Nebraska Child and Family Services Review Round 3
Program Improvement Plan

State/Territory: Nebraska

Date Submitted: February 20th, 2018

Date Resubmitted: May 14th, 2018

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

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

Part One: Executive Summary

Nebraska participated in Round 3 of the Children and Family Services Review (CFSR) the week of June 5-9, 2017. Federal and State reviewers analyzed 65 cases (40 foster care and 25 in-home) conducted via the Traditional Review process in Douglas, Hall, and Platte/Colfax counties. The review also included interviews with more than 200 stakeholders about the performance of Nebraska's child welfare system. Nebraska was found to be in substantial conformity with none of 7 outcomes and 4 of the 7 systemic factors.

The review of Nebraska's child welfare system compliments our own CQI process and the results of the CFSR provided additional focus on areas needing more attention. Nebraska's analysis leading up to the final report identified some areas to make improvements that were already being addressed. After the CFSR report out at the end of the review week, DHHS CQI Program Accuracy Staff conducted meetings with Service Area staff the months of July and August 2017 to being identifying overarching themes and causes of the areas needing improvement identified in the final report. The themes identified were family engagement, foster parent recruitment and retention, safety and risk management, service array, timely permanency and court matters and workforce development. Also, a Core PIP Team was formed to guide the PIP process. This team is comprised of representatives from the System of Care, PromiseShip, and a youth previously in foster care, a parent representative and the Court Improvement Project along with key department leadership.

The federal reviewers presented their formal CFSR findings on November 29th, 2017 to Nebraska's leadership and stakeholders. Among the 200 invited in attendance were 112 organizations and individuals including: judges, attorneys, guardian ad litems, biological parents, foster and adoptive parents, Court Appointed Special Advocates, Native American tribes, child and domestic abuse groups, state appointed bodies, Inspector General for Child Welfare, advocacy organizations, state senators, foundations and more than 40 service providers.

On Thursday November 30th, 2017 this group continued to meet to review data and information. The Core PIP Team served as theme area leads and facilitated individual group discussions to identify the contributing factors/ root causes for each overarching theme. After this meeting, team leads analyzed the information gathered from stakeholders to determine the top 5 root causes and strategies identified during the November meeting. During the week of January 28, 2018, stakeholders were again invited to participate in conference calls to provide input regarding the top 5 root causes and strategies for the PIP.

Nebraska will be addressing the following goals in the PIP:

Nebraska's first goal is to provide appropriate guidance and support to Child and Family Services Specialists. This clarification is necessary to ensure safety for children through timely face-to-face contacts for Priority 2 and 3 accepted intakes and to clarify guidance regarding exceptions. This is the first step to ensuring consistent practice among case managers throughout the state.

The second goal is to ensure safety for children through improved risk and safety assessment and monitoring throughout the life of the case, particularly in-home cases. There were several root causes identified that contributed to the development several strategies to meet this goal.

Nebraska has strong practice guidance and uses an evidence based assessment tool, Structured Decision Making (SDM), to assess for safety and risk for children involved in the system. Nebraska believes in continually strengthening safety and risk assessment practice expectations and improving the effectiveness SDM by making sure it is directly connected to service planning and monitoring of ongoing case progress.

Supervisors will attend Advanced SDM Training to learn ways to integrate SDM assessments and decisions into key supervisory processes, consider how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc. and gain knowledge and skill to help motivate workers to contribute to better outcomes through quality SDM implementation.

Supervisors will also become certified as a Yellow Belt™ (ICYB™) in the Lean Six Sigma Methodology, which is a is a methodology that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation. An ICYB™ is a professional who is well versed in the foundational elements of the Lean Six Sigma Methodology, who leads limited improvement projects and / or serves as a team member as a part of more complex improvement projects.

Another strategy is being selected and participating as a project site of the Quality Improvement Center for Workforce Development. This strategy will have a positive impact on staff retention and turnover. The project is on the cutting edge of system reform as it relates to workforce issues. It is designed to address challenges such as worker recruitment, retention, satisfaction, and intention to stay; accurate identification of workforce issues; agency culture and climate and then to implementation strategies to enhance workforce development.

Also, there are several key activities for the strategy designed to meet case load standards which will also impact staff turnover and retention. All of the key activities get to the heart of helping case managers not feel so overwhelmed by case load size and everything they have to do as a case managers; being required to be experts in everything they do to being burnout, stressed and struggling with work-life balance.

The goal to strengthen the culture of engaging children, youth, families, courts and caregivers was selected based on information gathered through the CFSR process and Nebraska's own CQI process. Nebraska believes that engaging families in the casework process is key to successful practice and promotes the safety, permanency, and well-being of children and families in the child welfare system. To this end, the state is committed to making sure effective family engagement occurs by implementing strategies to ensure case managers and all child welfare partners recognize that family members are the experts on their respective situations and actively empower the family members and collaborate with them throughout their involvement in the child welfare system.

The goal to enhance the Current Service Array and Resource Development System to ensure appropriate and individualized services are accessible was selected based on information gathered through the CFSR process. A lack of resources across Nebraska is a cross-cutting concern that was identified throughout the review. As a part of this PIP, Nebraska is committed to bringing up 3 new services:

1. Residential Substance Use Treatment to be available in NE for Moms Living onsite with their Children.
2. Intensive Family Reunification Services (IFRS) to be available in NE designed to provide intensive, therapeutic, and skill building interventions to families to address safety threats that led to a child's removal and continued out of home placement.
3. Family Centered Treatment to be available in NE designed for families with members at imminent risk of placement into, or needing intensive services to return from, treatment facilities, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities.

The final goal is to improve timeliness to permanency by addressing barriers and timely reunification, adoption and guardianship and by increasing placement stability and timely TPR. There are several strategies selected for example: Supervisors will Attend Advanced SDM Supervisor training to ensure quality and consistency in SDM implementation including the utilization of SDM Reunification tool to drive Reunification Decisions. Legal parties will be educated on SDM to ensure better understanding and trust in SDM Recommendations for Reunification. Also, NE CIP and DCFS are partnering to increase our performance and the rate at which youth achieve the critical measure of

timely permanency. The permanency in 12 project is designed to dig deeper and determine the significant factors contributing to the reunifications rates in Nebraska.

The following strategies will be addressed in the Annual Progress and Services Report and the next Child and Family Service Plan:

Nebraska will Promulgate Nebraska Administrative Code (NAC) and issue Operational Manuals for staff. Currently, NAC is outdated therefore Program Guidance Memos have been issued. Nebraska believes that updating NAC and developing Operational Manuals for staff will increase staff retention and improve case management practice. This will streamline and simplify case management process as a mechanism to improve outcomes and increase retention through simplification of an extremely complex set of work processes

For example, the clarification of the Initial and Ongoing Case Management Policy and Practice Guidance that will help with uneven and inconsistent practice throughout the state, particularly with in-home cases. Nebraska recognizes the need to review and provide additional guidance in the Initial Assessment and Ongoing Case management program guidance to address staff questions and requests for clarifications in several areas including the following that were identified as needing improvement in the CFSR:

- Ensure timely face-to-face contact with all child victims involved in all intakes accepted for investigation by clarifying contact exception requirements.
- Improve staff understanding and effective utilization of Structured Decision Making Tools to assess and manage safety and risk at critical junctures of the case.
- Increase staff's expertise in information gathering and understanding of cultural, demographic differences, and eliminating staff personal bias when completing risk and safety assessments.

Strategies for engagement of parents in ongoing consultation regarding the Child and Family Services Plan and Annual Progress and Services Report and Child and Family Services Review.

Nebraska will impact placement stability by making triage a philosophy/process for thorough assessments of needs and better matching to placement that will address the youth's needs for safety, permanency and well-being. Making sure the child is placed with a caregiver that is equipped to meet their needs is a key element to ensuring placement stability.

Finally, the following area needing improvement will be addressed in the APSR is the development and implementation of a process to notify all caregivers that they have a right to be heard in any review or court regarding children in their care. Caregivers play a critical role in ensuring safety, permanency and well-being for the child in foster care. Caregivers need to have a good understanding of their rights and responsibilities when it comes to providing care for the child and those rights include the right to be heard in any review or court hearing regarding the child in their care.

Part Two: Goals, Strategies/Interventions, and Key Activities

SAFETY & WELL-BEING

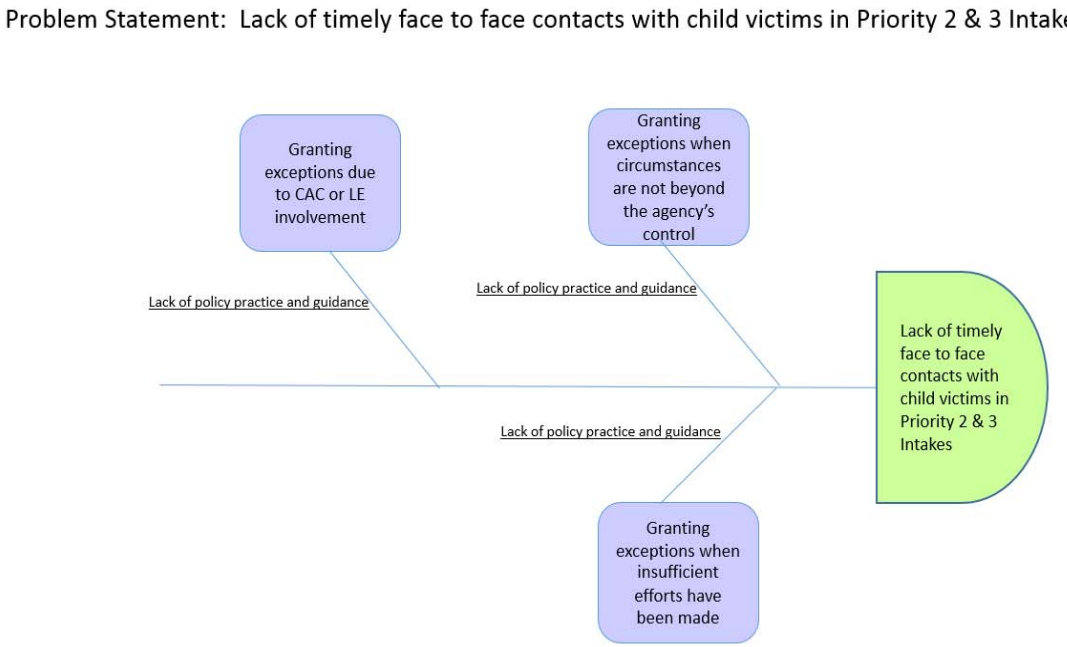
Goal 1: To Provide Appropriate Guidance and Support to Child and Family Services Specialists to Ensure Safety for Children through Timely Face-to-Face Contact.

The Child and Family Services Outcomes impacted by this goal are:

- Safety Outcome 1

CFSR Areas Needing Improvement:

- Lack of timely face to face contacts with child victims in Priority 2 & 3 Intakes.



Ishikawa Root Cause Analysis Diagram 1

ROOT CAUSE #1 – CFS administration has not provided clear policy and practice guidance to staff and supervisors regarding exceptions to face to face contacts with child victims in Priority 2 & 3 Intakes.

Root Cause Discussion:
Based on our review of all available data/information, Nebraska believes the lack of clear guidance is the root cause of staff not meeting the timeframes for face to face contact with all youth victims.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause of the practice issues we have identified.

Analysis of case review and quantitative data indicate that the issues vary depending on the case circumstances. For example, data indicate several different factors including the following as barriers for timely face to face contact with child victims in Priority 2 & 3 intakes. These barriers are have been identified in all Service Areas throughout the state in the past year.

- QA review of a sample of contact exceptions entered in 2017 indicate 43% or 80 out of 185 contact exceptions reviewed were considered NOT beyond the Agency's control according to guidelines for CFSR Item 1. Furthermore, the reviews indicate that policy and practice expectations are needed particularly when it comes to contact exceptions that are granted due to delays in scheduling of forensic interviews and delays due to law enforcement involvement.
- Case managers are not making attempts to contact child victims earlier on to ensure contact is made within 5 days for priority 2 Intakes and 10 days for priority 3 Intakes.

Nebraska believes the following strategies will address the root causes identified above and improve safety outcomes for children and families.

Strategy Description and Key Activities:

Strategy #1: Clarify Initial Assessment guidance to ensure CFS staff and supervisors regarding exceptions.
Clarification of policy and practice guidance regarding exceptions is the first step to ensuring consistent practice among case managers throughout the state. Nebraska recognizes the need to review and provide additional guidance to ensure timely face-to-face contact with all child victims involved in all intakes accepted for investigation by clarifying contact exception requirements.

Key Activities	Projected Completion
1. Clarify current policy guidance regarding Initial Assessment # 5-2017.	Quarter 1
2. Provide technical assistance for all staff regarding clarifications and updates to policy.	Quarter 1
3. Develop guides for staff to reinforce clarification/updates in program policy. For example, creating a quick reference guide on acceptable face to face contact timeframe exceptions.	Quarter 1
4. Conduct fidelity reviews to determine adherence to the practice expectations and measure effectiveness.	Quarter 2, Ongoing

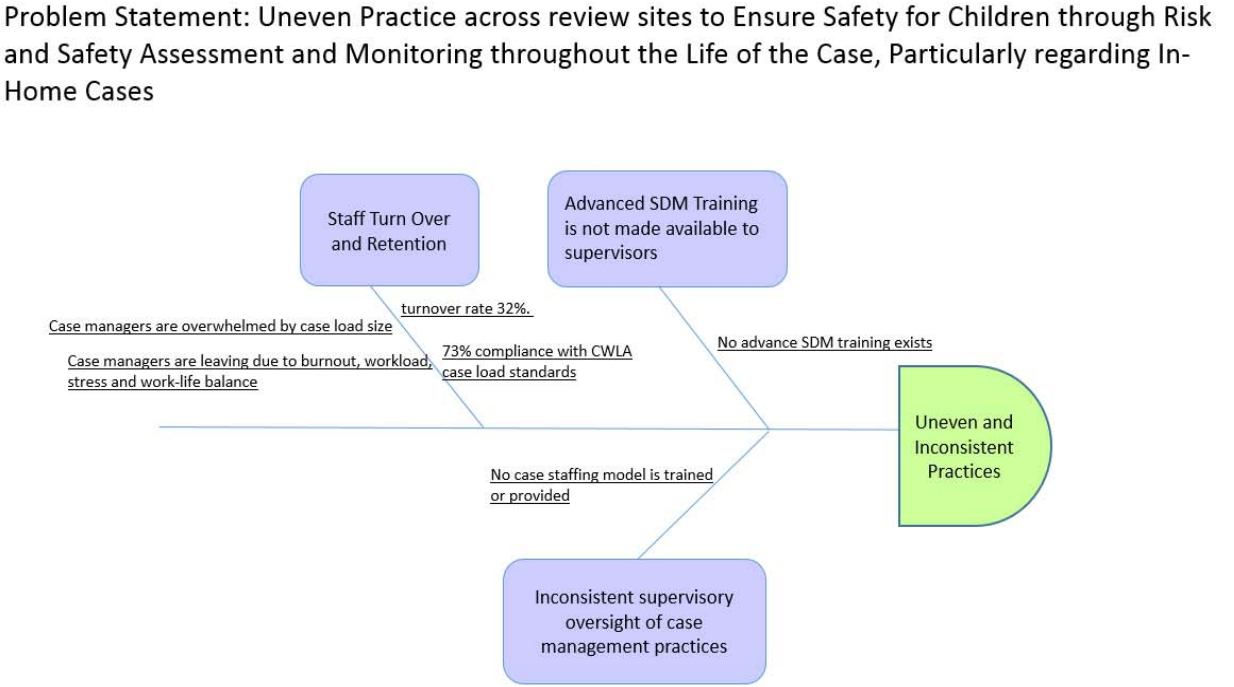
Goal 2: Ensure Safety for Children through Improved Risk and Safety Assessment and Monitoring throughout the Life of the Case, Particularly regarding In-Home Cases.

The Child and Family Services Outcomes impacted by this goal are:

- Safety Outcome 2

CFSR Areas Needing Improvement:

- Uneven practice across review sites; inconsistent practice particularly in in-home cases;
- Safety and risk assessments not including all family members and not always done at important case junctures.
- Safety plans not consistently monitored
- Lack of frequent and quality case manager visits to ensure adequate safety and risk assessments



Ishikawa Root Cause Analysis Diagram 2

ROOT CAUSE #1: Nebraska has not provided Advanced SDM training to supervisors and there is no a consistent method utilized to identify and address the on-going barriers leading to the areas needing improvement stated above.

Root Cause Discussion:

Based on our review of all available data/information, Nebraska believes not providing advanced SDM training and not having a consistent method for supervisors and case managers to identify barriers and develop strategies timely for barriers to safety, permanency and wellbeing.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause of the practice issues we have identified.

Nebraska is having supervisors attend the Advanced SDM Supervisor Training. The goals of Advanced SDM Supervisor Training are to increase knowledge of overall SDM practice to increase supervisors' value as a staff resource, learn ways to integrate SDM assessments and decisions into key supervisory processes, consider how the SDM model fits with other agency practices, such as family-centered approaches, team decision making, etc. and gain knowledge and skill to help motivate workers to contribute to better outcomes through quality SDM implementation.

Also, the use of a structured process improvement model. The techniques, tools and training for process improvement is the Lean Six Sigma model. The Lean Six Sigma model includes five levels (belts) of training and expertise, known as White, Yellow, Green, Black and Master Black Belts. With an understanding of the concepts, DHHS is pursuing operational excellence and will deliver value by driving improvements through effective practices of daily problem solving and management, minimizing non-value added activities (like re-work, handoffs and layers of approvals) through projects, and promoting awareness and opportunities for continuous process improvements.

These strategies are necessary to ensure:

- Consistent practice among case managers across the state to address safety, permanency and well-being in all case types including In-Home and Alternative Response cases.
- Timely face-to-face contact for all child victims involved in all intakes accepted for investigation. Data indicates the state experiences delays in making face-to-face contacts with all child victims in Priority 2, 3 and Alternative Response Intakes. A clarification in current practice expectations, additional training and guidance on contact timeframe exceptions and supervisor monitoring will address the barriers that have been identified as the root causes for the delays.
- Case managers gather information to thoroughly assess the underlying family conditions that impact risk and safety. Data indicate the underlying safety and risk issues were not assessed thoroughly to inform what safety services were needed particularly when domestic violence, substance abuse or mental health issues were involved. Providing refresher trainings and technical assistance to improve the case manger's information gathering skills, eliminate personal bias when working with families and utilizing supervisors as the change agent by monitoring and mentoring case managers will address the root causes identified above.
- Staff understanding and access to safety services will ensure the right safety services are provided in a timely manner for families.
- Improvement in informal assessments of safety and risk through face to face visits and family team meetings will allow for ongoing and consistent assessment of safety, safety monitoring, updating of safety plans and implementation of safety services to meet the needs of the family.

- Case manager skills are improved in utilizing SDM to accurately assess risk and safety and ensure safety assessments are completed with all children and caregivers including paramours and other adults residing in the household. Case managers will also improve their knowledge and skills in identifying correct safety threats and implementing adequate safety plans to ensure safety and continually monitor and update safety plans as case circumstances change.
- Case managers are confident and articulate their decisions made using SDM.

Nebraska believes the following strategies will address the root causes identified above and improve safety outcomes for children and families.

Strategy #1: Supervisors will Attend Advanced SDM Supervisor Training.

Key Activities	**Projected Completion:**
1. Coordinate with the National Council on Crime and Delinquency regarding Advanced SDM Supervisor Training in Nebraska.	Quarter 1
2. CFS Supervisors will complete the Advanced SDM Supervisor Training.	Quarter 3
3. Develop guides for supervisors to use to further reinforce staff understanding and skills to ensure quality SDM Implementation, starting with the following areas identified by staff: Safety Planning; Household and Caregivers/Other Adults in the Home)	Quarter 3
4. CFS Supervisors will utilize newly developed guides and the skills learned from advanced SDM training to coach and mentor case managers.	Quarter 4, Ongoing
5. Quality Assurance Staff will conduct fidelity reviews to determine adherence to the practice expectations and measure effectiveness. Fidelity reviews will include CFS Administrator observation and oversight.	Quarter 4, Ongoing

Strategy #2: Implement the Lean Six Sigma model QDIP and Daily Huddles (Quality, Delivery, Inventory, and Productivity) as management tools to identify barriers for selected goals

Key Activities	**Projected Completion**
1. All CFS Supervisors will get the Lean Six Sigma Yellow Belt™ (ICYB™) certified which is a professional who is well versed in the foundational elements of the Lean Six Sigma Methodology, who leads limited improvement projects and / or serves as a team member as a part of more complex improvement projects.	Quarter 1
2. All CFS Case Managers will get the Lean Six Sigma White Belt™ (ICWB™) certified which is a professional who is well versed in the foundational elements of the Lean Six Sigma Methodology,	Quarter 1
3. Supervisors and their teams will identify goals for meeting safety, permanency and wellbeing outcomes for children and youth on their caseloads.	Quarter 1
4. All Supervisors will develop a QDIP boards and implement daily huddles with their teams.	Quarter 1
5. Supervisors and teams will address identified barriers and implement strategies to meet identified goals.	Quarter 1
6. This fluid process is on-going.	Quarter 1; Ongoing

ROOT CAUSE #2 – Staff Turnover

Root Cause Discussion:

Based on our review of all available data/information, Nebraska believes that another root cause impacting timely face to face contacts with child victims, quality face-to-face contacts with children/parents; consistent and comprehensive initial/ongoing risk/safety assessments, safety monitoring and ongoing needs assessments to address the needs of children and their parents is staff turnover.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the practice issues identified:

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

Qualitative data indicate the following reason's that impact staff turnover rate:

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

During the course of two months in early 2018, the DHHS Human Resources and Training team delivered 114 sessions of "We see you, we hear you, we value you" at 22 sites in 13 towns to 4, 311 employees of DHHS. In each session, employees had the opportunity to provide input about working at DHHS. Climate surveys indicated that the most frequent keywords were safety, fear and toxic. This information supports the information gathered from staff and stakeholders during meetings about case managers being burned out, stressed and having a work – life balance.

In an effort to improve our understanding of the perspective of DHHS case manager's as it relates to the workplace culture and climate, one of the first steps of the QIC-WD research project was to determine the Organizational Social Context scores. These scores are derived from an evidence based survey of our DHHS Child Family Service Specialists (CFSS). These scores provide powerful insight into the norms, values, perceptions, etc. of the CFSS and thus a connection to their well-being and employee satisfaction. In total, about 40% of our CFSS completed the survey, and the response rate among selected teams was over 90%.

The OSC indicated that Nebraska's organizational culture and climate scores were fairly typical relative to other child welfare agencies. However, across all regions of the state, survey participants scored the lowest on engagement. There are two aspects of engagement: (1) how we engage with children, families, and community partners, and (2) feeling a sense of accomplishment and meaning in our work. When staff report low engagement, it means they are more likely to feel burned out and less connected to the people they serve. Our greatest challenge appears to be the feeling of engagement with our children, families, and community partners. The lack of engagement leads to diminished capabilities to asses children and families, and subsequently provide needed services.

The results of the STS survey indicated that a majority of Nebraska's CFSS who responded were experiencing at least one symptom of secondary trauma. As we all know, STS can manifest into things like trouble sleeping, wanting to avoid work with clients, and feeling discouraged about the future. While past research indicates that this is somewhat typical in a child welfare setting, it underscores the complex and often emotionally draining work that our team does every day.

Given these findings, it's evident the Department needs to further improve our CFSS family engagement training and support systems, while also ensuring supervisors are informed of all support systems and able to properly address the emotional needs of our CFSS.

Nebraska believes the following strategies will effectively address the above-referenced root cause(s) of the identified practice issues.

Strategy Description and Key Activities

Strategy #1: Participate as a Project Site of the Quality Improvement Center for Workforce Development (QIC-WD).
Nebraska is partnering with the QIC-WD to be on the cutting edge of system reform as it relates to workforce issues. Participating in the QIC-WD project is going to impact all the issues outlined in the root causes above as this project is designed to address challenges such as worker recruitment, retention, satisfaction, and intention to stay; accurate identification of workforce issues; agency culture and climate and then to implementation strategies to enhance workforce development.

Key Activities	**Projected Completion:**
1. Identify Administration to manage the project.	Quarter 1
2. Develop Implementation Framework.	Quarter 2
3. Develop Evaluation Plan.	Quarter 3
4. Identify the intervention/s that will address the workforce issues; agency culture and climate	Quarter 4
5. Implementation identified interventions to enhance workforce development.	Quarter 8
6. Intervention testing phase.	2020-2022
7. Full Implementation	2022

Strategy #2: Meet caseload standards to increase staff retention.

In 2012, the Nebraska Legislature required DHHS to utilize the workload criteria of the standards established as of January 1, 2012 of the Child Welfare League of America (CWLA). The root causes clearly identify that staff retention and turnover impact the state's ability to meet caseload standards, which in turn, impact the ability to meet safety, permanency and well-being outcomes. The following key activities are designed to address the root cases to recruitment and retention.

Key Activities	**Projected Completion:**
1. Develop tiered CFSS case manager positions: Tier I, II & III.	Quarter 2
2. Explore flexible hours and telecommuting options for case managers.	Quarter 1
3. Increase staff core hours to 9:00 PM during the weekend, and part-time 10hr per day, part time positions on the weekends (Innovation Zone – Southeast Service Area & Eastern Service Area)	Quarter 1
4. Expand Team/Peer Case Assignment Practice (Innovation Zone – Central Service Area).	Quarter 1

Goal 3: Ensure Child Safety, Permanency and Well-Being by Strengthening the Culture of Engaging Children, Youth, Families and Caregivers through frequent and quality visits and thorough and adequate assessments.

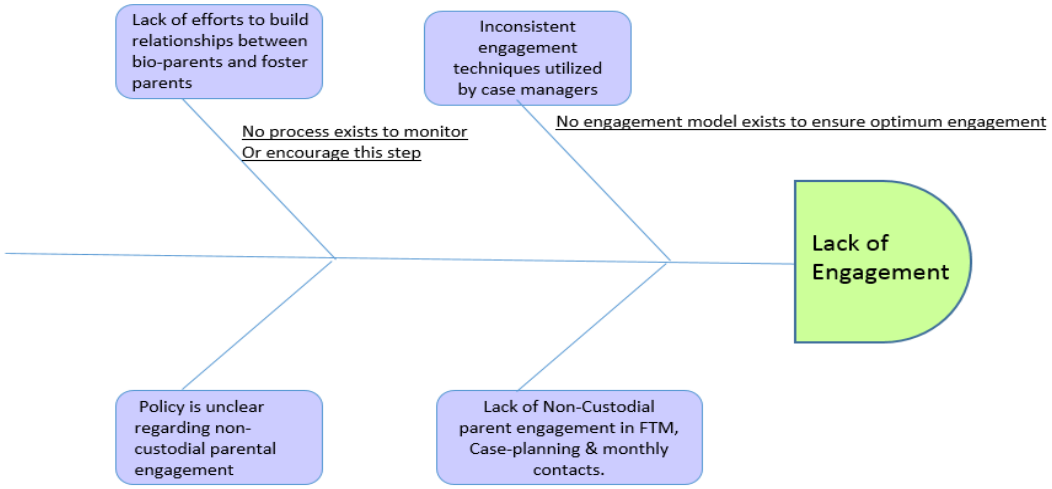
The Child and Family Services Outcomes impacted by this goal are:

- Safety Outcome 1 and 2
- Permanency Outcome 1 and 2
- Well-Being Outcomes 1, 2 and 3

CFSR Areas Needing Improvement:

- Lack of frequent and quality contacts with the child's parents, particularly the child's father.
- Insufficient efforts to notify and engage non-custodial parents in permanency case planning, particularly in In-Home Cases.
- Challenges in appropriately assessing the needs of the parents especially fathers.

Problem Statement: Lack of engagement with families and caregivers.



Root Cause #1 – Inconsistent engagement techniques utilized by case managers and lack of efforts to build relationships between bio parents and foster parents.

Root Cause Discussion:

Based on our review of all available data/information, Nebraska believes that a system culture not focused on parent engagement, lack of creative solutions to engaging the non-custodial parent and lack of efforts to build relationships between bio parents and foster parents are root causes impacting the above areas needing improvement.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the problems/practice/systemic issues we have identified.

Analysis of case reviews and quantitative data indicate one of the root causes effecting permanency includes the lack of non-custodial parental engagement throughout the life of the case, and in particular in in-home cases due to the lack of engagement and concerted efforts to build good working relationships with children, youth and parents.

Data from the state's information system and case reviews support that the lack of engagement with non-custodial parents and building good working relationships with children and parents need to be improved for all Service Areas.

- Data from the state's Performance Accountability and Quality Assurance Reviews indicate the following:
    - In the last four months, the case manager had face-to-face contact with the child's mother in approximately 60% of the cases and the child's father in approximately 40% of the cases. This supports the need for improvement in contacts with parents, particularly with fathers in In-Home cases.
    - The most recent QA review of Family Team Meeting documentation indicate that mothers were actively involved in the family team meeting 71% of the time, while fathers were involved only 54% of the time. The review also indicated that informal supports identified by the family were actively involved 26% of the time. This data supports the need for improvement in engaging parents, particularly fathers, as well as other supports identified by the family.
    - The most recent QA review of Non-Custodial Parent Engagement indicate that the agency was maintaining frequent and quality contacts and/or making diligent efforts to engage the Non-Custodial Parent in 43% of the applicable cases. The reviews also indicate that the agency sent written notice to the Non-Custodial Parent within 30 calendar days of the child's entry into foster care in 30% of the applicable cases.
    - Qualitative data obtained from staff and stakeholder feedback indicate the following reasons for lack of parent engagement:
        - Trust needs to be built between the parent, case manager, providers and other parties involved in the case.
        - Visitation and other documents need to state the positive things the parent is doing instead of only negative things. Parents agree that a good relationship with the case manager equals a family moving through the system faster and change is more permanent.
        - DCFS Policy Memo is unclear and needs to include more guidance on engaging fathers in Non-court involved and Alternative Response cases. Case manager's report needing additional guidance, support and direction on how to engage non-custodial parents particularly in the following situations:

- When the custodial parent is reluctant to provide information or involve the non-custodial parent
- When the parent is absent, not involved or minimally involved in the child's life or the case.
- When the non-custodial parent is unresponsive and/or unreceptive to case manager's efforts to engage them.

▪ Foster parents are not always invited to participate in Family Team Meetings and other activities to develop a relationship with the bio parents.

Strategy Description and Key Activities

Nebraska believes the following strategy will effectively address the above-referenced root cause(s) of the identified practice issues.

Strategy #1: Implement Safety Organized Practice (SOP) and other key activities to engage and build good working relationships with children, youth, parents and foster parents.

Child welfare research consistently shows that development of good working relationships among all stakeholders involved – both professional and familial - is strongly associated with positive outcomes. Implementation of SOP will address the root causes identified and the address changes in case management practices that are necessary to improve the culture of family engagement in Nebraska. SOP is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. It is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child —parents; extended family; child welfare worker, supervisors, and managers; lawyers, judges, and other court officials; even the child him/herself — keep a clear focus on assessing and enhancing child safety at all points in the case process. The central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his/her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for the child. The overarching objectives of SOP are (a) Development of Good Working Relationships (b) Use of Critical Thinking and Decision Support Tools, and (c) Creation of Detailed plans for Enhancing Daily Safety of Children.

This strategy is necessary to engage system stakeholders to ensure:

- The frequency of quality visits early in the case and providing case managers with the tools, resources and skills to continually engage the family are key to developing trusting relationships with the family.
- That all non-custodial parents are identified and located early on in the case is important and will allow the case manager to begin efforts to engage that non-custodial parent earlier than what is currently happening in In-Home cases in Nebraska. Expanding the use of existing resources to locate parents is necessary to meet this need.
- The non-custodial parent is engaged, who in most cases is the child's father, particularly in In-Home cases including all Non-Court Involved and Alternative Response
- Case managers receive technical assistance, coaching support and mentoring from their supervisors to continue their efforts to engage non-custodial parents including situations where the custodial parent does not want the non-custodial parent involved, the non-custodial parent is minimally involved in the child's life or appears disengaged or unresponsive to the case manager.
- Foster Parents are invited to participate in Family Team Meetings and other activities and develop a positive relationship with the bio parents. Building working relationships between birth parents, foster parents, and caseworkers is important for children in foster care. Building a relationship between the child's birth parents and the foster parent(s) allows both parties to share important information about the child and work collaboratively to meet the child's needs.

The key activities to implement the strategy are listed in the table below.

Key Activities	**Projected Completion:**
1. CFS staff will participate in an onsite visit with California to observe and learn about SOP	Quarter 1
2. Select staff will complete train the trainer sessions and become proficient in training SOP	Quarter 2
3. SOP Training will be provided to all Supervisors and Case Mangers throughout the state. Supervisor training will include a component for Supervisors to ensure they have the skills to coach, supervise and reinforce case manager skills in SOP.	Quarter 4
4. Implement SOP Statewide.	Quarter 4
5. Conduct fidelity reviews to determine adherence to the practice expectations and measure effectiveness.	Quarter 5, Ongoing
6. Revise DCFS Protection and Safety Procedure Memo #2-2006 to include the requirement of inviting foster parent's to participate in Family Team Meetings and ensure case managers are inviting foster parents to attend family team meetings.	Quarter 1
7. Strengthen family engagement by engaging with the Capacity Building Center to assist with the successful development and implementation of the Ice Breaker Meeting Practice in Nebraska. Ice Breaker meetings will further support engagement between bio parents and caregivers.	Quarter 1
8. Update current training materials and policies and procedure documents to include ice breaker meeting strategies and expectations.	Quarter 2
9. Train case managers and supervisors to use Ice Breaker Meeting practice to build relationships between birth and foster parents.	Quarter 4
10. Conduct fidelity reviews of Ice Breaker Meetings during Family Team Meetings to determine adherence to the practice expectations and measure effectiveness. Review details are included in the state's implementation plan.	Quarter 5, Ongoing
11. Supervisors will monitor and address the use of Ice Breaker Meetings during Family Team Meetings as part of the new supervisory case staffing expectations.	Quarter 6, Ongoing

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Goal 4: Enhance the Current Service Array Ensure Appropriate and Individualized Services are Accessible.

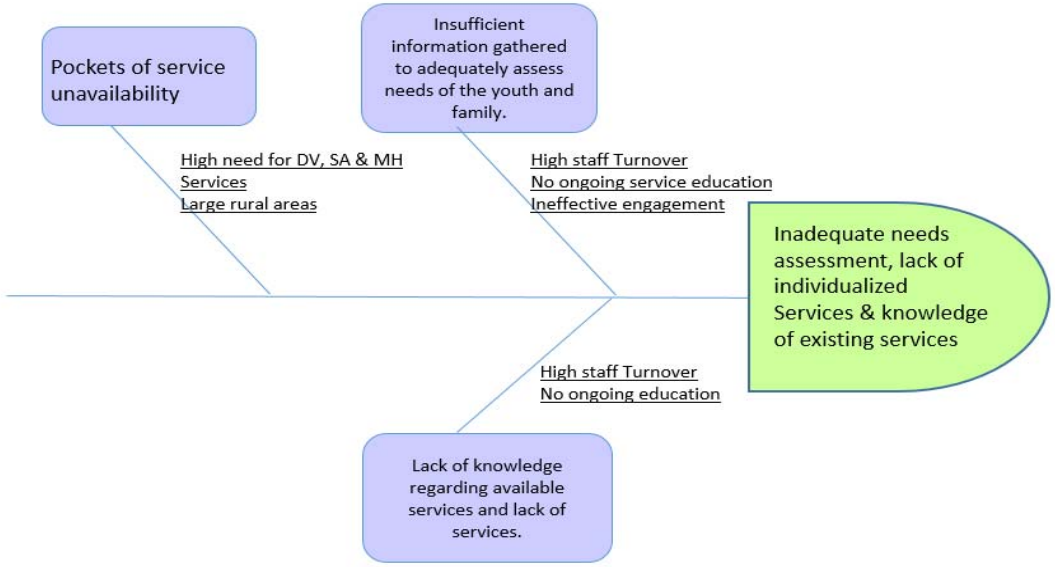
The Child and Family Services Outcomes impacted by this goal are:

- Safety Outcome 1 and 2
- Well-Being Outcome 1

CFSR Areas Needing Improvement:

- Challenges in accessing needed services in rural areas of the state, especially in the western part of the state.
- Challenges with accessing substance abuse assessment and treatment services for parents and youth.
- Challenges with accessing mental health services for parents and children, especially more specialized services to address attachment, trauma, dual-diagnosis, and sexual abuse-related issues.
- Challenges with accessing cultural and linguistic appropriate services (CLAS). Individualized services to meet the needs of non-English speaking families is a challenge in some areas of the state.
- Lack of transportation and parents travel time to access services can be excessive
- Lack of efforts to adequately engage and connect families to appropriate services such as respite, transportation, domestic violence and substance abuse services.
- Services are not routinely individualized for relatives and placement resources to meet the needs of youth with high needs.
- Stakeholders indicate lack of providers, waitlists and limited payment options (lack of available sliding-fee payment options and/or qualifying for Medicaid) as some of the barriers for accessing services.
- IH- lack of assessment and/or appropriate follow-up services related to medical and dental needs.
- Delays in service provision to address mental/behavioral needs. IH not conducting an appropriate assessment and then providing needed services.

Problem Statement: A lack of resources across Nebraska that are individualized and accessible. An insufficient array of appropriate services and service providers contributed to the lack of positive safety, permanency, and well-being outcomes for children and families.



Ishikawa Root Cause Analysis Diagram 4

Root Cause #1: Insufficient information gathered to adequately assess needs of the youth and family.

Root Cause Discussion

Based on our review of all available data/information, Nebraska believes that one of the root causes to providing the timely and effective services to meet the needs of the youth and families is a result of inadequate information gathered during the assessment process to thoroughly assess the underlying family conditions that impact risk and safety, particularly when the following issues are involved: Domestic Violence, Substance Abuse and Mental Health of the Parent.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the practice issues we have identified:

- Data from the SDM Initial Risk Assessment for court and non-court families indicate the following: Approximately 54% cases indicate drug or alcohol abuse for either caregivers during the past 12 months, 57% had a primary caregiver with a current or previous mental health problem and 24% of the cases had 2 or more incidences of domestic violence were involved. On the other hand, QA reviews of SDM Family Strengths and Needs Assessments indicate that the assessment did not always contain sufficient information to address the following areas for the primary and secondary caregivers in each household: Substance Abuse, Household Relationship and Domestic Violence, Parenting Skills and Mental Health.

Strategy Description and Key Activities

Nebraska believes the following strategy will effectively address the above-referenced root cause(s) of the identified practice and/or systemic factor issues.

- **SDM Training for Supervisors and Lean Six Sigma will ensure sufficient information is gathered to thoroughly assess the underlying family conditions that impact risk and safety, particularly domestic violence, parenting skills and mental health is involved.** See Goal #2; Strategies #1 & #2 for detailed strategies and key activities.

Root Cause #2: Lack of knowledge regarding available services and lack of safety services to meet identified needs.

Root Cause Discussion

Based on our review of all available data/information, Nebraska believes that one of the root causes to providing the timely and effective services to meet the needs of the youth and families is a result of lack of services to meet identified needs and lack of staff's knowledge regarding available resources and services to meet the families' needs.

An analysis of Nebraska's child welfare service array was completed over a five-month period: October 2016-February 2017 by Valaistia, Inc. Through information gathered, it was identified that DCFS Case Managers need the ability to understand and access services from various service systems in order to appropriately meet the needs of families involved with the child welfare system. Nebraska has a complex service system that is accessed in many different ways. Many DCFS contracted services are accessed through the Nebraska Family On-line Client User System (N-FOCUS), but some are not. In addition, child welfare depends on the services provided through prevention services, Medicaid, Behavioral Health, Economic Assistance and others. All of these services have access and referral processes. Many Evidence Based Practices are being supported through various agencies, but there is not a single location for case managers to learn about services, the target populations, and the available service providers. When DCFS staff were asked how they know about the services that are available, they mentioned they are notified in emails about services or they hear about them from others, but that there is no way to know all of the services that are available. Some communities have developed resource listings, but they are limited to the community, quickly become outdated, and require significant maintenance to be useful. In interviews with state agency staff, many were considering initiatives to develop their own service listings.

Strategy Description and Key Activities

Nebraska believes the following strategies will effectively address the above-referenced root cause(s) of the identified practice and/or systemic factor issues.

Strategy #1: Develop services that will expand safety service array that is accessible to meet identified needs.

Key Activities	Projected Completion:
1. Develop Residential Substance Use Treatment to be available in NE for Moms Living onsite with their Children.	Quarter 1
a. Collaborate with the Division of Behavioral Health (DBH) and Medicaid to discuss increasing the frequency and accessibility of Residential Substance Use Treatment for moms living onsite with their children.	Quarter 1
b. Conduct a cost analysis of mother and child treatment programs	Quarter 1
c. Determine how DBH, Medicaid and DCFS can blend funding sources to increase the availability of these services so that young children don't have to be removed from their parents when there isn't an identified safety threat.	Quarter 1
d. Program operation begins to provide long-term (6-18 months), residential treatment for substance abusing adult women for whom short-term treatment is deemed inadequate. The program will accommodate dependent children, age eight (8) and under, who are in their mother's care while they live in the therapeutic community.	Quarter 1
2. Develop Intensive Family Reunification Services (IFRS) to be available in NE designed to provide intensive, therapeutic, and skill building interventions to families to address safety threats that led to a child's removal and continued out of home placement.	Quarter 1
a. Research IFRS models and consult with the National Family Preservation Network about best practices.	Quarter 1
b. Draft Service Definition best upon research and consultation.	Quarter 1
c. Analysis Intensive Family Preservation provider outcome data to determine high performers to invite as a potential innovation zone participant.	Quarter 1
d. Selected Providers	Quarter 1
e. IFRS Contract signed	Quarter 1
f. Service available with ongoing analysis for expansion to other parts of NE.	Quarter 1

3. Develop Family Centered Treatment to be available in NE designed for families with members at imminent risk of placement into, or needing intensive services to return from, treatment facilities, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities.	Quarter 1
a. Collaborate with the Division of Behavioral Health (BH) and Medicaid to bring Family Centered Treatment (FCT) and Managed Care Organizations into the System of Care Service Array	Quarter 1
b. Develop rate structure and funding sources.	Quarter 1
c. Analyze data to determine innovation zone in the western part of NE.	Quarter 1
d. Select Provider	Quarter 1
e. FCT contracts signed	Quarter 1
f. The FCT Foundation will provide training and consultation to selected provider	Quarter 1
g. CFS staff trained	Quarter 1
h. Service available with ongoing analysis for expansion to other parts of NE.	Quarter 1

Strategy #2: Increase the knowledge of staff regarding the current available services.

1. Design a Guidance Decision Making tool for staff to use in determination of services in accordance with safety threats.	Quarter 1
a. Develop small workgroup of representatives with policy and program knowledge including a CFSS supervisor and worker.	Quarter 1
b. Evaluate each Safety Threat and determine interventions and services that would potentially mitigate the safety threat.	Quarter 1
c. Conduct face to face reviews with staff and sent to providers statewide for input.	Quarter 1
d. Make adjustments based on feedback.	Quarter 1
e. Issue Guidance Decision Making tool to staff.	Quarter 1
f. Post tool on DHHS website so it is available to staff electronically.	Quarter 1
2. Develop and conduct Webinars for CFS regarding the current service array.	Quarter 2
a. Collaborate with the following areas: Division of Behavioral Health (BH), Medicaid Long-Term Care and Managed Care Organization (MCO), Division of Developmental Disabilities (DD), Economic Assistance, Child Support Enforcement and ACCESSNebraska to develop an overview of their area and the services that are offered.	Quarter 2

b. Each area will identify a person that will present the webinar.	Quarter 2
i. Notice send to staff to attend the live presentation	Quarter 2
c. Schedule and record webinars	Quarter 2
d. Coordinate with the DHHS webmaster to post webinars to the DHHS YouTube site.	Quarter 2
e. Request to add the training webinars sent to LinkEDC.	Quarter 2
f. Notice sent to staff that training is available on LinkEDC for ongoing training hours.	Quarter 2

Strategy #3: Partner with the Capacity Building Center to develop a Service Array map of available services throughout the state.

Key Activities	**Projected Completion:**
1. Analyze information gathered through the statewide assessment and other existing surveys of supports and services offered through the Department of Health and Human Services DHHS (Division of Behavioral Health (BH), Division of Public Health (PH) Medicaid Long-Term Care and Managed Care Organization (MCO), Division of Developmental Disabilities (DD), Economic Assistance, Child Support Enforcement and ACCESSNebraska)	Quarter 1
2. Create a geographic information system (GIS) to create a visual map of services available in Nebraska.	Quarter 2
3. Provide visual map services to DCFS.	Quarter 2

Strategy #4: DCFS will utilize map develop by the CBC as a tool for ongoing evaluation of service development and expansion.

1. DCFS will analyze the map develop by CBC.	Quarter 3
2. Review current needs and determine if service expansion is necessary, including what service, what number of providers needed and where.	Quarter 3
3. Collaborate with appropriate divisions to develop any identified service needs.	Quarter 4

Strategy #5: Expand the use of telehealth to support long-distance clinical health care and patient health related services and education for children and youth in care.

1. Explore other secure programs that meet the telehealth requirements for parents, foster parents and providers.	Quarter 2
2. Secure telehealth programs.	
3. Issue information to parents, foster parents and providers about how to access telehealth for the children and youth in their care.	

PERMANENCY

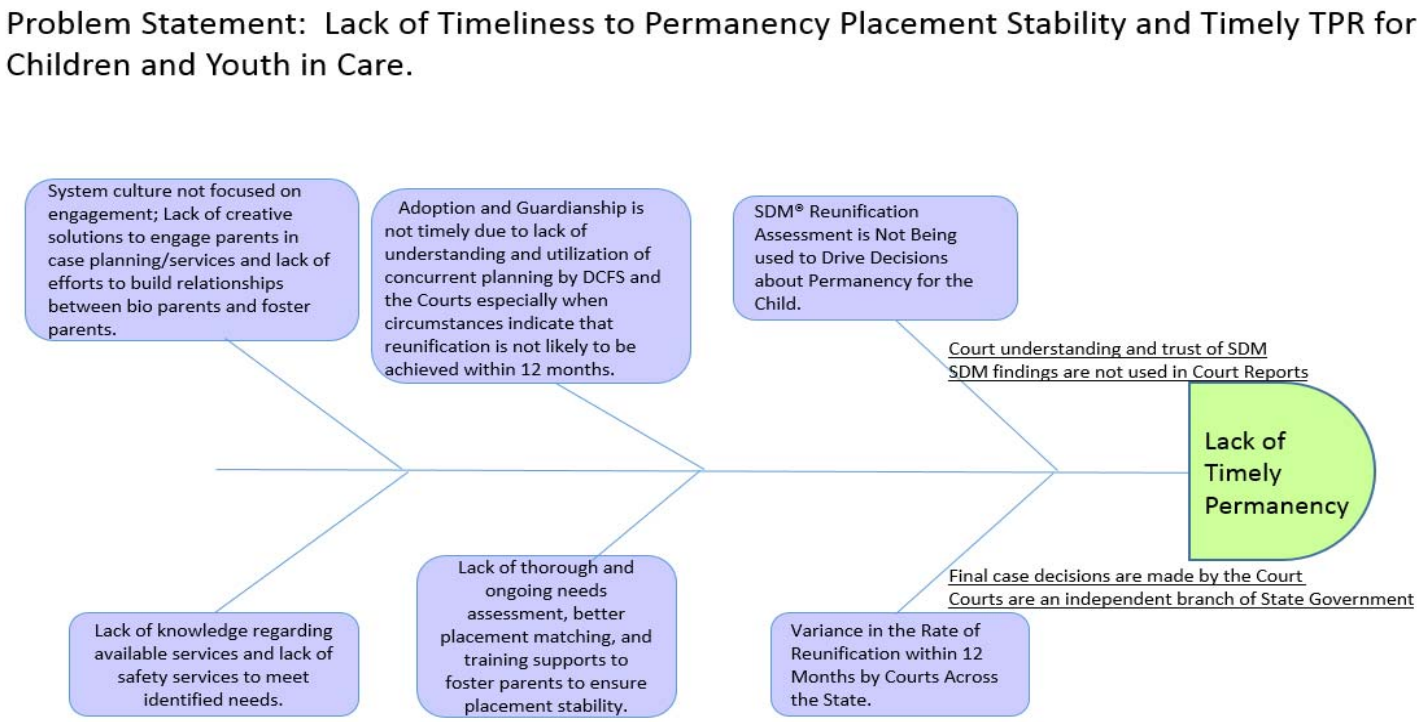
Goal 5: Improve Timeliness to Permanency by Addressing Barriers to Timely Reunification, Adoption and Guardianship and by Increasing Placement Stability and Timely TPR.

The Child and Family Services Outcomes impacted by this goal are:

- Permanency Outcome #1
- Case Review Systemic Factor

CFSR Areas Needing Improvement:

- Lack of timely filing of termination of parental rights (TPR) petitions.
- During appeals of terminations of parental rights, delays in permanency hearings and periodic reviews contributed to untimely achievement of permanency for children.
- Not changing permanency goals timely also contributed to the lack of timely permanency for children. This was most often seen when the agency and court maintained a goal of reunification even when the goal was no longer an appropriate goal given the circumstances of the case.
- The children's current placements, at the time of review, were considered stable in most of the cases reviewed. In some cases, the needs of caregivers were assessed but no supports were provided to meet the identified needs. Opportunities to improve placement stability include strengthening assessment and service provision to foster families and to relatives providing care.
- Insufficient efforts to address the needs of the foster parents which impacted placement stability (i.e. respite, transportation and parenting strategies to address child behaviors).
- Insufficient support and training for relatives and kin. Pre-service training for relatives is waived, and these wavers do not occur on a case-by-case basis.



Ishikawa Root Cause Analysis Diagram 5

Root Cause #1 SDM® Reunification Assessment is Not Being used to Drive Decisions about Permanency for the Child.

Based on our review of all available data/information, Nebraska believes that one of the root causes to timely permanency is that the SDM Reunification Assessment is not being used to consistently to drive decisions about permanency for the child.

Root Cause Discussion

The following synopsis of our analysis provides key supporting data/information which identifies the root cause of the practice issue we identified

Stakeholder feedback indicate the following:

- DCFS case managers are not always following the SDM recommendations for reunification and/or effectively persuading the legal parties to allow the child to reunify with their parent with an In-Home Safety Plan when the SDM Assessment recommends reunification.
- An overview of the SDM Model has not been continually provided to legal parties to ensure thorough understanding and confidence in the decisions made using the SDM tool. Legal parties do not have in depth knowledge of and/or trust in SDM as an effective tool to assess for safety and risk and one that should be used to inform decisions about reunification and changes in permanency goals for the child.

According to the SDM Reunification Assessment tool, reunification with the parent is recommended when the child is determined to be safe, parenting time determined to be acceptable and the risk level is low or moderate. An analysis of available data indicate that the agency and the court's decision to reunify the child with their parent is not always consistent with the recommended decision per SDM Policy.

- Data from SDM Reunification assessments completed from July 2017 to March 2018 indicate that the agency was recommending that the child continue to be placed in out of home care 55% of the time when the reunification assessment showed the child was safe and/or conditionally safe. The data also showed that when the child was safe, the risk level low or moderate and the parenting time was acceptable, the agency recommended that the child remain in out of home care 44% of the time.
- Another QA review, completed in 2017, identified that an override to change the parenting time from acceptable to unacceptable was seen in cases where the child was safe and the risk level was low or moderate. The override was used when the visitation between the child and the parent continued to be monitored or supervised per court order even though the child was determined to be safe and no safety threats were present in the child's home.

Nebraska believes the following strategies and key activities will effectively address the above-referenced root causes of the identified practice issues.

Strategy Description and Key Activities

Strategy #1 Supervisors will Attend Advanced SDM Supervisor training to ensure quality and consistency in SDM implementation including the utilization of SDM Reunification tool to drive Reunification Decisions. See Goal #2; Strategy #1 for key activities.

Strategy #2 Educate Legal parties on SDM to ensure better understanding and trust in SDM Recommendations for Reunification.

Key Activities	Projected Completion:
1. DCFS will collaborate with CIP to gather information from the judges and other legal parties regarding knowledge and trust in SDM.	Quarter 1
2. DCFS will collaborate with CIP to educate judges, Guardian AD Litem and other legal parties on SDM to ensure better understanding of the decisions and recommendations by DCFS staff around safety and risk.	Quarter 3
3. DCFS will incorporate SDM assessment information into the court report to support case decisions and recommendations.	Quarter 4

Root Cause #2 - Variance in the Rate of Reunification within 12 Months by Courts Across the State.

Root Cause Discussion

Based on our review of all available data/information, Nebraska believes that one of the root causes to timely permanency is the variance in the rate of reunification within 12 Months by Courts across the State.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the practice and systemic issues we have identified:

DCFS continually analyzes processes and measures performance to ensure youth and families in care safely achieve permanency according to the Federal CFSR guidelines. Current and historical data illustrate Nebraska continually fails to reunify youth within 12 months at a rate that achieves the Federal CFSR guidelines. The data show approximately 35% of youth are reunified with a parent or returned home on a trial-home-visit within twelve months. Further analysis of the data shows variance in length of time to permanency by Service Area, Court Jurisdiction and by Judge. Data shows that youth in Western and Central Service Areas are reunified with their parents within 12 months at a higher rate than other Service Areas. Data further indicates that youth in Judicial District 9 and 12 are reunified with their parents within 12 months at a higher rate than other Judicial Districts. The length of time to reunification information by Service Area, Court Jurisdiction is detailed below:

Exits to Reunification in less than 12 Months - By Service Area Source: Compass March 2018	
Region	**Mar-18**
State	34.90%
Central	43.90%
Eastern	30.30%
Northern	32.40%
Southeast	32.00%
Western	46.20%
Exits to Reunification in less than 12 Months - By Judicial District Source: Compass March 2018	
Judicial District 1	46.50%
Judicial District 2	40.00%
Judicial District 3	26.00%
Judicial District 4	29.30%
Judicial District 5	56.70%
Judicial District 6	20.40%
Judicial District 7	21.10%
Judicial District 8	69.20%
Judicial District 9	40.30%
Judicial District 10	28.90%
Judicial District 11	46.20%
Judicial District 12	50.00%
State - Judicial District	34.90%

The following data provides information on possible reasons for delay in reunification for children in foster care in Nebraska.
Available data from the Nebraska JUSTICE system indicate the following for FY 15-16:

- Median Days from Petition to Adjudication = 62
- Median Days from Adjudication to Disposition = 42

According to the data above, the median days from Removal to Disposition is approximately 3.5 months. CFS Staff indicate experiencing delays to permanency in some cases due to parent attorneys telling the parents not to participate in any services until such time as their criminal charges are settled and/or the adjudication/disposition takes place. If parents are unable to participate In any services until disposition at 3.5 months this can result in the inability to achieve reunification within 12 months.

Nebraska believes the following strategy and key activities will effectively address the above-referenced root cause and ensure barriers to permanency are identified and strategies are implemented in a timely manner to address areas needing improvement**.**

Strategy Description and Key Activities

Strategy #1: Improve timely reunification by implementing the joint CIP/DCFS Permanency in 12 Project.

NE CIP and DCFS are partnering to increase our performance and the rate at which youth achieve this critical measure of timely permanency. NE CIP and DCFS' joint project goal is equal to or greater than 43.8% of youth with a permanency objective goal of reunification will achieve permanency through reunification within twelve months of entering care. The permanency in 12 project is designed to dig deeper and determine the significant factors contributing to the reunifications rates in Nebraska.

Three pilot sites were selected, based on CFS data, to dig deeper, collect additional data, and determine factors impacting permanency. Three judges agreed to participate in this project and the project team met with each judge to explain the purpose of the project, show data on permanency in 12 months, and begin conversations about barriers or successes.

Key Activities	**Projected Completion:**
1. CIP conduct focus groups in each of the pilot site to determine top factors identified as influencing permanency (positive and negative).	Quarter 1
a. Project team will review the focus group information and develop interventions to address barriers identified.	Quarter 1
b. Implement Select Interventions to address barriers	Quarter 1
c. Evaluate effectiveness of interventions and make changes as necessary	Quarter 2
2. CIP will create a monthly report for judges to bring attention to those case that are outside the new case progression standards established in NE statute.	Quarter 1

Root Cause # 3 – Adoption and Guardianship is not timely due to lack of understanding and utilization of concurrent planning by DCFS and the Courts especially when circumstances indicate that reunification is not likely to be achieved within 12 months.

Root Cause Discussion

Based on our review of all available data/information, Nebraska believes that one of the root causes to timely permanency is the lack of understanding and utilization of concurrent planning by DCFS and the Courts especially when circumstances indicate that reunification is not likely to be achieved within 12 months.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the practice and systemic issues we have identified:

DCFS continually analyzes processes and measures performance to ensure youth and families in care safely achieve permanency through guardianship within 18 months and adoption within 24 months according to the Federal CFSR guidelines. The data show approximately 32% of youth exit to adoption within 24 months from entry into foster care. Further analysis of the data shows variance in length of time to adoption by Service Area and Judicial District:

Exits to Adoptions Source: COMPASS March 2018									
	0-24 Months		24-36 Months		36-48 Months		48 or More		Overall
	Total	%	Total	%	Total	%	Total	%	Total
State	168	31.70%	207	39.10%	79	14.90%	76	14.30%	530
Central	16	21.10%	45	59.20%	15	19.70%	0	0.00%	76
Eastern	76	33.20%	71	31.00%	39	17.00%	43	18.80%	229
Northern	7	14.00%	26	52.00%	7	14.00%	10	20.00%	50
Southeast	42	34.70%	47	38.80%	12	9.90%	20	16.50%	121
Western	27	50.00%	18	33.30%	6	11.10%	3	5.60%	54

Exits to Adoptions Source: COMPASS March 2018									
	0-24 Months		24-36 Months		36-48 Months		48 or More		Overall
	Total	%	Total	%	Total	%	Total	%	Total
Judicial District 1	1	9.10%	0	0.00%	5	45.50%	5	45.50%	11
Judicial District 2	7	25.90%	10	37.00%	4	14.80%	6	22.20%	27
Judicial District 3	30	38.50%	27	34.60%	7	9.00%	14	17.90%	78
Judicial District 4	73	34.30%	68	31.90%	35	16.40%	37	17.40%	213
Judicial District 5	1	4.80%	12	57.10%	2	9.50%	6	28.60%	21
Judicial District 6	5	25.00%	10	50.00%	3	15.00%	2	10.00%	20
Judicial District 7	2	14.30%	7	50.00%	2	14.30%	3	21.40%	14
Judicial District 8	4	36.40%	5	45.50%	2	18.20%	0	0.00%	11
Judicial District 9	14	24.10%	39	67.20%	5	8.60%	0	0.00%	58
Judicial District 10	5	23.80%	8	38.10%	8	38.10%	0	0.00%	21
Judicial District 11	13	46.40%	12	42.90%	3	10.70%	0	0.00%	28
Judicial District 12	13	46.40%	9	32.10%	3	10.70%	3	10.70%	28
State - Judicial District	168	31.70%	207	39.10%	79	14.90%	76	14.30%	530

Time to Establish Guardianships 1/1/2017 to 4/30/2018						
Service Area	**< 18 Months**		**>= 18 Months**		**Total**	
Central	15	60%	10	40%	25	100%
Eastern	39	44%	50	56%	89	100%
Northern	18	34%	35	66%	53	100%
Southeast	24	37%	41	63%	65	100%
Western	27	46%	32	54%	59	100%
Grand Total	**123**	**42%**	**168**	**58%**	**291**	**100%**

Time to Establish Guardianships 1/1/2017 to 4/30/2018						
Judicial District	**< 18 Months**		**>= 18 Months**		**Total**	
Judicial District 1	9	56%	7	44%	16	100%
Judicial District 2	14	48%	15	52%	29	100%
Judicial District 3	15	37%	26	63%	41	100%
Judicial District 4	25	39%	39	61%	64	100%
Judicial District 5	7	29%	17	71%	24	100%
Judicial District 6	5	26%	14	74%	19	100%
Judicial District 7	7	64%	4	36%	11	100%
Judicial District 8	4	80%	1	20%	5	100%
Judicial District 9	5	50%	5	50%	10	100%
Judicial District 10	5	42%	7	58%	12	100%
Judicial District 11	21	47%	24	53%	45	100%
Judicial District 12	6	40%	9	60%	15	100%
Grand Total	**123**	**42%**	**168**	**58%**	**291**	**100%**

Additional analysis of statewide data indicate the following:

- As of March 2018, there were 450 youth that had been placed in out of home care for 8-12 months. 43.8% of them, or 197, had only a goal of reunification established. A QA review of 188 of these cases indicated that the case documentation did not contain information regarding conversations with the parent(s) about concurrent planning in a majority of these case.
- Data also show that the state needs to improve on filing for TPR in a timely manner for youth who remain in out of home care 15 out of the most recent 22 months. Data from the state's information system show that a TPR petition was filed in a timely manner for 22% of 611 children who reached their 15th month in out of home care between December 2017 and May 2018.
- Data from a separate QA review of a sampling of youth who had been in out of home care 15 of 22 months with no TPR field on the parents showed that the case documentation included information that would support that an exception to TPR filing existed for 30% of these cases could have been reviewed and granted by the court.

- A QA review completed in April 2017 showed that of a random sampling of cases reviewed, an adoptive home study had not been started in a timely manner to allow adoption by 24 months of out of home care in 44% of the cases.

Because a child must be in an adoptive home for 6 months prior to the adoption being finalized, delays in concurrent planning, TPR filing and completion of adoption home studies can result in delays to timely adoption within 24 months.

Nebraska believes the following strategies and key activities will effectively address the above-referenced root cause(s) and ensure barriers to permanency are identified and strategies are implemented in a timely manner to address areas needing improvement.

Strategy #1: Improve Timely Permanency of guardianship within 18 months and adoption within 24 months through ongoing increase in utilization of concurrent planning.

Key Activities	**Projected Completion:**
1. DCFS will strengthen guidance around concurrent planning requirements, provide technical assistance to ensure staff understanding of new guidance and conduct fidelity reviews to determine adherence to practice expectations.	Quarter 1
2. CFS Supervisors will monitor and address need for concurrent planning (as needed) using the Daily Huddles and ongoing case staffing with case managers (See Goal #2, Strategy #2 for details).	Quarter 2
3. Foster Care Review Office (FCRO) will develop a feedback mechanism to share information with DCFS on cases needing concurrent plans identified during their ongoing case reviews.	Quarter 2
4. CIP and DCFS will conduct a thorough analysis of data and information from court jurisdictions to determine specific barriers to implementation of concurrent planning in each area.	Quarter 3
5. CIP will target concurrent planning education of court and court stakeholders as identified in the analysis.	Quarter 4

Strategy #2: Improve Timely Permanency of guardianship within 18 months and adoption within 24 months through increase in timely TPR filing and/or timely review and decisions around compelling reason not to file TPR.

Key Activities	**Projected Completion:**
1. CIP and DCFS will review data to determine barriers to timely decisions about TPR in each jurisdiction and develop strategies to address identified barriers.	Quarter 1
2. CIP and DCFS will develop TPR Exception bench cards and distribute to judges to highlight the importance of timely hearing to determine if a case meets any of the exception criteria for TPR.	Quarter 1
3. DCFS will review current legal counsel support process and availability to provide support case managers with communication and requests for TPR filing to the County Attorney/Guardian Ad Litem.	Quarter 2
4. The Legal Parties Task Force of the Nebraska Children's Commission will explore and propose statutory change to strengthen language regarding court and stakeholder expectations after a TPR or TPR Exception decision is made.	Quarter 4

Root Cause # 4 – Lack of thorough and ongoing needs assessment, better placement matching, and training supports to foster parents to ensure placement stability.

Based on our review of all available data/information, Nebraska believes that lack of thorough and ongoing needs assessment, better placement matching and service provision to foster parents are root causes that impact timeliness to permanency.

The following synopsis of our analysis provides key supporting data/information which identifies the root cause(s) of the problems/practice/systemic issues we have identified.

A QA review of placement changes in January 2018 indicates that efforts need to be made to ensure foster parent support plans are updated timely and reflect strategies to ensure the child's and the foster parent's needs are met.

Quarterly CFSR case reviews indicate the following areas for improvement:

- Need for ongoing support to foster parents to be able to effectively deal with youth behaviors and needs and prevent placement disruptions.
- Need for ongoing support to foster parents through provision of respite and other services as needed to ensure placement stability for the youth.

In addition, stakeholders provided the following feedback regarding placement stability and barriers to permanency:

- Insufficient efforts to address the needs of the foster parents which impacted placement stability (i.e. respite and parenting to address child behaviors)
- Lack of skills is a concern for many foster parents and additional training is needed for foster parents based on level of care needed.
- Trainings for relatives/kin is optional
- More information and updated information is needed regarding the child on the referral. Some referrals have old information from years prior and do not reflect the current needs of the child.
- Lack of relationship between the foster parent and the biological parents

Nebraska believes the following strategies and key activities will effectively address the above-referenced root cause(s) of the identified practice issues.

Strategy Description and Key Activities

Strategy #1: Implement mentoring programs and provide additional training and supports to relative / kinship parents to ensure foster parents have the adequate skills and resources to provide a stable placement for the youth.

Nebraska recognizes the importance of ongoing needs assessment for the child and modification of services, including placement resources and supports, to ensure the child's needs are met. Nebraska requires all non-relative/non-kinship placement providers to attend foster parent training prior to providing placement for the youth, however, this training requirement is waived for relative/kin placement providers. Nebraska believes it is important to implement the following key activities to make sure relative/kin providers have the training and support needed to meet the child's needs.

Key Activities	Projected Completion:
1. Identify and implement methods to incentivize relative/kin families to attend foster parent training	Quarter 1
2. Identify models of training that are helpful for relative/kinship families (look into "Caring for your own" training or the "CWLA" training for relative/kinship). The selected training model would include a component on trauma informed care and ensure caregivers have a good understanding of how trauma effects children and youth.	Quarter 2
3. Create a training specific for relative/kinship families	Quarter 3
4. Select an innovation zone for implementation that includes evaluation of the training curriculum and the process.	Quarter 4
5. Implement the process and training and evaluation of the process. This includes tweaking the process so it can be implemented statewide at its conclusion	Quarter 6
6. Develop statewide Implementation Plan to include CQI evaluation of processes and outcomes	Quarter 6
7. Implement the relative/kinship training statewide	Quarter 7
8. Identify & document supports available to relative/kinship families across all agencies as a resource for families and determine how best to provide this information (i.e., print, web based, app, etc.) and implement	Quarter 3
9. Develop a mentoring program specific to relative/kinship families. Most of the CPAs currently provide this for licensed foster families – we could potentially use their approach.	Quarter 3
10. Change the culture of how we introduce relative/kinship families to the concept of training. Instead of telling families they don't need training have workers talk about training in a way that encourages relative/kinship families to attend training. Education/Curriculum development that would need to be introduced to both new workers and current workers.	Quarter 5

Strategy #2: Issue an RFP for Agency Supported Foster Care to strengthen assessment and service provision to foster families and to relatives providing care.

DCFS is seeking to create a new single service for families that: provides safety for children in a home environment; supports biological families, and; when appropriate, offer a permanent family home to a child(ren) who need permanency.

Key Activities	Projected Completion:
1. Release Request for Information (RFI).	Quarter 1
2. Analyze information gathered through the RFI process to inform the Request for Proposal (RFP).	Quarter 1
3. Develop RFP	Quarter 2
4. Release RFP	Quarter 2

5. Select Providers to deliver the service statewide.	Quarter 3
6. Contract with Providers.	Quarter 3
7. Monitor Providers.	Quarter 3 and ongoing

Root Cause #5 – System culture not focused on engagement; Lack of creative solutions to engage parents in case planning/services and lack of efforts to build relationships between bio parents and foster parents.

Based on our review of all available data/information, Nebraska believes that a system culture not focused on parent engagement, lack of creative solutions to engaging parents and lack of efforts to build relationships between bio parents and foster parents are root causes impacting timely permanency. See Goal 3: Strategy #1

Root Cause # 6 – Lack of knowledge regarding available services and lack of safety services to meet identified needs.

Based on our review of all available data/information, Nebraska believes that the root causes impacting timely permanency is a result of lack of services to meet identified needs and lack of staff's knowledge regarding available resources and services to meet the families' needs. See Goal 4: Strategies #1 & #2