lake City in September 2011 and has been meeting monthly since the conference. The SLC is chaired by the Chief Justice of the NE Supreme Court and includes representatives from the legislative branch, the Court of Appeals, DHHS and DCFS, the Foster Care Review Office, Juvenile Probation, the Court Administrator's Office and Casey Family Programs. The SLC monthly meetings provide a forum for information sharing and to review child welfare issues that impact the three branches. Focused discussions have included topics such as: the OJS Probation Pilot, Information Sharing-Georgetown Capstone Project, Cross-over youth, IV-E requirements, and legislation impacting the child welfare system.

SLC Meeting Dates through the end of 2016:

9/14/15; 1/11/16; 2/8/16; 3/7/16; 4/4/16; 11/14/16; 12/19/16

Youth data from N-FOCUS is also shared with the Nebraska Criminal Justice Information System (NCJIS) and the Judicial User System to Improve Court Efficiency (JUSTICE) System. Data from N-FOCUS is shared with the NCJIS on a daily basis and with the JUSTICE system on a monthly

basis. The JUSTICE system connects all the Trial Courts in Nebraska and the courts are able to access the placement information for the youth as documented on N-FOCUS by the case managers.

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

The CEO of DHHS and the Director of DCFS are ex-officio members of the Nebraska Children's Commission. The Nebraska Children's Commission was created as a result of an investigation by the Health and Human Services Committee that identified a number of gaps in the service delivery model for children and families. The Nebraska Children's Commission was created in 2012 by the Nebraska State Legislature to devise a strategic plan for child welfare and juvenile justice and provide a permanent leadership forum for the collaboration for child welfare and juvenile justice reform among the three branches of government and public and private stakeholders at the state, regional, and community levels. At the November 17, 2015 meeting of the Commission, the members voted to approve the annual report required by Neb. Rev. Stat. §43-4207. A copy of this report can be found at; [http://www.childrens.nebraska.gov/PDFs/Reports/NCC%202015%20Annual%20Report%20Packet%20\(Final\).pdf](http://www.childrens.nebraska.gov/PDFs/Reports/NCC%202015%20Annual%20Report%20Packet%20(Final).pdf)

DCFS continues to facilitate the Healthcare Oversight Committee has continued to meet every other month to refine and monitor the progress of the Healthcare Oversight Strategic Plan. The plan has been developed and much work has been completed to achieve the outcomes within the strategic plan (refer to the APSR Healthcare Oversight Strategic Plan for updates). Most notably, Health Care Coordination and Psychotropic Medication Guidelines were established and became effective April 1, 2016.

The Trauma Informed Care Workgroup is a multidisciplinary team including representatives from DCFS, the Division of Behavioral Health, the Division of Public Health, the Division of Medicaid and Long Term Care, the Nebraska Foster and Adoptive Parent Association (NFAPA), six provider agencies as well as CCFL. The Trauma Informed Care Workgroup has been meeting monthly since 2014 to develop a Trauma Informed Care Strategic Plan (Please refer to the APSR Trauma Informed Strategic Plan).

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

Alternative Response External Leadership Meeting Dates through the end of 2016:  
2/10/15; 3/10/15; 4/14/15; 6/9/15; 8/11/15; 10/13/15; 12/15/15; 2/11/16; 5/12/16; 8/11/16; 12/8/16

#### **State Performance**

DCFS believes this item is a **strength** as demonstrated by the ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and including the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Through the service array assessment completed by Valista, Inc, the survey question was asked:

“What creative efforts are occurring in your service area to engage and include Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies in the identification of child welfare priorities and initiatives?”

The respondents identified many opportunities in which they are engaged in the identification of child welfare priorities and initiatives. These include, but aren't limited to, the following opportunities:

- Participation in Association's such as NeAHSC, FFTA, CAFCON
- NFC Collaborative Groups
- Supreme Court Through the Eyes of the Child Collaborations and 1184 Teams
- Participation in Consumer Surveys
- Involvement in various Statewide Workgroups and Taskforces
- Participation in Statewide and Local area Provider Meetings
- Participation in Community Response Teams with churches, providers and schools
- Participation in the Intensive Family Preservation service development process

In addition, through the service array assessment, there were areas of improvement identified related to ongoing collaboration. These include, but aren't limited to, the following:

- Communication with Foster Parents
- Communication with Providers
- Increased Voice for Consumers/Families

### **Item 32: Coordination of CFSP Services With Other Federal Programs**

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

### **State Response**

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

The Family-Focused Case Management initiative is one of the 25 priorities in the DHHS business plan. See <http://dhhs.ne.gov/Documents/BusinessPlan.pdf>. The goal of the family-focused case management pilot is to promote self-sufficiency and sustainable employment to reduce the number of individuals and families re-entering public assistance program. The pilot launched on July 1, 2016, and involves embedding economic assistance as well as protection and safety case workers in the Employment First office to enhance communication and coordination of an array of services to help clients reach self-sufficiency. Employment First is the workforce services program in Nebraska that provides ADC (TANF) recipients with education, training, and other services to assist them in achieving sustainable employment.

In addition, the Supplemental Nutritional Assistance Program (SNAP)/Department of Labor (DOL) Pilot is a collaborative effort between DHHS and DOL to assist SNAP participants in earning a livable

wage. This initiative also assists DHHS and DOL in understanding and utilizing available resources through programs (such as WIOA) to assist low income families in earning a livable wage.

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

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

The DHHS Trauma Informed Steering Committee reconvened in March 2016. As reported in the 2015 APSR, DCFS participated in an interdivisional Trauma Informed collaboration with DBH and DPH lead by the Behavioral Health Education Center of Nebraska (BHECN) and Kim Carpenter, local Trauma Informed Care consultant. As a result of the work completed in 2015, a recommendation included expanding the collaborative effort to include all divisions with DHHS; which occurred in March 2016. The purpose of this steering committee is to develop a foundation Trauma Informed Training Curricula that will be utilized throughout DHHS to maximize the opportunity all employees speak the same trauma informed language.

DCFS continues to collaborate with the DBH System of Care for Children, Youth and Families. System of Care is a framework for integrating mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private partners, families and youth. <https://governor.nebraska.gov/press/gov-ricketts-dhhs-announce-statewide-behavioral-health-system-care-children-and-youth>. In addition, DCFS and DBH local and central office staff continue to meet quarterly to discuss a variety of issues that impact children and families who are often served by both divisions. Special attention has been paid to the Professional Partners Program (high fidelity wraparound) that provides intensive, individualized care planning and management to families. In 2015, DCFS and DBH began a review of existing policy in order to strengthen the ability to transition youth from the child serving system to the adult behavioral health system. As a result of this collaboration a new Protection and Safety Procedure Memo (#7-2016) was issued in February 2016.

Previously, most Medicaid and CHIP enrollees in Nebraska receive their physical health benefits through one of two regional health plans, their behavioral health services through a separate statewide health plan, and their pharmacy benefits through a State-managed pharmacy program. Nebraska Medicaid developed Heritage Health to create a health care delivery system in which all of a Medicaid member's behavioral health, physical health, and pharmacy services are provided by a single statewide health plan. Heritage Health plans began operations on January 1, 2017. DCFS is participating on the Heritage Health Behavioral Health Integration Advisory Committee. The mission of this group is to ensure the successful integration of behavioral health services resulting in a seamless experience for providers and members and improved health outcomes for behavioral health recipients.

DCFS is exploring the possibility of an interface between the National Electronic Interstate Compact Enterprise and the new Medicaid system. The intent is to alert Medicaid that a state ward from another state was placed in Nebraska and the possible urgent request for Medicaid to be turned on for IV-E eligible children who are placed in a licensed home.

DCFS is participating in the monthly DD Stakeholder meetings. [http://dhhs.ne.gov/Pages/newsroom\\_2016\\_may\\_stakeholder.aspx](http://dhhs.ne.gov/Pages/newsroom_2016_may_stakeholder.aspx). In addition, DCFS is working collaboratively with DD to draft a new procedural memo that outlines when DCFS should make a referral to DD and how the process works.

As a follow-up to two recent child death reports by the Nebraska Child Welfare Inspector General, DCFS is meeting monthly with DPH to collaborate on prevention efforts related to safe sleep and pediatric abusive head trauma. In addition, DCFS was asked to participate on the Interpersonal Violence (child abuse and neglect) strategy team for the Child Safety Collaborative Innovation & Improvement Network (CollIN) that is led by the Children's Safety Network.

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

DCFS and NDE leadership continue to meet quarterly to address the ongoing challenges and roadblocks that impede the success of state wards in the educational arenas throughout Nebraska. DCFS serves on the Special Education Advisory Council and the Council on Student Attendance. In addition, DCFS program staff meet monthly with NDE's Educating Systems Involved Students (ESIS) Facility/Coordinator. Accomplishments over the past year include the release of the Education Court Report on N-FOCUS and the automation of the DHHS Superintendent Letter.

The Nebraska Supreme Court Commission on Children and Families and the Court, Education Subcommittee developed the Education Court Report to assist judges in ensuring the educational and developmental needs of children are met. Case managers prepare the Education Court Report for each child as an attachment to the Court Report; which is presented to Juvenile Court at the disposition hearing and every 6 months at the review hearings. In September 2014, the Education Court Report was implemented statewide. In the November 2015, the Education Court Report was integrated into N-FOCUS.

In April 2016, Superintendents of public school districts began receiving the DHHS Superintendent Letter electronically via the Nebraska Department of Education's (NDE) Portal. Historically, DCFS mailed or faxed the letters to the school building where the state ward was enrolled. Automation of the process ensures the timely, secure, and accurate delivery of the DHHS Superintendent Letter. The feedback from school districts has been very positive. Since April 2016, over 1,700 letters have been sent via the new process.

Based on the existing strong partnership between child welfare and education, DCFS and NDE are well-posed to address the foster care provisions of the Title I, part A (Title I) of the Every Student Succeeds Act (ESSA). The provisions require state and local education agencies to work with child welfare agencies to ensure the educational stability of children in foster care.

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

DCFS continues to utilize the Early Development Network (EDN) to help prevent or minimize negative effects of exposure to risk factors such as abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA) requires that DCFS refer a child under the age of three who is involved in a substantiated case of child abuse or neglect to EDN for early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA). Agencies providing Part C services are required to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities or developmental delays and their families. One of the ongoing challenges is the high number of parents who are unwilling to engage in the EDN assessment process. To address these challenges, DCFS and EDN are working closely together to improve ongoing professional development for both EDN and child welfare staff; implement data system

changes; and enhance communication across organizations. This includes looking at policies and procedures between the agencies to ensure the most effective and efficient practice. The agencies have also been coordinating with the Nebraska Resource Project for Vulnerable Young Children. One of the goals of the project is to increase access to early intervention services. Specifically, in December 2016, EDN staff participated in the DCFS new worker training module about EDN. EDN staff provided positive feedback on the content, job aid and resource booklet for staff. In addition, DCFS used input from EDN to make changes to the program guidance memo on EDN referrals ([http://dhhs.ne.gov/children\\_family\\_services/Documents/PSP%205-2017.pdf](http://dhhs.ne.gov/children_family_services/Documents/PSP%205-2017.pdf)) and the EDN referral form on N-FOCUS.

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

The DCFS Field Operations Administrator and the DCFS Prevention Administrator recently began meeting monthly with Nebraska's Head Start Early Childhood Systems Director. Upon request from DCFS, the Nebraska Head Start State Collaboration Office is working with the Sixpence Early Learning Fund to develop a comprehensive list of program grantees (by county) for case workers to reference when working with at-risk families. In addition, DCFS will be exploring N-FOCUS enhancements in order to determine how many state wards are accessing high quality, early childhood programming such as Early Head Start, Head Start and Sixpence.

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

In the fall of 2013, DCFS entered into a Memorandum of Agreement (MOA) with Nebraska Children and Families Foundation (NCFF) and the Sherwood Foundation. This MOA has offered an opportunity for older youth and young adults to receive additional services as funding has increased and community partners have come together to provide services collaboratively. In the past year, this partnership has provided an opportunity to expand services to youth and young adults and enhanced community partnership collaboration and communication.

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

During the summer months of 2015, Nebraska worked with the Association of Administrators for the Interstate Compact for the Placement of Children (AAICPC) and Tetras to onboard to the National Electronic Interstate Compact Enterprise (NEICE), the electronic case management system for processing ICPC placements. Nebraska was the first state out of the national pilot to join NEICE on November 30<sup>th</sup>, 2015. The NEICE system allows information to be sent more quickly as well as the process of the paperwork to be tracked in real time. For other states that are on NEICE, ICPC paperwork can be processed much quicker and expedite the ICPC process up to 40%.

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

The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents. DCFS is the state agency responsible for the administration of FVPSA and works closely with the Nebraska Coalition to End Sexual and Domestic Violence and 20 local domestic violence/sexual assault programs to provide core domestic violence services across Nebraska. DCFS meets every-other month with the Executive Director of the Nebraska Coalition to End Sexual and Domestic Violence and quarterly with the 20 local programs. Finally, DCFS

participates in the annual FVPSA administrator's conference to receive training and technical assistance on emerging issues, engage in peer-to-peer learning, and network with other states.

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

For the past eighteen years, the Nebraska Children and Families Foundation (Nebraska Children) has been designated as the lead agency to receive funds through the Community-Based Child Abuse Prevention Grant Program. DCFS has formed a strong partnership with Nebraska Children to support child abuse prevention efforts statewide. The continuum of services and community collaboration that has been built in recent years has improved readiness to implement Alternative Response. The DCFS Alternative Response Administrator and the DCFS Prevention Administrator meet with Nebraska Children on a weekly basis to ensure coordination and collaboration on multiple joint initiatives.

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

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

In response to the Strengthening Families Act of 2014, the Nebraska Attorney General's Office created the Nebraska Human Trafficking Task Force. This task force lays the groundwork for a public/private partnership in which law enforcement, DCFS, those engaged in providing services for victims of human trafficking, and the general public to recognize and respond to human trafficking across the state. This included surveying state and federal agencies, law enforcement, tribal representatives, educational representatives and private agencies (non-profit and for-profit agencies) to gather information on the scope of the problem, identify existing services and identify potential barriers in their communities. These responses led to the development of sub-committees to focus on areas of concern. Over the past year, DCFS has been an active participant in developing the Sex Trafficking strategic plan to include training for DCFS staff and others working with at risk youth as well as the general public. DCFS has also developed guidance on identifying and tracking youth who are missing from placement and at high risk for involvement in human trafficking.

The 2016 legislative session included the passage of Legislative Bill (LB) 746 to enact the Nebraska Strengthening Families Act. This legislation requires DCFS to establish guidelines for the implementation and use of Reasonable and Prudent Parenting Standards (RPPS). Highlights of the legislation include limited liability for foster families and youth and the creation of the Normalcy Task Force. The task force will monitor initial and on-going implementation of federal and state guidelines and make recommendations in an annual report to the legislature.

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

DCFS has title IV-E contracts with three of the four federally recognized Tribes in Nebraska that authorizes title IV-E administrative and allowable maintenance funding for tribal wards. The IV-E contracts allows the tribes the ability to have title IV-E eligible tribal ward maintenance expenses paid through DCFS. DCFS provides the general fund match for title IV-E maintenance reimbursement, for a title IV-E eligible tribal ward. Eligibility for title IV-E is established by having

required Children and Family Services program information entered in the Nebraska Family Online Client User System (N-FOCUS), by the tribal Children and Family Services case manager. The tribal case managers are also responsible for providing required documentation for a tribal ward's title IV-E eligibility determination to be made by Department staff. Licensing information is entered on the N-FOCUS system to insure title IV-E requirements are met for the placement provider. Payment is processed through the N-FOCUS system which then allows for title IV-E claiming by DCFS for any eligible title IV-E services for the eligible tribal wards. Monthly expense reports are sent to tribes listing DCFS payments made on behalf of their specific tribal wards.

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

### **State Performance**

DCFS believes this item is a **strength** as demonstrated by the qualitative data and information above that describes how the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

### **Overall Rating for the Agency Responsiveness System Systemic Factor**

The Agency Responsiveness to Community Systemic Factor is in **Substantial Conformity**, as Nebraska's assessment has indicated a strength both items in this systemic factor.

## F. Foster and Adoptive Parent Licensing, Recruitment, and Retention

### Item 33: Standards Applied Equally

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

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

#### State Response

Monthly phone calls take place with the Foster Care Licensing Administrator, Program Specialist, and all service area supervisors and administrators who oversee foster care licensure to discuss concerns and adjust practices to be consistent. Questions brought up by providers or internal staff are also addressed during phone calls to ensure consistency.

All prospective licensed foster and adoptive families are required to meet the same licensing requirements included in state regulation. All licensed families must complete the (Trauma Informed) Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP), a twelve-week, pre-service training. As families are completing the twelve weeks of training, appropriate background checks and a home study will also be completed. The background checks include:

- Local Law Enforcement;
- Child Protective Services and Adult Protective Services Central Registries;
- Sex Offender Registry for all persons age 13 and older living in the home; and
- National FBI Check for all persons who are age 18 and older living in the home.

As mentioned in the CFSP, a standardized home study format was developed along with a guidebook of suggested questions. This home study format continues to be utilized by all Child Placing Agencies (CPA's) and Resource Development (RD) workers. This home study format was developed in conjunction with the member organizations of FFTA. A small group of field administrators and central office administration made contributions to include other necessary information. Training regarding the home study format was provided via webinar to both CPA staff and RD staff. This home study format is used to complete both foster and adoptive parent's home studies; however, adoption home studies include information specific to the child the family is adopting.

CPA and/or RD staff work with foster parents on understanding the licensing regulations. Conversations are held so foster parents understand the requirements involved. Time is allowed for the foster family to make any necessary changes. A CPA or RD worker completes a walk-through of the home to complete the licensing checklist verifying that all requirements are met. Once the family is in compliance with all regulations and requirements, a packet of information is assembled and submitted including the home study, training certification of completion, Health Information Report, and the licensing compliance checklist. Once the information submitted has been reviewed and verified by DCFS, a Foster Home License will be issued.

A relative or kinship family must go through an approval process within 30 days of the child’s placement, if the family does not want to become licensed. This process includes a walk-through of the family home to ensure safety criteria is met, completing the same required background checks and having a home study completed using the same standard format as described above. A training waiver may be granted for relatives who wish to be licensed as relatives.

The collection and analysis of quantitative data reflecting the consistent application of foster home licensing requirements is in its infancy. Starting December 2016, foster care licensing supervisors began a file review of foster homes to ensure that standards are applied consistently throughout the state. Supervisors receive a list of 4 active foster homes to review each month. The list contains both licensed and approved homes that are randomly selected by the CQI team. The list of foster homes has homes represented from various agencies and various service areas so that there is increased random assignment in the standards being applied equally throughout the state. Data will be aggregated quarterly to provide reports on trends to administrators in the service areas.

The following data shows that the required documents for a new foster care license were found in N-FOCUS between 87.5% and 100% for all new licensing packets that were reviewed by licensing supervisors between the months of December 2016 to February 2017. The total number of packets for new licenses should say 7 on each measured item. Some of the measurements below reflect a total of 8 due to reviewer error. If the one error case was taken out, then all items would be at 100% with the exception of the licensing application and compliance review.

Measure	Values	
License Application	Yes	6
	Total	7
	%	85.7%
Home Study	Yes	7
	Total	8
	%	87.5%
Compliance Review	Yes	6
	Total	7
	%	85.7%
References (3)	Yes	7
	Total	8
	%	87.5%
Health Information Report (PS-0915)	Yes	7
	Total	8
	%	87.5%
Training Hours	Yes	7
	Total	7
	%	100.0%

**Child Caring Licensure**

All licensure activities for child caring facilities (group homes and shelters) are conducted by the Division of Public Health (DPH). The Division of Public Health reports that one person reviews and conducts all licensing actions for child caring facilities. At this time data does not exist for licensing from DPH.

## Stakeholder Assessment

Over the past year, DCFS began to work more extensively with the Foster Family Treatment Association (FFTA). Eighteen of the 22 contracted child placing agencies are members of FFTA and this association has proven to be a valuable resource for DCFS. In July 2016, DCFS was invited to come to chapter meetings every other month as a regular guest to discuss issues. DCFS invited FFTA to provide feedback on licensing regulations for foster and adoptive families and gave explanations for those recommendations that did and did not get accepted, as well as invited contractors to assist in the development of the training for the Reasonable and Prudent Parent Standard.

## State Performance

In respect to the licensing and approving of foster and adoptive homes, DCFS believes this item is a **strength**. A process is in place to monitor consistency of both licensure and approval practices for foster and adoptive homes. While the data is still new, it shows the practice for requiring the same documents statewide to be consistent in approximately 88% of reviewed cases. In regards to child caring licensure, this item is also in substantial conformity. It is highly likely that standards are applied equally due to a single staff licensing child care agencies.

### Item 34: Requirements for Criminal Background Checks

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

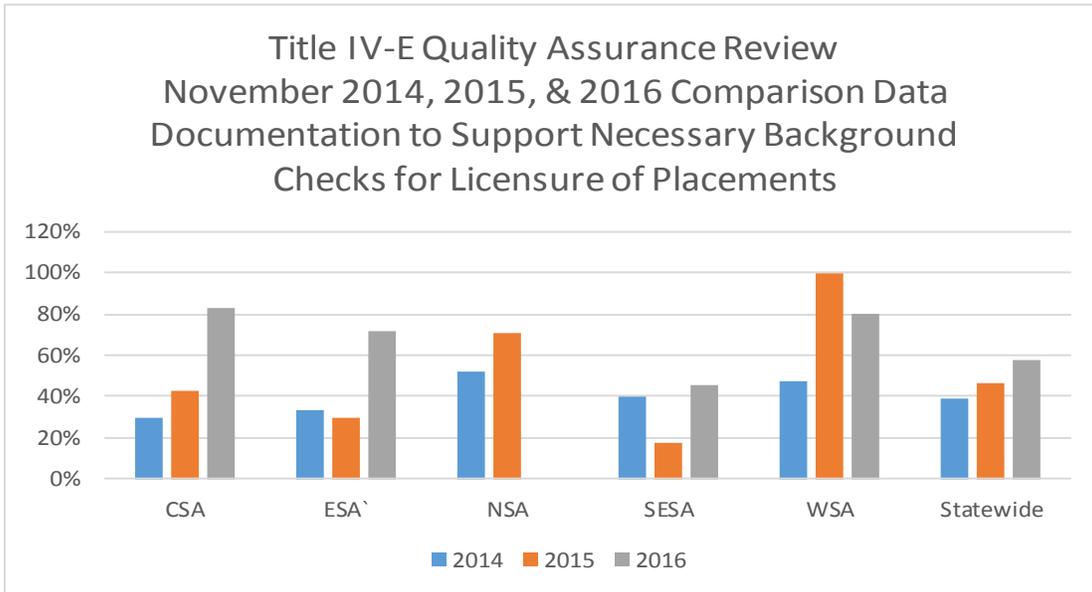
Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

## State Response

All background checks including computer screen shots of the results, with the exception of national criminal history checks, are scanned into N-FOCUS. Fingerprint results are sent to DCFS central office by the Nebraska State Patrol and those results are stored in locked file cabinets in order to provide verification that the checks were completed. Local office RD staff are sent a result sheet indicating whether or not an individual is eligible for licensure. A summary of the national criminal history can be sent to the Service Area Administrator upon request.

The results from the quality assurance reviews for title IV-E children examines licensed foster and adoptive placements and if specific standards were met for licensing regarding background checks. In November 2014, during the IV-E QA review, 39% of the IV-E cases reviewed statewide met the IV-E requirements for licensure related to background checks. In November 2015, 46% of IV-E cases reviewed statewide met the IV-E requirements for licensure. In November 2016, 58% of IV-E cases reviewed statewide met the IV-E requirements for licensure. To clarify, background checks are being completed on all foster homes; however, the QA reviewers are looking at a specific type

of documentation related to the background check. The training for this specific documentation was held in the fall of 2014. As time progresses, the statewide percentage continues to increase as the period of review is after the staff were trained on the specific way to document background check history. During the November 2016 review, the NSA was unable to submit the files for the review; however, the statewide percentage continues to trend in a positive direction.



To ensure accuracy of data reported, a third level review is made after the IV-E Quality Assurance (QA) report is received by the RD Administrators. The RD Administrators works with the RD supervisors, who oversee the RD foster care licensing staff, to ensure that the documentation is accurate and if there are errors, running the checks again so that there is confidence that foster homes are safe for youth. Some errors are unable to be addressed because of the amount of time that may have passed since the period under review; however, if errors can be reversed for any future placements, those errors are corrected and all the correct documentation is sent to the RD Administrators and scanned into the organization on N-FOCUS.

Likewise, the reviews are currently conducted only on homes that are licensed, not approved. Plans to move forward with quality assurance reviews for approved homes are in place. The Policy Unit is working on updating the program guidance memo to reflect clearer expectations on the process when placing with non-licensed relative or kinship homes. The QA teams will then begin their reviews in the summer of 2017.

When a child is placed in a non-licensed home, the contracting agency is expected to provide DCFS with the completed approval packet within 30 days of placement. If there is no contracting agency, DCFS is expected to complete the approval packet within 30 days of the child’s placement. A complete approval packet includes a complete home study with background checks and references explored in the home study as well as signed exceptions as needed.

Foster Care Licensing Supervisors complete a monthly quality assurance review of 4 cases a month that is randomly assigned to them from the CQI team. The case is either a licensing or approval packet from various service areas and agencies across the state. The following chart provides the percentages of approval (non-licensed) packets that were reviewed by the licensing supervisors

statewide which contained the necessary background checks documented in the specific way that was trained in 2014. Again, it does not mean that background checks were not completed for the cases that didn't get marked "yes" for these reviews. It means that those cases did not have the timestamp indicated on when the background checks were completed. The reviews by the supervisors are for the months from December 2016 to February 2017. One reason the national criminal history check has a lower percentage than the other background checks may be due to the difficulty in finding information in document imaging on N-FOCUS. It could also be due to the fact that some staff have interpreted that national criminal history must be present immediately after the person turns 18 years of age, while other staff have interpreted the requirement to be upon licensure all 18 year olds have the criminal history ran. The policy unit is in process of updating the guidance on background checks so staff know when to expect the checks to be completed.

Review Month:	(All)	▼	
Assigned FCRD:	(All)	▼	
Assigned Service Area:	(All)	▼	
Supporting Agency:	(All)	▼	
Type of Packet	Approval	▼	
<b>Applicant Data</b>			
<b>Measure</b>	<b>Values</b>		
<b>CPS/APS</b>	Yes		32
	Total		39
	%		82.1%
<b>Sex Offender Registry (18+)</b>	Yes		29
	Total		33
	%		87.9%
<b>Law Enforcement (NDEN) (18+)</b>	Yes		30
	Total		33
	%		90.9%
<b>National/State Patrol Fingerprints (18+) &amp; Waiver</b>	Yes		24
	Total		33
	%		72.7%

Case Planning Process to Address Safety

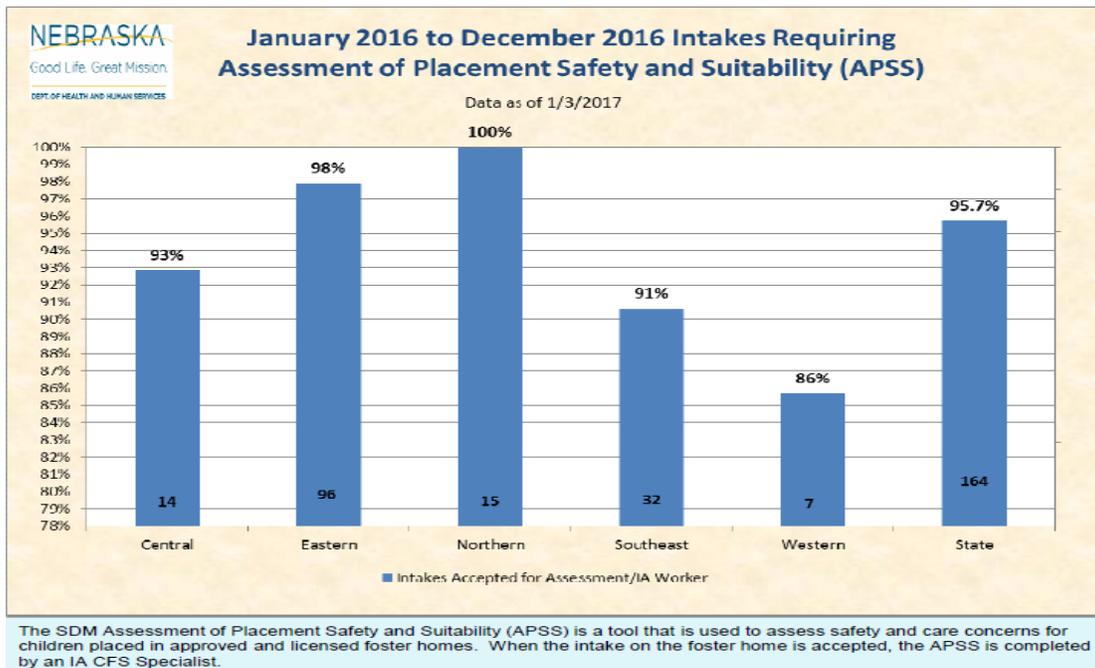
Should a foster care applicant have any other crimes listed on a criminal background check, other than those identified in the foster care licensing regulations, DCFS has the ability to use its discretion about approving such a person for a foster care license. This decision process includes the Foster Care Program Specialist and Administrator looking at the circumstances of the crime, the amount of time that has passed since the crime, any positive professional references after the crime, history of trends in criminal history, and information contained in the home study, upon its completion.

Likewise, a relative or kinship home seeking approval for placement would require the same background checks as a licensed home. A program memo (18-2013) was issued in 2013 that stated Service Area Administrator approval is required if the results of the background check on children or adults in the home show that any household member is listed on the CPS or APS Central Registry as a perpetrator, is under investigations as an alleged perpetrator, has a felony conviction for any crime, or appears on the sex offender registry. The program memo also addresses the information that a Child and Family Services Specialist (CFSS) must document in N-FOCUS to confirm the relative or kinship provider understands the unique needs of the youth needing placement has and the resources have been made available or are in place for the youth being placed. These needs include physical, educational, emotional, and developmental. The CFSS case manager must also

document that the relative or kinship provider is willing to provide a safe, nurturing, and stable living environment. At this time the memo is being revised to reflect a standard way of determining suitability for relative and kinship homes. Until this memo's revision is finalized in spring 2017, data cannot be collected on whether the standard is being followed.

If a report of abuse or neglect is accepted on a foster home where children are placed, the investigating CFSS case manager works closely with the assigned RD worker. The investigating CFSS case manager completes the Assessment of Placement Safety and Suitability (APSS), an SDM® tool, while the RD worker places the home on hold preventing any future placements. Upon completion of the APSS, there is communication and collaboration between the investigating CFSS case manager, any ongoing CFSS case manager who have children placed in the home, RD workers, and Child Placing Agency contracted providers regarding the results of the assessment, as necessary. The APSS provides information regarding if there was maltreatment that occurred as well as the appropriateness to continue with a placement decision and if so, what interventions may be needed to better support the foster family. The chart below reflects data pulled from N-FOCUS depicting the number of APSS tools that were required to be completed during the 2016 year and the percentage that were completed within the specified timeframe.

During calendar year 2016, there were 164 reports of abuse and neglect in foster homes that were accepted for investigation. Over 95% of those investigations were completed timely. The following data does not represent the safety assessment determination.



A program guidance memo regarding placement concerns was also issued in September 2016. Placement concerns are reports that are called into the Child Abuse and Neglect Hotline and are not accepted for investigation, due to not meeting maltreatment criteria, but may need further attention. These concerns are addressed by the supporting Child Placing Agency, including DCFS in the Western Service Area. If the concerns are validated, then a corrective action plan is created and monitored by the assigned RD worker. There is also increased communication between CFSS case managers who have children placed in the home and the supporting agency. The CQI team is

working to capture Provider Performance Improvement data starting in February 2017, which will provide information on how well this process is adhered to.

## Stakeholder Assessment

DCFS works closely with the Nebraska State Patrol (NSP) to process national criminal history checks. During the fall of 2016, DCFS had a face to face meeting with the NSP as well as several conversations to talk about the need for and importance of quick results and how they are used in the child welfare system. DCFS is satisfied with the relationship that exists with the NSP and their willingness to understand the foster and adoptive licensing processes.

On January 13, 2017, Foster Care Licensing Administrator attended the FFTA meeting as a guest to discuss the processing of background checks, gain feedback on any concerns, or aspects that have improved. Several contracted providers agreed that it used to take DCFS several months to return results to providers so they could continue with the licensing or approval process. Mindy Marschman from Omni (a contracted provider) stated, "I don't believe there are issues with the background checks process like there used to be. I have been receiving results within a couple of weeks."

## State Performance

DCFS is confident that processes are in place indicate this item is a **strength**. Data may be too new in some areas to show improvements in the system; however, baseline data is being collected. Data from varying sources or reviewers is being collected which can assist DCFS in ensuring the data is consistent with each other and provides confidence in its functioning.

## Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

## State Response

In order to keep the contracted providers accountable to provide updated Recruitment and Retention Plans, language is included in the Agency Support Foster Care (ASFC) contracts. The language states the following:

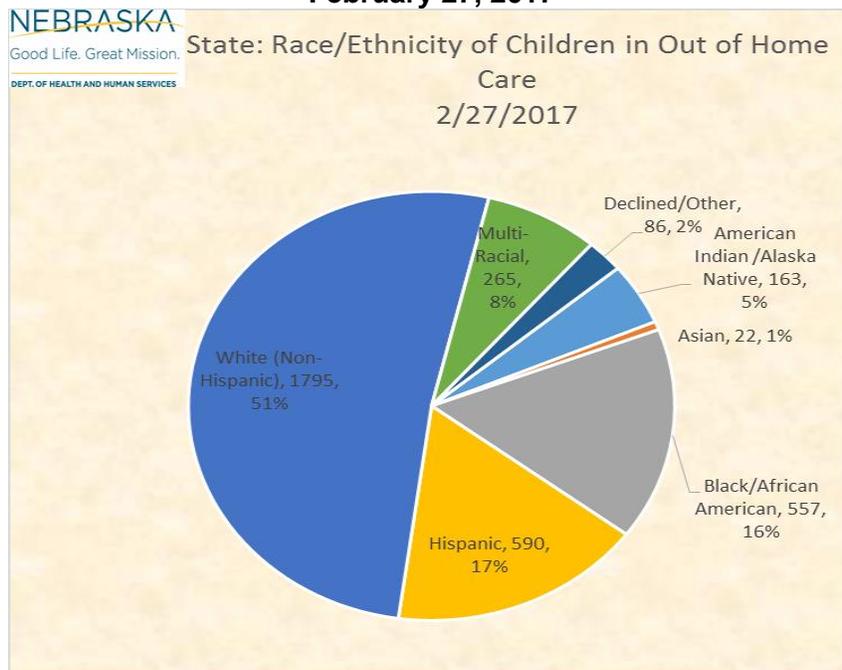
- Recruitment of agency supported foster families is defined as active and ongoing efforts to solicit families who are invested in meeting the unique needs of the children and youth served by DCFS. Recruitment includes undertaking targeted and diligent efforts to locate foster families for specific children upon request by DCFS. **Recruitment efforts will include engaging communities**

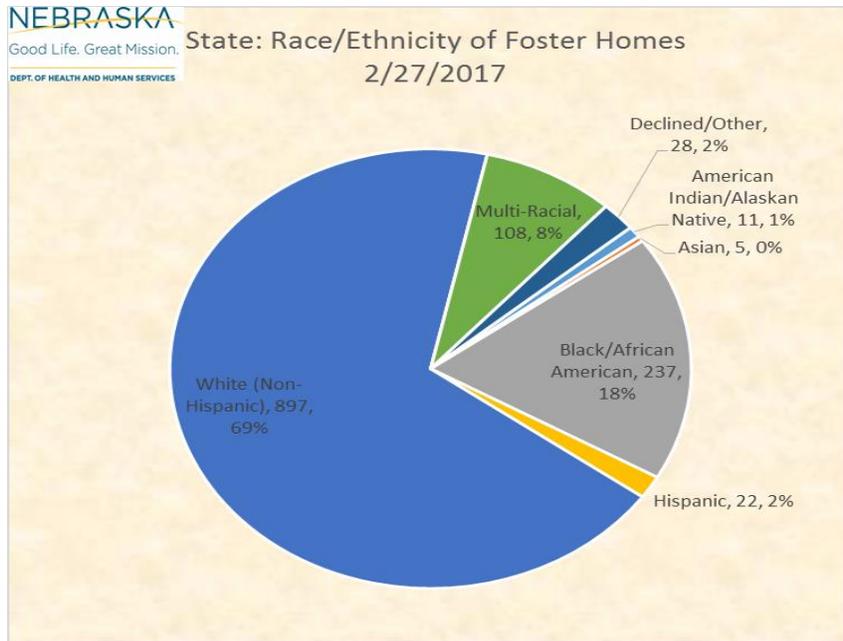
**across the state through outreach and education activities to increase awareness of the need for foster parents who reflect the ethnic and racial diversity of the children served by DCFS.** Recruitment activities may include: organizing special events, speaking engagements, advertising, and networking, etc.

DCFS continues to use demographic characteristic data from N-FOCUS about the youth in care and licensed foster homes to assess whether or not we are recruiting and retaining foster homes best suited to meet the unique needs of the children being cared for.

A comparison of the data regarding whether foster and adoptive parents' race/ethnicity mirrors the race/ethnicity of children in foster care shows that Nebraska has room for improvement across the state for recruitment and retention of Hispanic/Latino foster parents. On May 20, 2016, 15% of the children statewide in out of home care were identified as Hispanic while only 2% of licensed homes identified as Hispanic foster parents. Nine months later in February 2017, the data revealed that efforts are not adequate to ensure that Hispanic families are being recruited and licensed. While the percentage of licensed Hispanic foster homes has remained steady at 2%, the percentage of Hispanic children in out of home care has increased to 17%. The current data also indicates a lack of American Indian/ Alaskan Native licensed foster homes as well. While licensed Native American foster homes only makes up 1% of the licensed homes statewide, the Native American children make up 5% of the children in out of home care.

### Point in Time February 27, 2017

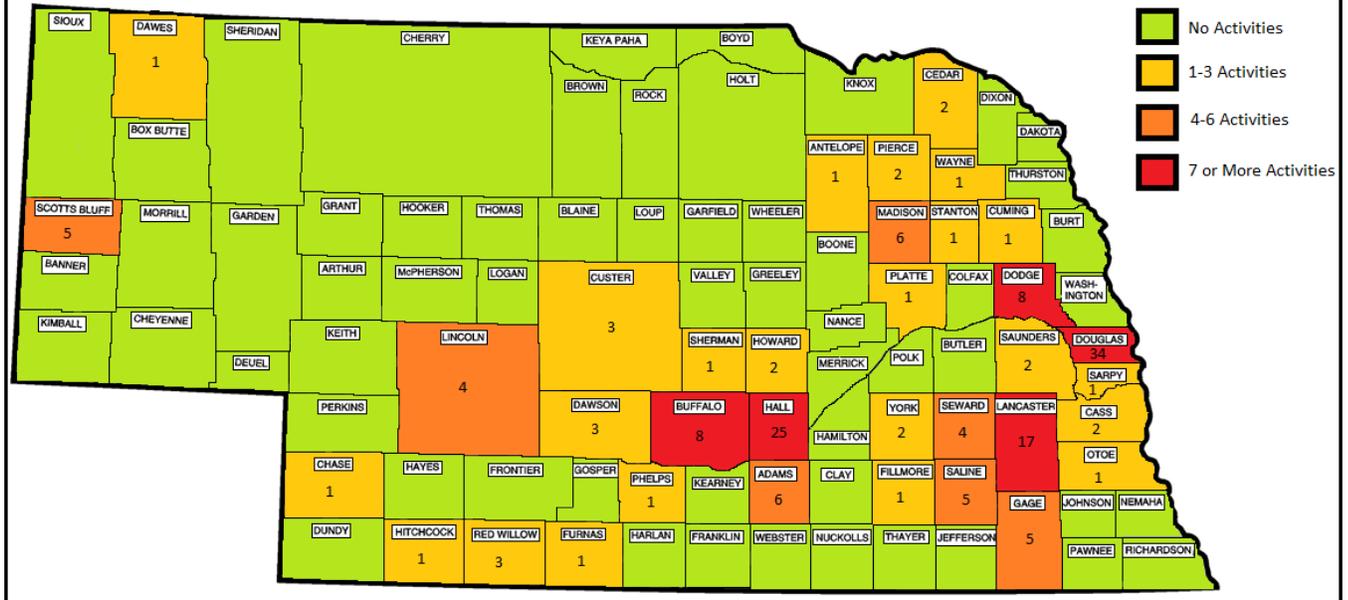




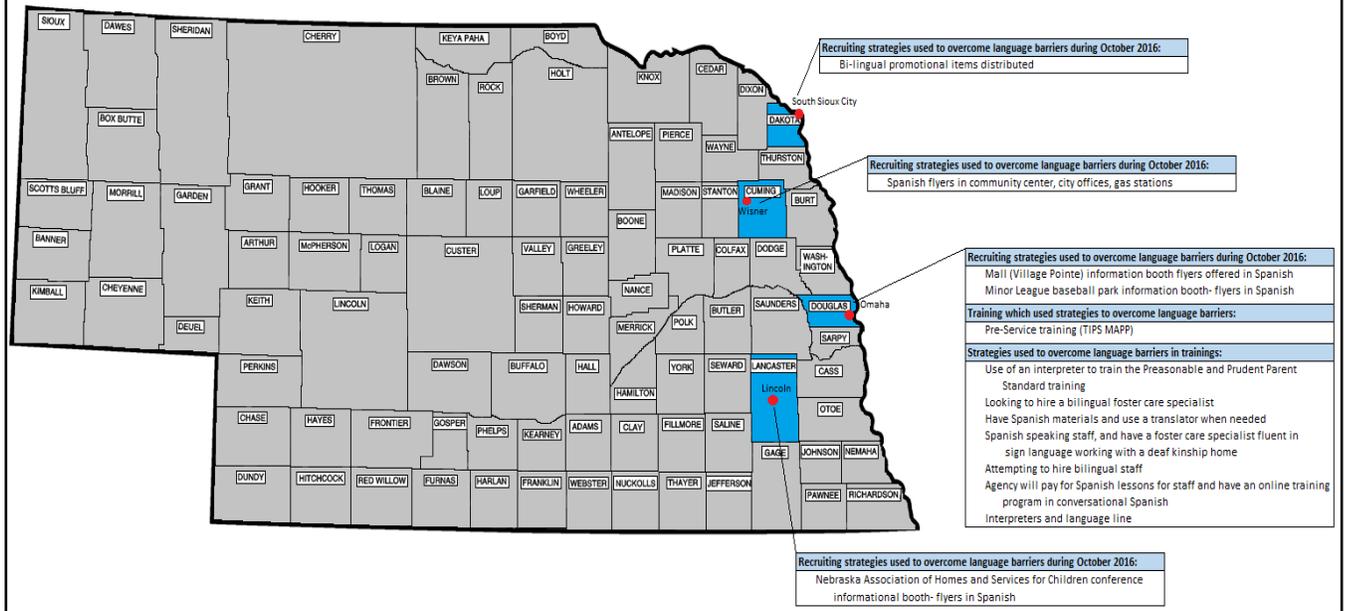
The data does not indicate whether or not youth are placed in homes that match their race or ethnicity. It merely reflects the percentage of licensed foster homes that reflect the same ethnic and racial diversity as the percentage of youth in out of home care. Some of these youth could be placed with relative homes that do reflect their race or ethnicity.

In order to become an adoptive parent of a child in foster care, applicants must first become foster parents. Recruitment and retention efforts are aimed at both foster and adoptive parents. Recruitment activities take place across the state through contracts with service providers as well as through DCFS staff in the WSA. The following information shows the self-reported recruitment activities aggregated by contracted providers and DCFS on the quarterly Recruitment and Retention reports. The second map shows the efforts that took place to overcome language barriers to recruit and train potential licensed Hispanic foster parents as self-reported on the standardized template by contracted providers during the months of October, November, and December in 2016.

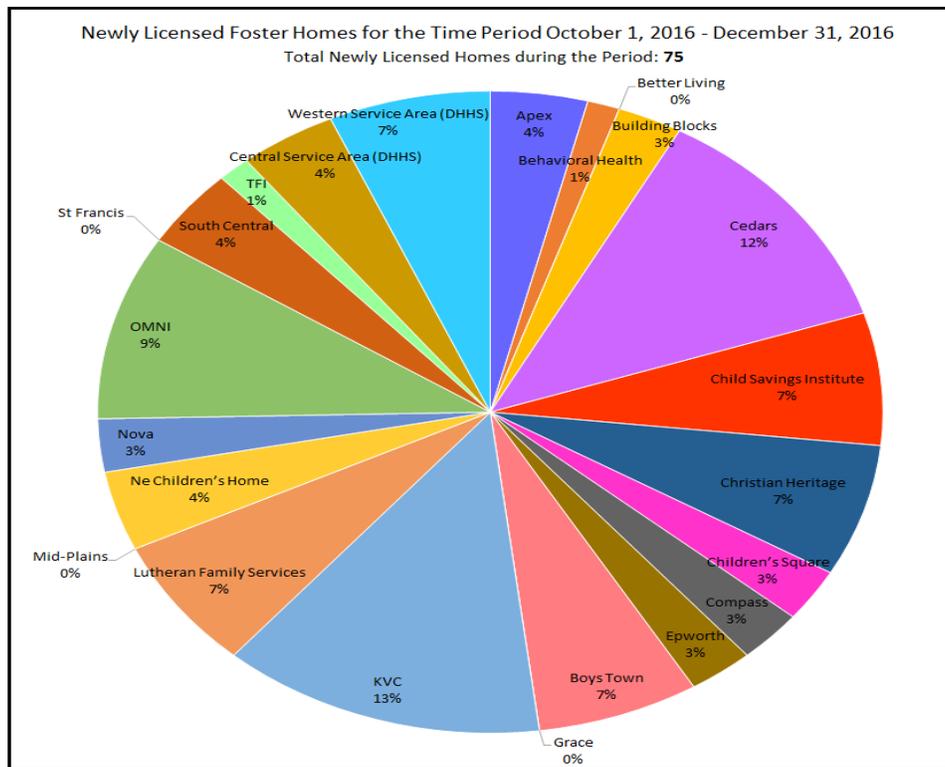
Recruitment Activities: October 1, 2016 - December 31, 2016



Agency Recruiting Strategies: October 2016



Data is provided to contracted Child Placing Agencies on a monthly basis regarding the numbers of children removed by county and the number of foster beds and homes that also exist in the county. This information is discussed at service area provider meetings to discuss the specific needs by county. The data is a point in time each month. The following pie chart indicates which agencies licensed the 75 new foster homes statewide during the months of October – December 2016 as self-reported on the template.



## Stakeholder Assessment

In August 2015, DCFS created a workgroup to address recruitment and retention of foster and adoptive families. Those that were invited consisted of member agencies of FFTA, Nebraska Families Collaborative (NFC), tribal members, probation, and additional contracted foster care agencies that do not belong to FFTA. A standard template for agencies to utilize to report their recruitment and retention efforts was created and approved by DCFS and the workgroup in November. At the December 2015 statewide provider meeting, two of the contracted agencies presented the template to all the child placing agencies where it was approved and agreed upon that the template would be used to gather data quarterly.

In July 2016, the stakeholder workgroup met again regarding the template and the information gathered from the first round of reports. Challenges were discussed as well as differences in interpretation on the form and a guide was developed by 2 member agencies of FFTA. In November 2016, another meeting was held to discuss the second round of reports. It was decided that the guide would be updated and a training webinar on the Recruitment and Retention template would be held at the start of January 2017 by DCFS and one of the contracted providers.

## State Performance

DCFS believes the diligent recruitment of foster and adoptive homes is in an **area needing improvement**. While mechanisms are in place to capture data on recruitment and retention activities, the data would indicate that DCFS nor contracted providers are engaging in targeted, diligent efforts to increase the licensed foster homes that match the diversity of the children in out of home care.

### Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

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

Please provide relevant quantitative/qualitative data or information that show the state’s process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

#### State Response

##### *Across State Lines*

With NEICE, DCFS can produce specific reports regarding timely homestudies and observe trends with specific states that may be excelling or prohibiting timely processing. DCFS can also generate reports on Nebraska’s ability to complete timely homestudies for other states.

Regulation two for the ICPC states, “As quickly as possible, but not more than sixty (60) calendar days after receiving a home study request, the receiving state shall, directly or by contract, complete a home study of the home environment for the purposes of assessing the safety and suitability of the child being placed in the home.” The sixty days was established by the Safe and Timely Act of 2006. The below chart reflects the number and percentage of requests where Nebraska met the Safe and Timely Act as a receiving state compared to the number and percentage of requests made to other states when Nebraska was a sending state.

	Reporting Period	# of Home Study Requests	# of Requests Meeting Safe & Timely Act	% of Requests Meeting Safe & Timely Act	# Not Meeting Safe & Timely Act	% Not Meeting Safe & Timely Act
<b>Neb as Receiving State</b>	11/30/15 - 5/26/16	56	33	59%	23	41%
<b>Neb as Sending State</b>	11/30/15 - 5/26/16	27	13	48%	14	52%
<b>Neb as Receiving State</b>	6/1/16 - 12/30/16	107	78	73%	29	27%
<b>Neb as Sending State</b>	6/1/16 - 12/30/16	103	50	49%	53	51%

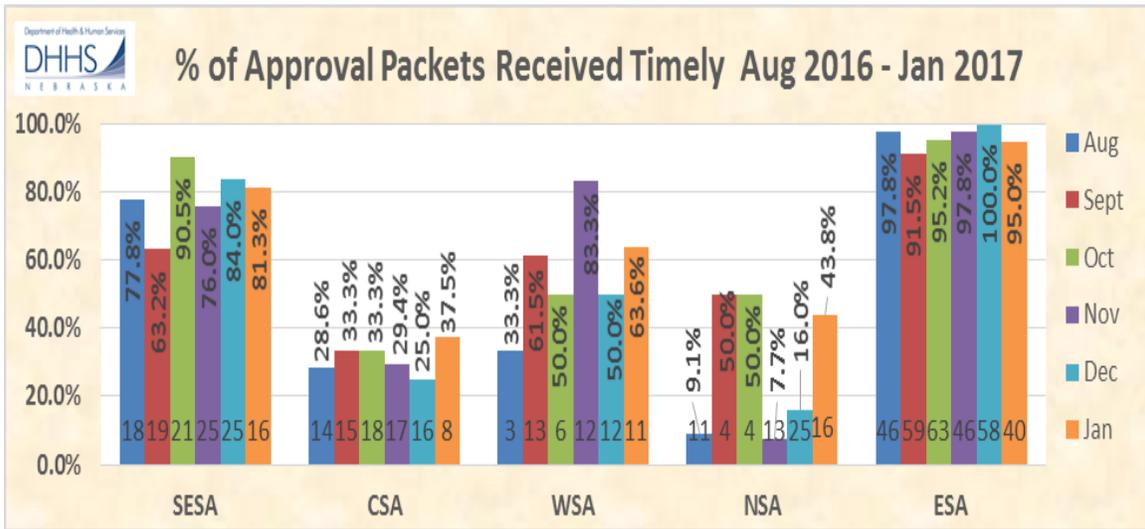
The above data indicates that Nebraska is improving in timeliness of home studies for other states and processes ICPC requests quicker than the states Nebraska sends requests to. The first reporting period from November 2015 to May 2016 shows that Nebraska completed home study requests within 60 days 59% of the time while other states were only completing requests for Nebraska within 60 days 48% of the time. During the last reporting period of June 2016 to December

2016, Nebraska improved to completing home studies for other states within 60 days 73% of the time. The states that Nebraska sent requests to only completed home studies within 60 days 49% of the time.

*Across Service Area Lines*

DCFS also collects data regarding the number and percentage of approval packets that are completed in a timely manner from contractors as well as DCFS resource development staff, who write home studies. These numbers are collected on an aggregate statewide basis; however, can be filtered to show data for each Service Area and contracted provider serving a specific Service Area. This data is provided to each of the service areas on a monthly basis and encouraged to be distributed at service area specific provider meetings.

When a child is placed in a non-licensed home, the contracting agency is expected to provide DCFS with the completed approval packet within 30 days of placement. If there is no contracting agency, DCFS is expected to complete the approval packet within 30 days of placement. A complete approval packet includes a complete home study with background checks and references explored in the home study as well as signed exceptions as needed. The following chart reflects the approval packets for non-licensed homes that were completed timely by the service areas.



While Nebraska Families Collaborative (NFC) is primarily responsible for the placement of children in Eastern Service Area (ESA), there are no issues with children being placed across Service Area geographical lines. Both NFC and DCFS share contracted agencies who support foster homes across the State of Nebraska. There is a mutual agreement and understanding that the two agencies share these placement resources.

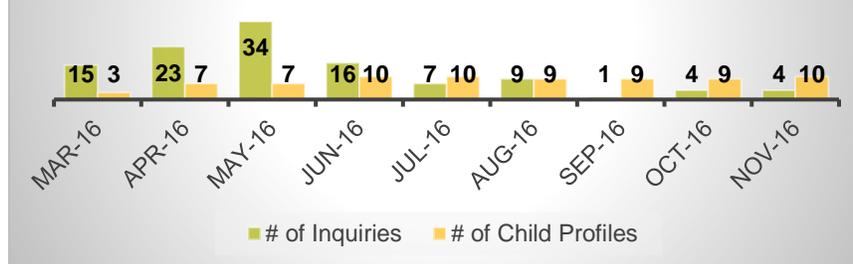
Relative and kinship options are preferred over licensed foster and adoptive homes who don't have a previous relationship with the child who is in need of placement. Relative and kinship families can be identified through Family Finding contracted services or Facebook searches conducted by RD workers. The Southeast Service Area contracts with Christian Heritage for Family Finding services. There have been concerns with the service in the most recent contract period and the average number of referrals for the service is declining to an average of under 3 referrals a month, as DCFS case managers are not satisfied with lack of urgency on the contractor's side. The Northern, Central, and Western service areas contract with Nebraska Children's Home Society for Family Finding services. This is a newer contract in the past year. Since July 2016, 42 referrals have been made for these three service areas. Thirteen youth were in the Family Finding program for at least 6 months. Of the 13 youth, 11 (85%) had at least one offer of permanency within 6 months of receiving Family Finding services. The goal for this outcome is 55%.

NFC also has contracts for Family Finding services. They split their contracts into Crisis Family Finding, which includes file mining and identification of familial relationships at removal or unplanned placement changes. They also have Family Finding for the full service including all steps of the model. During the calendar year of 2016, NFC served 185 children through the Crisis Family Finding service. Of the 185 children served, at least 106 had at least one viable placement option located and 79 of those children were placed. For the full Family Finding service, 152 children were served and 98 children had at least one viable placement option located and 30 of those children were placed into permanent homes.

If a child is eligible for adoption, he or she may be placed on the Heart Gallery (also known as AdoptUSKids) through a contract with Child Savings Institute. This contractor will coordinate with the assigned CFSS case manager to arrange for a professional photo session of the child as well as write a positive profile description of the child. In calendar year 2016, 26 new photos of children were uploaded to the Heart Gallery and 15 of those children were from NFC.

The following chart depicts the number of child profiles that have been created as well as the number of inquiries that have been made for the children from all service areas, with the exception of Eastern Service Area.

## Nebraska Heart Gallery Referrals from DCFS March 2016 - November 2016



There could be a number of reasons why the number of inquiries are declining. Some of the reasons include the ages of children tend to be older than 10 years of age, rather than the young infants or toddlers who tend to have more interest by potential adoptive families. Inquiry numbers start to decrease when new children aren't added on a regular basis. Also, DCFS staff have not had appropriate training on how to match youth with prospective, adoptive families or prepare youth for adoption. A memo on how to utilize the Heart Gallery was provided to staff in February 2017.

NFC also holds permanency contracts with Child Savings Institute, Nebraska Children's Home Society, and Lutheran Family Services for child specific adoption recruiters. During calendar year 2016, 52 new children were referred and the contractors served 169 children total. At the end of the year, 32 of those children were adopted during the year and another 72 children were placed with or matched with a potential adoptive family.

### Stakeholder Assessment

#### *Across State Lines*

During the summer months of 2015, Nebraska worked with the Association of Administrators for the Interstate Compact for the Placement of Children (AAICPC) and Tetras to onboard to the National Electronic Interstate Compact Enterprise (NEICE), the electronic case management system for processing ICPC placements. Nebraska was the first state out of the national pilot to join NEICE on November 30<sup>th</sup>, 2015. The NEICE system allows information to be sent more quickly as well as the process of the paperwork to be tracked in real time. For other states that are on NEICE, ICPC paperwork can be processed much quicker and expedite the ICPC process by 40% (statistic provided by AAICPC at annual conference in May 2016).

#### *Across Service Area Lines*

DCFS continues to work with contracted child placing agencies to recruit foster and adoptive homes in each service area. Contracts are statewide and not service area specific. When a home is identified in another service area, staff may contact one another as a courtesy; however, permission from that service area to place is not required. DCFS also holds contracts for child specific recruitment efforts through Family Finding services, the Heart Gallery, and Wendy's Wonderful Kids.

### **State Performance**

DCFS believes this item is a **strength**. Data shows Nebraska is increasing in timeliness to facilitate permanent foster and adoptive placements for other states. There is data on the utilization of resources to achieve permanency as well as the outcomes. This will continue to be monitored and shared with stakeholders.

### **Overall Rating for the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor**

The Foster and Adoptive Parent Licensing, Recruitment and Retention Systemic Factor is an **area needing improvement**. Nebraska's assessment indicates one of the four items in this systemic factor is not a strength.

# Nebraska

September 2016

## Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

### Risk Standardized Performance (RSP)

#### Permanency Outcome 1

	13B14A	15B16A
<b>Permanency in 12 months (entries)</b>	RSP	37.9%
	RSP interval	36.2% - 39.7%
	National standard (NS)	40.5%
	Performance relative to NS	Not met
	Data used	13B-16A
<b>Permanency in 12 months (12 - 23 mos)</b>	RSP	50.3%
	RSP interval	47.5% - 53.2%
	National standard (NS)	43.6%
	Performance relative to NS	Met
	Data used	15B-16A
<b>Permanency in 12 months (24+ mos)</b>	RSP	37.6%
	RSP interval	35.1% - 40.3%
	National standard (NS)	30.3%
	Performance relative to NS	Met
	Data used	15B-16A
<b>Re-entry to foster care</b>	RSP	6.1%
	RSP interval	4.9% - 7.6%
	National standard (NS)	8.3%
	Performance relative to NS	Met
	Data used	13B-16A
<b>Placement stability (moves/1,000 days in care)</b>	RSP	2.83
	RSP interval	2.67 - 2.99
	National standard (NS)	4.12
	Performance relative to NS	Met
	Data used	15B-16A

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

■ Met
 ■ No diff
 ■ Not met

**Risk Standardized Performance (RSP)**

Safety Outcome 1

	15AB, FY15	FY14-15
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	RSP	7.10
	RSP interval	5.63 - 8.95
	National standard (NS)	8.50
	Performance relative to NS	No diff
	Data used	15A-15B, FY15
<b>Recurrence of maltreatment</b>	RSP	9.7%
	RSP interval	8.7% - 10.8%
	National standard (NS)	9.1%
	Performance relative to NS	No diff
	Data used	FY14-15

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

**National Standard (NS)** is the observed performance for the nation as described in the May 2015 Federal Register notice.

**Risk-Standardized Performance (RSP)** is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state’s entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national standard.

**Risk-Standardized Performance (RSP) Interval** is the state’s 95% confidence interval estimate for the state’s RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

**Performance relative to the national standard (NS)** indicates whether the state’s 95% interval showed that the state met, did not meet, or was no different than the national standard. “No Diff” means the interval includes the NS. For the permanency in 12 months indicators, “Met” is used when the entire interval is above the NS; “Not Met” is used when the entire interval is below the NS. For the remaining indicators, “Met” is used when the entire interval is below the NS; “Not Met” is used when the entire interval is above the NS.

**Data Used** refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: ‘A’ refers to the 6-month period Oct 1st – March 31st. ‘B’ refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

The colors highlight performance (RSP Interval) relative to the National Standard:



## Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

## Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. For a complete description of the numerator and denominator for each statewide data indicator, see the Data Dictionary.

		13B14A	15B16A
Permanency in 12 months (entries)	Denominator	2,483	
	Numerator	1,029	
	Observed performance	41.4%	
Permanency in 12 months (12 - 23 mos)	Denominator		1,003
	Numerator		527
	Observed performance		52.5%
Permanency in 12 months (24+ mos)	Denominator		820
	Numerator		361
	Observed performance		44.0%
Re-entry to foster care	Denominator	1,011	
	Numerator	65	
	Observed performance	6.4%	
Placement stability (moves/1,000 days in care)	Denominator		404,112
	Numerator		1,139
	Observed performance		2.82
		15AB, FY15	FY14-15
Maltreatment in care (victimizations/100,000 days in care)	Denominator	1,377,810	
	Numerator	69	
	Observed performance	5.01	
Recurrence of maltreatment	Denominator		3,978
	Numerator		299
	Observed performance		7.5%

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

**Denominator:** For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

**Numerator:** For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

**Percentage or rate:** For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Data Quality

Setting national standards and measuring state performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance against the national standards. States that exceed established data quality limits are excluded from statewide data indicator calculations (and marked with a "DQ" on the RSP tables). All values represent the percentage of problem cases in a state. **Values in orange in the table below indicate the percentage of problem cases exceeds the data quality limit.** A blank cell indicates there was no data quality check assessed for that particular data period. 'DQ' indicates the data quality check was not performed due to data quality issues. For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A
AFCARS IDs don't match from one period to next	> 40%	●	●	●	23.6%	19.2%	23.2%	25.5%	24.5%	25.4%	27.5%	22.6%	22.7%	
Age at discharge greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.2%	0.1%	0.1%	0.1%	0.3%	0.1%	0.1%	0.1%	0.3%	
Enters and exits care the same day	> 5%	●	●	●	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 5%		●		0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			●	0.1%	0.0%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	0.2%	0.1%
Percentage of children on 1st removal	> 95%	●	●	●	74.8%	74.7%	78.7%	77.7%	77.0%	77.1%	77.6%	78.1%	77.9%	78.5%

NCANDS Data Quality Checks

		MFC	RM	2012-2013	2013-2014	2014-2015	2012	2013	2014	2015
Child IDs for victims match across years	< 1%		●	5.3%	4.1%	3.7%				
Child IDs for victims match across years, but dates of birth and sex do not	> 5%		●	0.5%	0.6%	0.4%				
Missing age for victims	> 5%	●	●				0.1%	0.4%	0.3%	0.2%
Some victims should have AFCARS IDs in child file	< 1%	●						100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N -	●						Y	Y	Y

MFC Maltreatment in foster care  
 Perm Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)  
 PS Placement stability  
 RM Recurrence of maltreatment



## Data Dictionary for CFSR Round 3 Data Profile - September 2016

### Statewide Data Indicators

Title	Description	Denominator	Numerator	Risk Adjustment	Exclusions	Notes
Permanency in 12 months for children entering care	Of all children who enter care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	Number of children who enter care in a 12-month period	Number of children in the denominator who discharged to permanency within 12 months of entering care	<ul style="list-style-type: none"> <li>Age at entry</li> <li>State's foster care entry rate</li> </ul>	<ul style="list-style-type: none"> <li>Children in care &lt; 8 days</li> <li>Children who enter care at age 18 or older</li> </ul>	<ul style="list-style-type: none"> <li>Trial home visit adjustment is applied</li> <li>Youth entering at 17 but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency</li> </ul>
Permanency in 12 months for children in care 12-23 months	Of all children in care on the first day of a 12-month period who had been in care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day?	Number of children in care on the first day of a 12-month period, who had been in care (in that episode) between 12 and 23 months	Number of children in the denominator who discharged to permanency within 12 months of the 1st day	<ul style="list-style-type: none"> <li>Age on first day</li> </ul>	<ul style="list-style-type: none"> <li>Children age 18 or more on the first day of the year</li> </ul>	<ul style="list-style-type: none"> <li>Youth age 17 on the first day but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency</li> </ul>
Permanency in 12 months for children in care 24 months or more	Of all children in care on the first day of a 12-month period, who had been in care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?	Number of children in care on the first day of a 12-month period, who had been in care (in that episode) for 24 months or more	Number of children in the denominator who discharged to permanency within 12 months of the 1st day	<ul style="list-style-type: none"> <li>Age on first day</li> </ul>	<ul style="list-style-type: none"> <li>Children age 18 or more on the first day of the year</li> </ul>	<ul style="list-style-type: none"> <li>Youth age 17 on the first day but who turn 18 while in care or discharge at age 18 are not counted as achieving permanency</li> </ul>
Re-entry to foster care in 12 months	Of all children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-entered care within 12 months of their discharge?	Number of children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship	Number of children in the denominator who re-enter care within 12 months of their discharge	<ul style="list-style-type: none"> <li>Age at exit</li> <li>State's foster care entry rate</li> </ul>	<ul style="list-style-type: none"> <li>Children in care &lt; 8 days</li> <li>Children who enter or exit care at age 18 or older</li> </ul>	<ul style="list-style-type: none"> <li>If a child has multiple re-entries within 12 months of their discharge, only his first re-entry is selected</li> </ul>

## Statewide Data Indicators

Title	Description	Denominator	Numerator	Risk Adjustment	Exclusions	Notes
Placement stability	Of all children who enter care in a 12-month period, what is the rate of placement moves, per day of foster care?	Of children who enter care in a 12-month period, total number of days these children were in care as of the end of the 12-month period	Of children in the denominator, total number of placement moves during the 12-month period	<ul style="list-style-type: none"> <li>Age at entry</li> </ul>	<ul style="list-style-type: none"> <li>Children in care &lt; 8 days</li> <li>Children who enter care at age 18 or more</li> <li>Any time in care and placement changes that occur after the 18th birthday is not counted</li> <li>The initial removal from home (and into care) is not counted as a placement move</li> </ul>	<ul style="list-style-type: none"> <li>Placement stability is expressed as a rate per 1,000 days in care</li> </ul>
Maltreatment in foster care	Of all children in foster care during a 12-month period, what is the rate of victimization, per day of care?	Of children in care during a 12-month period, total number of days these children were in care as of the end of the 12-month period	Of children in the denominator, total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12-month period	<ul style="list-style-type: none"> <li>Age at entry (for children entering) or age on first day of the 12-month period (for children already in care)</li> </ul>	<ul style="list-style-type: none"> <li>Complete foster care episodes lasting &lt; 8 days</li> <li>Youth in foster care at 18 or older</li> <li>For youth who start out as 17 years of age and turn 18 during the period, any time in care and victimizations that occur after the 18th birthday is not counted</li> <li>Records with an incident date occurring outside of the removal episode, even if report dates fall within the episode (used when incident date exists)</li> <li>Maltreatment reports that occur within the first 7 days of removal</li> <li>Victims age 18 or older</li> <li>Records with disposition or report dates falling outside of the 12-month period</li> <li>Subsequent reports that occur within 1 day of the initial report</li> </ul>	<ul style="list-style-type: none"> <li>Cases are matched across AFCARS and NCANDS using AFCARS ID</li> <li>Maltreatment in foster care is expressed as a rate per 100,000 days in care</li> </ul>
Recurrence of maltreatment	Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months?	Number of children with at least one substantiated or indicated maltreatment report in a 12-month period	Number of children in the denominator that had another substantiated or indicated maltreatment report within 12-months of their initial report	<ul style="list-style-type: none"> <li>Age at initial victimization</li> </ul>	<ul style="list-style-type: none"> <li>Subsequent reports that occur within 14 days of the initial report</li> <li>Subsequent reports in which the incident date shows that the subsequent report refers to the same incident as the initial report</li> <li>If report date is prior to the first 12 months</li> <li>Victims age 18 or older</li> </ul>	<ul style="list-style-type: none"> <li>Relies primarily on the report date to determine whether the maltreatment occurred in the first 12 month period; therefore, if a case does not reach disposition until the following 12 month period but has a report date in the first, we include it</li> <li>Unborn children are included in the 0-3 mos age group</li> </ul>

## AFCARS Data Quality Checks

Title	Description	Denominator	Numerator	Limits	Notes
AFCARS IDs don't match from one period to next	Percent of records that do not match for a given record number in the next 6-month period.	Number of children reported in first 6-month file	Number of children that do not match in the next 6-month file	> 40%	Individual records with this condition are not a problem unless the overall percentage of non-matches for a given state exceeds the DQ limit
Age at discharge greater than 21	Percent of records where time between date of birth and date of discharge from most recent foster care episode is > than 21 yrs	Number of children reported in a 6-month file	Number of records where time between date of birth and date of discharge from most recent foster care episode is > than 21 yrs	>5%	
Age at entry greater than 21	Percent of records where time between date of birth and date of latest removal from home is > 21 yrs	Number of children reported in a 6-month file	Number of records where time between date of birth and date of latest removal from home is > 21 yrs	>5%	
Date of birth after date of entry	Percent of records where the date of birth is after the date of latest removal	Number of children reported in a 6-month file	Number of records where date of birth is after the date of latest removal	>5%	
Date of birth after date of exit	Percent of records where the date of birth is after the date of discharge from most recent foster care episode	Number of children reported in a 6-month file	Number of records where date of birth is after the date of discharge from most recent foster care episode	>5%	
Dropped records	Record is missing a date of discharge, suggesting the child is still in care, but a record for this same child in the next 6-month period does not exist	Number of children reported in first 6-month file	Number of children reported without discharge dates in first 6-month file that do not appear in the subsequent 6-month file	> 10%	These percentages are calculated differently than they were in prior CFSR rounds. Previously, the denominator was the total number of discharges reported for the 12-month period of interest. Now the denominator is the total number of records in the 6-month file
Enters and exits care the same day	Percent of records where date of latest removal from home is the same day as the date of discharge from most recent foster care episode	Number of children reported in a 6-month file	Number of records where date of latest removal from home is the same day as the date of discharge from most recent foster care episode	>5%	
Exit date is prior to removal date	Percent of records where date of discharge from most recent foster care episode is before the date of latest removal from home	Number of children reported in a 6-month file	Number of records where records where date of discharge from most recent foster care episode is before the date of latest removal from home	>5%	

## AFCARS Data Quality Checks

Title	Description	Denominator	Numerator	Limits	Notes
In foster care more than 21 years	Percent of records where time between date of latest removal from home and date of discharge from most recent foster care episode is > 21 yrs	Number of children reported in a 6-month file	Number of records where time between date of latest removal from home and date of discharge from most recent foster care episode is > 21 yrs	>5%	
Missing date of birth	Percent of records with a missing date of birth	Number of children reported in a 6-month file	Number of children missing date of birth	>5%	Date of birth is used to calculate age in months for risk-adjustment when calculating a state's risk-standardized performance
Missing date of latest removal	Percent of records with a missing date of latest removal	Number of children reported in a 6-month file	Number of children missing date of latest removal	>5%	
Missing discharge reason (exit date exists)	Percent of records where date of discharge from most recent foster care episode exists but the reason for discharge is missing	Number of children reported in a 6-month file	Number of records where data of discharge exists but discharge reason is missing	>5%	
Missing number of placement settings	Percent of records with a missing number of placement settings	Number of children reported in a 6-month file	Number of children missing number of placement settings	>5%	
Percentage of children on first removal episode	Percent of children where the total number of removals from home to date equals 1	Number of children reported in a 6-month file	Number of records where total number of removals from home to date = 1	>95%	Individual records with this condition are not a problem unless the overall percentage of children on their first removal for a given state exceeds the DQ limit

## NCANDS Data Quality Checks

All of these checks are applied only to victims of maltreatment. A victim in CFSR 3 is a child for whom the state determined at least one maltreatment was substantiated or indicated and a disposition of substantiated or indicated was assigned for a child in a specific report. It does not include alternative response victims. It does include children who died and the death was confirmed to be the result of child abuse and neglect.

Title	Description	Denominator	Numerator	Limits	Notes
Child IDs for victims match across years	Among victims, percent of unique NCANDS Child IDs that match across two consecutive NCANDS child files	Among victims, number of unique NCANDS Child IDs in either or both of two consecutive NCANDS Child Files	Of NCANDS Child IDs in the denominator, number of those IDs that appear in two (i.e., both) consecutive NCANDS child files	<1%	
Child IDs for victims match across years, but dates of birth and sex do not match	Among victims, percent of unique Child IDs that match across years, but 1) sex does not match, 2) date of birth does not match, or 3) age difference between years is outside of expected range	Among victims, number of unique NCANDS Child IDs that match across two consecutive NCANDS Child Files	Of NCANDS Child IDs in the denominator, number of those IDs with a different sex or an age difference between years that is outside of the expected range	>5%	An age difference that is outside of the expected range occurs when the child's age difference between the two years is less than 0 or greater than 3. When age is missing in either year, the child's age difference is not calculated. Instead, the child's date of birth is compared across both years.
Missing age for victims	Percent of victims with a missing age	Number of victims in a FY Child File	Of children in the denominator, number of children missing child age	>5%	
Some victims should have AFCARS IDs in Child File	Percent of victims with an AFCARS IDs in Child File	Number of victims in Child File	Of children in the denominator, number with an AFCARS ID in Child File	<1%	
Some victims with AFCARS IDs should match IDs in AFCARS Files	Some victims with AFCARS IDs should match IDs in AFCARS Files	Number of victims who have AFCARS IDs reported in Child File	Of children in the denominator, number that match using AFCARS ID to a child record in AFCARS, during the same year.	No	A state needs to have at least one case match (0 matches results in N for "no match" and does not meet the DQ limit)